

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-98

1st Burial

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

of Meryl Porter

in a Double Death Funeral, date, time Mon 8-3 11:00

Church, Chapel, Graveside Church/Graveside, Agoodale Mortuary.

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

will be applied and billed to undersigned. Lula & Porter

✓ Lot 4245 Grave _____ Row PA 1 P Section _____ Division/Block 10

Grave space & Care Fund _____ 995.00

Additional spaces and care fund 4-1-99 OFFICE _____

Opening/Closing & Setup Per TREASURERS 370 375.00

Burial Container _____ 380.00

Handling Fees per Treasurers PAID 320.00

Flower vases - Marker setting fee balance of PA _____

Recording and filing fee \$17.00 45.00

Sales taxes _____ 29.45

MOUNT HOPE CEMETERY

Paid receipt number _____ 2144.45

Balance due 1,144.45

36-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 Lula D. Porter
 Signature

X 4990 Dwyer Dr.
 Address

X San Diego, CA 92102
 City Zip Code

X 1-619-262-6684
 Telephone

Invoice # 303199

Acct. # 090148

Work Order # E 14500

8-7-98

MT. HOPE CEMETERY

W.O.# E-14500

NOTE

\$ 1144.45 San Diego, California 7-30-98 19__

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 Forty Four DOLLARS ¹⁰⁰ with interest from September 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 Lula D. Porter SIGNATURE X Lula D. Porter
ADDRESS X 4990 W. 4th St. San Diego, Calif. 92102
CALIFORNIA DRIVER LICENSE NUMBER X B0298644 SSN # X 567-26-8967

OFFICIAL RECEIPT

50239



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-30, 1998

From: Sula Porter Address: 4090 Lathrop Dr San Diego 92102

One thousand Dollars (\$ 1,000.00)

In part Payment of Interment of Meryl Porter

Lot 4215 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14500

BALANCE DUE 1144.45

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

AC-212 (Rev. 5-94)

6696

NOT VALID FOR PURPOSES ESTABLISHED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JUL 30 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

ISSUED BY J. Shilton

CREDIT	67007	199	00
20% Sales Care	77184		
80% Sales of Lots	100	796	00
Opening/Closing	77181	5	00
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	1000	00

OFFICIAL RECEIPT

50239



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-30 1998

From: Sula Porter Address: 9970 Duffer Dr San Diego 92102

One thousand Dollars (\$ 1,000.00)

In part Payment of Interment of Meryl Porter

Lot 4245 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14500

BALANCE DUE 1144.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY

S. Skelton

CREDIT	67007	199	00
20% Sales Care	77184		
80% Sales of Lots	100	796	00
Opening/Closing	77181	5	00
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	1000	00

6696

E-14500

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Merle	1B. MIDDLE Willard	1C. LAST (FAMILY) Porter	2. DATE OF BIRTH MONTH, DAY, YEAR 03/15/1927	3. DATE OF DEATH MONTH, DAY, YEAR 07/27/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lula D. Porter, Wife 4990 Dafter Dr. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Merle Willard</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED 07/29/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/31/1998 <i>Shullman</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811260
		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE 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

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7/31/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tina Banks Tues. 8-11

in a Liner #7 Funeral, date, time Thurs Aug 6th 12:00
Type of Burial Container 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 \$ 50 will be applied and billed to undersigned. Chief Address

Lot 134 Grave 7+8 Row _____ Section 2 Division 11

Grave space & Care Fund One Need E-14455

Additional spaces and care fund _____

Opening/Closing & Setup _____ 35.00

Burial Container _____ 220.00 140.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 17.05 14.73

Total Due 802.05 469.43

Paid receipt number 56249 385.00

Balance due 417.05 384.73

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

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

Signature of recorded holder of deed _____

Chief Address
 Signature _____
 Address 1354 1/2 Grand Ave
San Diego 92109
 City _____ Zip Code _____
 Telephone 619 274-9472

Invoice # 303528

Acct # 096247

Work Order # **E 14501**

Alternative formats upon request. 8-20-98

8-10 told Martin we would bill family for add. 32.32. also told Gary on 8-11 E-14501

See

8-4-98 1:55 pm

Gary - ca. Burial, called
to notify us of OK to use
2 grave number 7 + 8 due to
overpize casket. also service
is rescheduled to Sun. Aug. 11.

MT. HOPE CEMETERY

W.O. # E-14501

NOTE

384.73

San Diego, California August 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 Three hundred eighty four 73/100 DOLLARS with interest from September 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 1, 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 Eric Felders

SIGNATURE

X Eric Felders

ADDRESS

X 1354 1/2 Grand ave San Diego Ca 92109

CALIFORNIA DRIVER LICENSE NUMBER

X A4875006

SSN #

X 552-08-2524

E-14501

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

20

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

1A. NAME OF DECEDENT—FIRST (GIVEN) TINA	1B. MIDDLE SHAWNTI	1C. LAST (FAMILY) BANKS	2. DATE OF BIRTH MONTH, DAY, YEAR 02/13/1978	3. DATE OF DEATH MONTH, DAY, YEAR 07/26/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TANYA MCNEELY—SISTER 305 SOUTH 33RD ST. SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		9B. DATE PERMIT ISSUED 08/05/1998		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
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 -			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/05/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811452
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-11-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

50249



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8/3, 1998

From: ERIC FELDAIS Address: 1354 1/2 Grand Ave San Diego CA 92109

Three hundred eighty five 00/100 Dollars (\$ 385.00)

In Part Payment of Trustment of Tina Bank

Lot 134 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14501

BALANCE DUE 384.73

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.

[Handwritten Signature]

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375 00</u>
Burial Containers	77182	<u>10 00</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>385 00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-31-98

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

of James Ellis Thompson

in a T.S. Vault Funeral, date, time Tues 8-4 11:00

Church, Chapel, Graveside Church/Graveside: Rosedale Mortuary, _____

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

will be applied and billed to undersigned. X M.S.S.

Lot 5025 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 20-111 1095.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container paid in full 250.00

Handling Fees 9-3-98 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1969.38

Paid receipt number 30246 984.00

Balance due 985.38

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

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

Signature of recorded holder of dead _____

Signature of recorded holder of dead _____

City San Diego Ca. 92114 Zip Code

Telephone 262-6370

Invoice # 303196

Acct. # 096147

Work Order # E 14502

RE-A-104 (7-96) This information is available in alternative formats upon request. Printed on recycled paper. 8-7-98

MT. HOPE CEMETERY

W.O. # E-14502

NOTE

\$ 985.30 San Diego, California July 31 1992

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 nine hundred eighty five & 30/100 DOLLARS with interest from September 6, 1990 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, 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 MARY F. GAINES SIGNATURE Mary F. Gaines

ADDRESS 129 S. Jacinto Dr. San Diego ca. 92114

CALIFORNIA DRIVER LICENSE NUMBER D0207725 SSN # 570-3608

570-36-0258

E-14502

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES	1B. MIDDLE ELLIS	1C. LAST (FAMILY) THOMPSON	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1955	3. DATE OF DEATH MONTH, DAY, YEAR 07/27/1998	4. SEX M
5A. CITY OF DEATH LOS ANGELES		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARY BRANCES GAINES-MOTHER 129 S. JACINTO DR. SAN DIEGO, CALIF. 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL BLVD., SAN DIEGO, CALIF.		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>John E. [Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.		8B. DATE, SIGNED 08/03/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/03/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST., LOS ANGELES, CA.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CALIF. 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP-IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CALIF.	11B. DATE BURIED 8-4-94	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY _____	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS _____	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED _____	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION _____	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50246



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

MOUNT HOPE CEMETERY
527-3400

From: Mary Guines Address: 1298 Jacinto Dr San Diego CA 92114 Date: 7/31, 19 98
Two hundred eighty four 00/100 Dollars (\$ 984.00)
 In Part Payment of Interment of James E. Thompson

Lot 5025 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E 14502
 BALANCE DUE 985.38

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

Kamp Lok

ISSUED BY _____

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>984.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	60333	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>984.00</u>

E-14502

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
303196	08/07/98	096147	MARY F. GAINES				09/03/98	CK	649	985.38	985.38	0.00
			100 072		77181	000072				375.00		
			100 072		77182	000072				250.00		
			100 072		77183	000072				45.00		
			100 072		77185	000072				185.00		
			60101		78390					19.38		
			67007		77184					111.00		

14502

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/31/98

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

of Mildred T. Reid

in a Ash Vault Funeral, date, time MON. 8/4/98 11:30

Church, Chapel, Graveside church & graveside Neptune Mortuary

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

Lot 1088 Grave Row Section Division Block 10

Grave space & Care Fund pre need

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 4.26

PAID
 JUL 31 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number 50248 269.26

Balance due

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

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

Signature of recorded holder of deed

X Julie A. Montoya
 Signature
13304 Whitewater Drive
 Address
Parry, Ca 92064
 City Zip Code
619-748-9043
 Telephone

Work Order # **E 14503**

Invoice #
 Acct. #

Mildred is
sister of lot owner

PAID
MAY 31 1908
R. F. LEE
MAY 31 1908
MAY 31 1908

1908

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14503

57

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MILDRED	1B. MIDDLE THERESA	1C. LAST (FAMILY) REID	2. DATE OF BIRTH MONTH DAY YEAR 12/06/1940	3. DATE OF DEATH MONTH DAY YEAR 07/30/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DELINA DIVINO-DAUGHTER 1352 HELEX ST SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021			7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1352		8A. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>
8B. DATE SIGNED 07/30/1998					

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/31/1998 VINCE ALARI	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811269
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021	12B. DATE CREMATED 8/1/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

CITY OF SAN DIEGO, CALIFORNIA

50248



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

MOUNT HOPE CEMETERY
527-3400

Date: 7-31 1998

From: MAY L. Dudley Address: 13304 White Water Dr. Poway 92064
Two hundred sixty nine & 26/100 Dollars (\$ 269.26)
In Full Payment of Interment of Mildred T. Reid

Lot 1088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14503

BALANCE DUE 284

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY Patricia Wallace

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>165</u>	<u>00</u>
Burial Containers	100	<u>55</u>	<u>00</u>
	77182	<u>40</u>	<u>00</u>
Handling Fee	77185	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	80033		
	8022	<u>4</u>	<u>20</u>
Sales Tax	80101		
	78390		
TOTAL PAID		\$ <u>269</u>	<u>26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/31/98

Disinterment
M

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kris Marcel Alexander PA 1338978

In a _____ Funeral, date, time Thur. 8-20
Type of Burial Container _____ Church, Chapel, Graveside _____; Featherhill Mortuary

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

Lot 52 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Disinterment 1000.00

Recording and filing fee _____

Sales taxes _____

Total Due 1000.00

Paid receipt number R-50314 1000.00

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 _____

(E-14192)

Joseph E. Haas
Signature _____
Address 10524 MISSION LARKIN AVE
City LAS VEGAS, NV Zip Code 89134
Telephone 702-869-5540

Work Order # E 14504

Invoice # _____
Acct. # _____



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

E-14504

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

8 / 98
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

from Lot 52 Grave 5 Section 1 Row — Block —
Division 12 and to remove the same to and reinter said remains
in Lot — Grave — Section — Row — Block —
Division — Cemetery —

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent, as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Joseph E Haas</u>	<u>Father</u>	<u>10524 MINNIE LAKES AVE</u>
<u>Elizabeth M Haas</u>	<u>Mother</u>	<u>LAS VEGAS, NV 89134</u>
<u>—</u>	<u>—</u>	<u>702-869-5540</u>
<u>—</u>	<u>—</u>	<u>—</u>
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) _____ Date _____

*Rebecca
Bur, P.A.*



DIVERSITY
BRINGS US ALL TOGETHER



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

E-14504

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

from Lot 52 Grave 5 Section 1 Row — Block —
Division 12 and to remove the same to and reinter said remains
in Lot — Grave — Section — Row — Block —
Division — Cemetery —

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Joseph E Haas</u>	<u>Father</u>	<u>10524 MINNIE LAKES AVE</u>
<u>Elizabeth M Haas</u>	<u>Mother</u>	<u>LAS VEGAS NV 89134</u>
<u>—</u>	<u>—</u>	<u>702-869-5540</u>
<u>—</u>	<u>—</u>	<u>—</u>
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

Rebecca
Burr Pitt



DIVERSITY
BRINGS US ALL TOGETHER

E-14504



County of San Diego

PUBLIC ADMINISTRATOR • PUBLIC GUARDIAN

5201-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123-1699

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
(619) 694-3500
FAX (619) 694-3987

August 12, 1998

FAX (619) 527-3403

Mount Hope Cemetery
C/O City of San Diego
Attention: Karen
San Diego, CA 92102

Reference: Case of Kris Alexander AKA Cathy Marie Haas, deceased
Date-of-Death: 2/3/98
Indigent Number: 1228978D

Dear Karen:

On the above-named decedent case, arrangements have been made by the decedent's family to reimburse fees incurred by the County of San Diego's Indigent disposition program. The fee shall be paid to the "Indigent Disposition Officer" in care of the County of San Diego's Public Administrator office at Featheringill Mortuary on Friday, August 14th 1998 and they shall forward it to our offices.

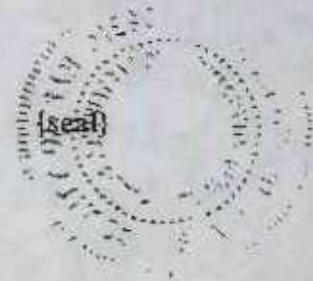
The decedent's parents under separate arrangements shall handle all necessary payments and paperwork with Featheringill Mortuary and/or Mount Hope Cemetery for exhumation of the decedent remains and other disposition arrangements. Our office has no formal objections at the present time to have these arrangements faithfully carried out.

If you have any questions or concerns, please contact the undersigned.

Sincerely,
PUBLIC ADMINISTRATOR
DON BILLINGS


REBECCA R. BARR
Deputy Public Administrator

COPY: Featheringill Mortuary 583-7038, Attn: Steve





E-14504

THE CITY OF SAN DIEGO

July 7, 1998

Mr. & Mrs. Haas
10524 Mission Lakes Avenue
Las Vegas, NV 89134

RE: Disinterment of Kris Marcel Alexander

Dear Mr. & Mrs. Haas:

Attached is the copy of the Authority to Disinter, Remove or Reinter form you signed for the disinterment of your daughter Kris Marcel Alexander. As of this date we have not heard from the Public Administrators office to authorize the disinterment of your daughter.

The total cost to disinter the body of your daughter will be \$1000.00. When I hear from the Public Administrators office, I will let you know. You can then proceed to mail us a check. You will also, need to contact a mortuary to have the body transported to your destination.

The disinterment will consist of digging the grave to the burial container or casket. If the casket and/or burial container remains intact and has not deteriorated badly the cemetery staff will raise the casket and/or burial container out of the ground. It is the mortuary's responsible to remove the body from cemetery grounds and/or grave if the casket its not intact.

If you have any questions, please feel free to call me at the number listed below.

Karyn Baker
Administrative Aide



Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

E-14504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—WRITE IN BLOCK LETTERS. WRITE ONLY IN SPACES PROVIDED FOR OTHER ALTERATIONS

FOUND

NAME OF DECEASED (LAST, FIRST, MIDDLE) Ernie Marcel Alexander		DATE OF BIRTH (MONTH, DAY, YEAR) 04/11/1949	DATE OF DEATH (MONTH, DAY, YEAR) 01/03/1998	SEX F
PLACE OF DEATH (CITY AND STATE) San Diego		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF APPLICANT Roberta Barr - Public Admin. 3201-A Ruffin Rd. San Diego, CA 92101		
FINDING THE ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF DISPOSITION (CITY AND STATE) San Bernardino Mortuary 5721 El Cajon Blvd. San Diego, CA 92113		FD 1023	DATE OF APPLICATION (MONTH, DAY, YEAR) 08/20/1998	
ISSUANCE OF PERMIT		FEE (IN DOLLARS AND CENTS) \$ 7.00		REGISTRATION NUMBER 9412348
APPROVAL OF LOCAL REGISTRATION		SIGNATURE OF APPLICANT C. Latham		DATE OF PERMIT 08/20/1998
ADDRESS OF REGISTRANT (CITY AND STATE) PO BOX 85122 San Diego, CA 92186-3222		SIGNATURE OF REGISTRANT (CITY AND STATE) C. Latham		

ISSUE DATE
08/20/1998

<input type="checkbox"/> A. BURNING (INCINERATION) <input checked="" type="checkbox"/> B. BURIAL <input type="checkbox"/> C. CREMATION <input type="checkbox"/> D. INTERMENT <input type="checkbox"/> E. OTHER (SEE NOTE)	THE PERMIT IS ISSUED IN ACCORDANCE WITH THE STATUTE OF THE STATE OF CALIFORNIA, CHAPTER 100, ARTICLE 1, AND IS VALID FOR THE DISPOSITION OF HUMAN REMAINS IN THE MANNER SPECIFIED HEREON FOR A PERIOD OF 90 DAYS FROM THE DATE OF ISSUANCE OF THIS PERMIT.	THE SIGNATURE OF THE REGISTRANT OF THE LOCAL, PROPRIETARY OR OTHER TYPE OF FACILITY WHERE THE DISPOSITION OF HUMAN REMAINS IS TO TAKE PLACE. PO BOX 85122 San Diego, CA 92186-3222	THE SIGNATURE OF THE REGISTRANT OF THE LOCAL, PROPRIETARY OR OTHER TYPE OF FACILITY WHERE THE DISPOSITION OF HUMAN REMAINS IS TO TAKE PLACE.
---	--	--	--

FOR CORONER'S USE ONLY
DISPOSITION TAKING—HOW AND LOCATED AT
THIS PERMIT ADDRESS

(A) NAME AND ADDRESS OF CALIFORNIA CEMETERY (B) NAME AND ADDRESS OF CALIFORNIA LABORATORY Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530 (C) NAME AND ADDRESS OF CALIFORNIA FACILITY (INCLUDING NUMBER) (D) NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS TO BE DISPOSED (CITY AND STATE) Buddha Mortuary 925 Las Vegas Blvd. North Las Vegas, NV 89101 (E) ADDRESS, STREET, CITY OR VILLAGE, OR OTHER LOCATION AND FACILITY TO WHICH THIS PERMIT IS FOR DISPOSITION	(F) DATE ISSUED (G) DATE EXPIRES (H) DATE RECEIVED (I) DATE SHIPPED (J) DATE OF DISPOSITION	(K) SIGNATURE OF PERSON IN CHARGE OF CEMETERY (L) SIGNATURE OF PERSON IN CHARGE OF CREMATION (M) SIGNATURE OF PERSON IN CHARGE OF FACILITY (N) ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF FACILITY WITH THE CARRIER (O) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION (P) PERMIT NUMBER OR CARRIER'S NUMBER (WHICH MUST BE DISPOSED OF WITH CARE)
--	---	--

COPY 4 IS TO BE RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ORIGINAL OR DUPLICATE PERMIT APPROXIMATELY ONE YEAR FROM ISSUE DATE.

E-14504

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) Kris	1B. MIDDLE Marcel	1C. LAST (FAMILY) Alexander	2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1949	3. DATE OF DEATH MONTH, DAY, YEAR 02/03/1998	4. SEX F	
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr - Public Admin. 5201-A Ruffin Rd. San Diego, CA 92102				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit Carole Katherin			8B. DATE SIGNED 08/20/1998
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 \$ 7.00	9B. DATE PERMIT ISSUED 08/20/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812248
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> 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 Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Bunkers Mortuary 925 Las Vegas Blvd. North Las Vegas, NV 89101	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50314



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

MOUNT HOPE CEMETERY
527-3400

From: Joseph Haap Address: 10524 Mimosa Lakes Ave LV 89134 Date: 8-20 1998
one thousand and 10/100 Dollars (\$ 1,000.00)
 In full Payment of Disinterment of
Kris Marcel Alexander PA 1228978
 Lot 52 Grave 5 Row _____ Section 1 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14504

BALANCE DUE 0

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

307

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

ISSUED BY

Catrina Avallone

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/3/98

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

in a _____ Funeral, date, time August 3, 2:00
Type of Burial Container
 Church, Chapel, Graveside Witness : Greenwood Mortuary.

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

Lot 48D Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 125.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 270.00

Paid receipt number 56855 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Sharif / H. Sharif
 Signature
8694 Lemon ave # 6
 Address
LA MESA, CA 91941
 City
CA 91941 Zip Code
 Telephone (619) 698-5825

Work Order # **E 14505**

Invoice # _____

Acct. # _____

E-14505 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) FATIMA		1B. MIDDLE -	1C. LAST (FAMILY) SHARIF		2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/1998	3. DATE OF DEATH MONTH, DAY, YEAR 08/02/1998	4. SEX F	
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ABDURIMAN SHARIF - FATHER 8694 LEMON AVENUE, #6 LA MESA, CA 91941			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED 08/04/1998
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 \$7.00	9B. DATE PERMIT ISSUED 08/04/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9811392
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50255

Date: 8/3, 19 98

From: Sharif Abdulhagan Address: 5624 Lennox (A) 9944 La Mesa

In Full Payment of Two hundred seventy (270) Dollars (\$ 270.00)

Payment of Interment of Fatima Sharif

Lot 481 Grave _____ Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14305

BALANCE DUE 0

Pre-Need Lot At Need Op Acct

Pre-need Trust Cash Check

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

ISSUED BY Kanpa Bak

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	77184	<u>100</u>	<u>00</u>
Opening/Closing	100	<u>175</u>	<u>00</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

134565

Date 8/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GIRL of Boy Baby Phoned 4 THUR 8-6
2:30

in a _____ Funeral, date, time Aug 31 1995 2:00
Type of Burial Container _____
Church, Chapel, Graveside W. Green 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 44C Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	PAID	<u>100.00</u>
Additional spaces and care fund	AUG 3 1998	
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>125.00</u>
Burial Container	CITY OF SAN DIEGO CALIF.	
Handling Fees		
Flower vases - Marker setting		<u>5.00</u>
Recording and filing fee		
Sales taxes		
	Total Due	<u>270.00</u>
	Paid receipt number <u>50254</u>	<u>270.00</u>
	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 _____ hold under deed. 227731

Signature of recorded holder of deed _____

Signature [Signature]
Address 120 W. MALABARIST
APT 246 GRANLEY
City CA 92127 Zip Code _____
Telephone (760) 351-1228

Work Order # **E 14506**

Invoice # _____
Acct. # _____

E-14506

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
-		-	AHMED		07/31/1998	07/31/1998	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		SHEIKH AHMED - FATHER 120 WEST MALAN STREET, #246 BRAWLEY, CA 92227		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				7B. CALIF. LICENSE NUMBER —IF APPLICABLE		8A. SIGNATURE OF APPLICANT—Person taking permit	
GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				F-843		Victoria Meza 08/05/1998	
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 7109 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
			\$7.00	08/05/1998	VICTORIA MEZA 9811490
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				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP-IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
		MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	8-7-98	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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-1450C 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	
			AHMED		07/31/1998	07/31/1998	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		SHEIKH AHMED - FATHER 120 WEST MALAN STREET, #246 BRAWLEY, CA 92227			
7A. TYPED NAME AND ADDRESS OF 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: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				F-843		<i>Victoria Meza</i> 08/05/1998		
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <i>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</i>		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
			\$7.00	08/05/1998	VICTORIA MEZA 9811491
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				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
		MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	8-7-98	<i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

50254



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8/3, 1998

From: Shekh Saad Ahmed Address: 120 W. Main St # 246 San Diego, CA 92101

Two hundred seventy Dollars (\$ 270.00)

In Full Payment of Tulment of T. Saad Ahmed

Lot: 44C Grave _____ Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14560

BALANCE DUE 0

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>100.00</u>
Opening/Closing	100	
Burial Containers	77182	<u>175.00</u>
Handling Fee	100	
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	80101	<u>\$ 270.00</u>
	78390	

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

116

1st Burial

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-3-98

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

of Kathleen L. Fox

in a double depth Funeral, date, time Wed. 8-5 1:00

Church, Chapel, Graveside Witness ; La Funeral Mortuary, Altamonte

All Funeral cars must 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 1199 Grave _____ Row _____ Section 3 Division/Bleek 8

Grave space & Care Fund Pre-need B-601 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 VISEI 1149.45

Balance due 0

Richard
260-737-2890
FAX 260-737-2892
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 see attached
Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 14507

Invoice # _____

Acct. # _____

1st Burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-98

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

of Kathleen L. Fox

In a Double Death Funeral date, time Wed. 8-5 1:00

Church, Chapel, Graveside Home; La Jolla Mortuary Washington

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

Lot <u>1199</u> Grave	Row	Section <u>3</u>	Division/Block <u>B</u>
Grave space & Care Fund	<u>Pre-Paid B-661</u>		
Additional spaces and care fund	-		
Opening/Closing & Setup	375.00		
Burial Container	380.00		
Handling Fees	300.00		
Flower vases - Marker setting fee	-		
Recording and filing fee	45.00		
Sales taxes	29.45		
Total Due	149.45		

Funeral 260-737-2890
PAID 260-737-2890 Paid receipt number _____
Balance due _____

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

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

Signature of recognized holder of deed

Dorothy A. Fox
Signature
11080 E Washington #44
Address
Escondido Ca 92025
City State
760-746-8501
Telephone

Work Order # **E 14507**

Invoice # _____
Acct. # _____

HEA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14507 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) Kathleen	1B. MIDDLE Leslie	1C. LAST (FAMILY) Fox	2. DATE OF BIRTH MONTH DAY YEAR 09/11/1945	3. DATE OF DEATH MONTH DAY YEAR 07/31/1998	4. SEX F
5A. CITY OF DEATH Oceanside	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DE INFORMANT Dorothy Fox, Mother 1080 E. Washington St. #44 Escondido, CA 92025		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Funeral Alternatives 1020 E. Pennsylvania Av., Escondido, CA 92025		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1624	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marcia Jungas</i>		8B. DATE SIGNED 08/03/1998

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/04/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811378 <i>Marcia Jungas</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-98

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

of AVIS DUNCAN

in a T.S. VAULT Funeral, date, time FRI 8-7 11:00

Church, Chapel, Graveside CHURCH : 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 3 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRENEED E-2438 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 50275 874.38

Balance due 874.38

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.

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 14508

Acct. # _____

E-14508

INTERMENT ORDER

City of San Diego

Aug 2-3-38

I hereby certify that the following is a true and correct copy of the original as shown to me by the undersigned.

AVIS DUNCAN
 T. S. VAVET Funeral Home and PAJ 8-7 11:00
Church, Church, Church Church RAGSDALE
 at Funeral Home and PAJ 8-7 11:00 at Funeral Home and PAJ 8-7 11:00
 to be held at Funeral Home and PAJ 8-7 11:00 Funeral Home and PAJ 8-7 11:00

Lot <u>3</u> <u>3</u> <u>3</u>	Price <u>3</u>	Commission <u>12</u>
Grave	<u>PAJ 8-7 11:00</u>	<u>8</u>
Grave		<u>—</u>
Grave		<u>375.00</u>
Grave		<u>250.00</u>
Grave		<u>125.00</u>
Grave		<u>—</u>
Grave		<u>45.00</u>
Grave		<u>17.38</u>
Grave		<u>874.38</u>

Funeral Home and PAJ 8-7 11:00
 Funeral Home and PAJ 8-7 11:00
 Funeral Home and PAJ 8-7 11:00
 Funeral Home and PAJ 8-7 11:00
 Funeral Home and PAJ 8-7 11:00

E 14508

E-14508

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Avis	1B. MIDDLE Madeline	1C. LAST (FAMILY) Duncan	2. DATE OF BIRTH MONTH DAY YEAR 01/21/1912	3. DATE OF DEATH MONTH DAY YEAR 08/02/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara J. Andrews, Daughter 6522 College Grove Dr. #17 San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED 08/05/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/07/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9811560
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

50275



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Anderson-Ragsdale Address: 5050 Federal Blvd SD 92102 Date: 8-7 1998
eight eight hundred seven four & 38/100 Dollars (\$ 874.38)
 In full Payment of interment of Avis Duncan

Lot 3 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14508
 BALANCE DUE 2

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

ISSUED BY Catrina Avallone

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	
Opening/ Closing	100	<u>375</u> <u>00</u>
Burial	100	<u>250</u> <u>00</u>
Containers	77182	<u>185</u> <u>00</u>
Handling Fee	77185	<u>45</u> <u>00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>19</u> <u>38</u>
Sales Tax	9022	<u>38</u>
	60101	
	78390	
TOTAL PAID	\$	<u>874</u> <u>38</u>

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

4164

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-3-98

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

in a liner Type of Burial Container Funeral, date, time Fri. Aug. 7 11:00

Church, Chapel, Graveside Graveside only El Cajon Mortuary, Irene

All Funeral 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 1330 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Paid C-1634 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 14.73

Sales taxes _____ 769.73

Total Due _____ 769.73

Paid receipt number 30211/C 769.73

Balance due _____

I hereby certify I am the X 5011 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed _____

X Paul H. [Signature]
 Signature
X 1023 Simpson
 Address
X Evansston, IL 60201
 City Zip Code
X 847-492-5072
 Telephone

Work Order # **E 14509**

Invoice # _____
 Acct. # _____

E-14509
79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ethel	1B. MIDDLE Elvira	1C. LAST (FAMILY) Arntson	2. DATE OF BIRTH MONTH, DAY, YEAR 02/16/1919	3. DATE OF DEATH MONTH, DAY, YEAR 08/02/1998	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Harvey Arntson - Son 8058 University Pl La Mesa, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Mollison Ave/El Cajon, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Brenda Bell 08/05/1998		
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/05/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Brenda Bell
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 8-7-98	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-98

pre need trust

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

of Gaylia Renger

in a 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. _____

Lot 77 Grave 2 Row _____ Section 4 Division/Block 7

Grave space & Care Fund pre need A-3412 Q

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-50251 769.73

Balance due Q

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

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

Signature of record holder of deed _____

X Gaylia A. Renger
Signature
2551 MEADOW LARK DR.
Address
SAN DIEGO CA 92123
City Zip Code
(619) 467-0304
Telephone

Invoice # _____

Work Order # E 14510

Acct. # _____

50251

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-3 19 98

From: Saylia Renger Address: 2653 Tonto Way San Diego 92117
seven hundred sixty nine & 73/100 Dollars (\$ 769.73)

In full Payment of Preneed trust for
Saylia Renger

Lot 77 Grave 2 Row _____ Section 4 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. E-14510
BALANCE DUE 2

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>769 73</u>
	9322	
	60101	
	78390	
TOTAL PAID	\$	<u>769 73</u>

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

ISSUED BY Catrina Avallone

2671

Transfer from Paul Henman

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/13/98

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

to Walter Smith

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 153 Grave 2 Row _____ Section 2 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 _____ 45.00

Sales taxes _____

Total Due _____ 45.00

Paid receipt number R-50253 45.00

Balance due 0

P.A. Transfer

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

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # **E 14511**



E-14511

County of San Diego

DON BELLINGE
ACTING
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
1675 5th Street
FAX (619) 694-3987

PUBLIC ADMINISTRATOR • PUBLIC GUARDIAN

5201-A RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92121-1800

FAX COVER SHEET

Date 7/24/98

PLEASE DELIVER TO:

Name: Kayne
Agency: Mt. Laguna Country
Telephone Number: _____
FAX Number: 527-3403

FROM:

RB
ROMA B. STRONACH, DEPUTY PUBLIC ADMINISTRATOR

Telephone Number: (619) 694-3402

FAX Number: (619) 694-3987

SUBJECT: Herrmann's White

PAGES (not including this coversheet) _____

MESSAGE: Paul Herrmann's DOD was 7/5/97. Remains
to WSD Body Donation not was subsequently cremated
& scattered @ sea.

Herrmann's plot (Lot 153, Tract 2, Sec. 2, Blk 12)
was sold to Walter H. Smith. The transfer fee of \$45 is
being paid by Herrmann; check goes out in today's mail.
Info faxed 7/23 & 7/24 to Mt. Laguna.

OFFICIAL RECEIPT

50253



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8/3, 1998

From: Public Administrator Address: 5201-A Public Road San Diego CA 92113
Forty five ^{00/10} Dollars (\$ 45.00)

In Full Payment of Transfer of Lot from Paul Heermann
to Walter Smith by Public Administrator

Lot 153 Grave 400 Row _____ Section 2 Division Block 12

Invoice No. _____

Acc# No. _____

W.O. E 14511

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

179964

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

ISSUED BY

[Handwritten signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID		\$ <u>45.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-98

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

of Sarah Lee Tyler

In a liner Funeral, date, time Mon Aug. 10 11:00

Church, Chapel, Graveside chapel & graveside; Ragsdale Mortuary

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

will be applied and billed to undersigned, X est

Lot 274 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 270.00 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 14.73

MOUNT HOPE CEMETERY

30 day note

Total Due 1504.73

Paid receipt number R-50250 900.00

Balance due 604.73

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

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

Signature of recorded holder of deed

X Cornelia Tyler Hallis
 Signature
3623 50th Street # A
 Address
San Diego, CA 92165
 City
619/584-8547 Telephone
 Zip Code

Work Order # E 14512

Invoice # 303499

Acct. # 096713

MT. HOPE CEMETERY

W.O. # E-14512

NOTE

\$ 664.73 San Diego, California August 3 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 sixty four & 13/100 DOLLARS with interest from September 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 Emma Tyler Hollis SIGNATURE X Emma Tyler Hollis

ADDRESS X 3623 59th Street #A San Diego, CA 92105

CALIFORNIA DRIVER LICENSE NUMBER X N9864432 SSN # X 413-11-1176

E-14512

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Sarah	1B. MIDDLE Lee	1C. LAST (FAMILY) Tyler	2. DATE OF BIRTH MONTH DAY YEAR 10/02/1933	3. DATE OF DEATH MONTH DAY YEAR 08/02/1998	4. SEX F
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Emma Tyler-Hollis, Daughter 3623 50th St. Apt. A San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Steph Hollis</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/03/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/07/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Subillan</i>
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-10-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50256



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-3 1998

From: Emma Tyler Hollis Address: 3623 50th St. # A SD 92106

Nine hundred and no/100 Dollars (\$ 900.00),

In part Payment of Interment of
~~Emma Tyler Hollis~~ Sarah Lee Tyler

Lot 274 Grave 11 Row _____ Section 2 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14512

BALANCE DUE 664.73

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

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

Karen Beck

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	<u>159 00</u>
90% Sales of Lots	100	<u>636 00</u>
Opening/Closing	77181	<u>105 00</u>
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		\$ <u>900 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-4-98

*Center TOP
Right*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET FREELAND THUR in a Ash Vault Funeral, date, time 8-13 Church, Chapel, Graveside Delivery only LEWIS COLONIAL Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 54 Grave 1 Row _____ Section 2 Division/Block 12
PRE-NEED D-8461 8

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		<u>105.00</u>
Burial Container		<u>55.00</u>
Handling Fees		<u>60.00</u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>4.26</u>

PAID
 AUG 04 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO CALIF.

Total Due 269.26
 Paid receipt number Visa 269.26
 Balance due 0

I hereby certify I am the 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 recordal holder of deed _____

228999
X Margaret E. Freelander
 Signature
X 3853-69th St
 Address
X San Diego CA 92115
 City Zip Code
X 287-9497
 Telephone

Work Order # E 14513

Invoice # _____
 Acct. # _____

Service Friday Aug 7

Body cremated the delivered Monday

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/19/84 BY SP-1/BJM
b7D

E-14513

LWIS COLONIAL
73756

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) MARGARET	1B. MIDDLE ELEANOR	1C. LAST (FAMILY) FREELAND	2. DATE OF BIRTH MONTH, DAY, YEAR 07/30/1916	3. DATE OF DEATH MONTH, DAY, YEAR 08/03/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET E. FREELAND - DAUGHTER 3853 69TH ST SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ <i>Paulette Valentine</i>		

ACKNOWLEDGMENT OF APPLICANT

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

8B. DATE SIGNED
08/04/1998

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/04/1998 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811413
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 8/14/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 8/10/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-4-98

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

of William Bowden

in a Ciner Funeral, date, time Fri 8-7 11:00

Church, Chapel, Graveside Crossside : Highdale Mortuary.

All Funeral cars must 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 VS

J Lot 140 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number VISA 1564.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Virginia Stroull
Signature
6063 Broadway
Address
San Diego 92114
City Zip Code
262-1984
Telephone

Work Order # E 14514

Invoice # _____
Acct. # _____

E-14514

76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) William	1B. MIDDLE Monroe	1C. LAST (FAMILY) Bowden	2. DATE OF BIRTH MONTH DAY YEAR 01/06/1922	3. DATE OF DEATH MONTH DAY YEAR 07/26/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Virginia Stovall, Daughter 6063 Broadway San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1320	9A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather Welch</i>		9B. DATE SIGNED 08/04/1998
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 \$7.00	9B. DATE PERMIT ISSUED 08/04/1998 <i>Heather Welch</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811417
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92108-	11B. DATE BURIED 8-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/4/98

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

of Katelyn Elizabeth Murray Kinkadee

in a Ash Vault Funeral, date, time Frid, Aug 7, 1:30

Church, Chapel, Graveside Ciraveside : 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 11 Grave 6 Row _____ Section 15 Division/~~15~~ 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
AUG 4 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

105.00
55.00
60.00
45.00
4.26
269.26
269.26
0

Total Due _____

Paid receipt number 56258

Balance due _____

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 Martha E. Kinkadee
Signature
X 914 Diamond St
Address
X San Diego CA 92109
City Zip Code
X 619/483-3933
Telephone

Work Order # E 14515

Invoice # _____
Acct. # _____

Julia Sanchez is
Great Aunt to Katelyn

PAID

808 1 911

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 1000 NEW YORK, NY

E-14515 Per Martin Dept biog, when home for years

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1 DAY

1A. NAME OF DECEDENT—FIRST (GIVEN) KATELYN	1B. MIDDLE ELIZABETH	1C. LAST (FAMILY) MURRAY KINKADE	2. DATE OF BIRTH MONTH DAY YEAR 12/14/1986	3. DATE OF DEATH MONTH DAY YEAR 12/14/1986	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARTHA E. KINKADE—MOTHER 7407 ALVARADO RD., SP. #A-95 LA MESA, CA 92041	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge, as applicant that the proposed disposition stated herein is one of the 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 <i>Person holding permit</i> <i>[Signature]</i>	
				8B. DATE SIGNED 07/15/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/15/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL	
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 ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
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FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

50258

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 8/4, 1998From: Marta E Kinkade Address: 914 Diamond St San Diego Ca 92162
Two hundred sixty nine 26/00 Dollars (\$ 269.26)
In Full Payment of Interment of Katelyn E Murray Kinkade &
 Lot 11 Grave 16 Row _____ Section 15 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14515BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2636NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Kanya DeK

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>165</u>	<u>00</u>
Closing	77181		
Burial	100	<u>55</u>	<u>00</u>
Containers	77182		
	100	<u>20</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-98

*Pre-Need
 Lot + Vault*

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

in a T-5 Vault 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 135 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 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 50264 1669.38

Balance due 0

PAID
 AUG 05 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 Essie Greer
 Signature
 X 3125 Logan Ave.
 Address
 X San Diego 92113
 City Zip Code
 X 233-8966
 Telephone

Work Order # **E 14516**

Invoice # _____
 Acct. # _____

50264

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 8-5, 1998From: Essie Green Address: 3125 Logan Ave San Diego 92113
One thousand six hundred sixty nine and 30/100 Dollars (\$ 1669.30)
In full Payment of Pre-Need 4th - TrustLot 135 Grave 7 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14516BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales	100		
of Lots	77184	<u>636</u>	<u>00</u>
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	<u>874</u>	<u>30</u>
Sales Tax	60101 78390		
TOTAL PAID	\$	<u>1669</u>	<u>30</u>

ISSUED BY

J. H. Hellebronn

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/6/98

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

of Marie Madore
 in a UshvauH Funeral, date, time MON. Aug 24 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 3008 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre need E-2326

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
AUG 24 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

105.00

55.00

60.00

4.20

45.00

209.20

Harrington 520 506 2717

Total Due _____

Paid receipt number R-50318 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

Frances A. Harrington
 Signature

133209
 Address

Big Bear Lake, CA 92315
 City Zip Code

909-878-3039
 Telephone

Work Order # E 14517

Invoice # _____

Acct. # _____

Maybe only set of ashles in lot

CIVIL ENGINEERING
ALL WORK COMPLETED
NOV 4 1938
PAID

E-14517
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) Marie	1B. MIDDLE T.	1C. LAST (FAMILY) Madson	2. DATE OF BIRTH MONTH, DAY, YEAR 11/05/1904	3. DATE OF DEATH MONTH, DAY, YEAR 08/05/1998	4. SEX F
5A. CITY OF DEATH Poway		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Arlene Harrington - Granddaughter 4 Paycheck Lane Santa Fe, NM 87505	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8. SIGNATURE OF APPLICANT—Person taking permit; Carrie Rathren
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/10/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathren	
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 PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-24-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 8-12-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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.

50318

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 8-24 1998

From: John Harrington Address: 58913 Carmelita Dr. Yucca Valley 92234

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

In full Payment of Interment of Marie Madson

Lot 3008 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E - 14517

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.

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

ISSUED BY

J. Shullin

0678

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-98

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

of Neil Hyman P.A. # 1238043
 in a liner Funeral, date, time Mon. 8-10 11:00

Church, Chapel, Graveside Delivery Only - Featheringill ced Mortuary.

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

✓ Lot 19 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50.00</u>
Handling Fees	<u>45.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	_____
Total Due	<u>386.00</u>
Paid receipt number <u>R-50281</u>	<u>386.00</u>
Balance due	<u>0</u>

*John Edwards -
 Featheringill to
 being checked for 386.00*

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

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

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____
 Invoice # _____
 Acct. # _____

Work Order # **E 14518**

E-14518

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Neil	1B. MIDDLE -	1C. LAST (FAMILY) Hyman	2. DATE OF BIRTH MONTH, DAY, YEAR 09/02/1926	3. DATE OF DEATH MONTH, DAY, YEAR 08/03/1998	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards - Public Adm'n. 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Arthur Featheringill</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 08/06/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811515 <i>C. Lathrem</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S). CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-10-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

50281

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 18/10, 1998From: Featherly, J Address: 6322 El Cajon Blvd S.D. CA 92115In Full Payment of Three hundred eighty six Dollars (\$ 386.00)
Voluntary by Neil Hyman PA 1238043

 Lot 19 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14518BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>126</u>	<u>00</u>
Opening/Closing	77181	<u>165</u>	<u>00</u>
Burial Containers	100	<u>50</u>	<u>00</u>
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>386</u>	<u>00</u>

ISSUED BY

2742

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-90

*Pre-Need
 Lot 2-1-1*

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

of Roberto & Carmen Uribe

In a Double Death 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 2269 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	45.00
Recording and filing fee	29.45
Sales taxes	2144.45
Total Due	536.00
Paid receipt number <u>R-50269</u>	<u>1608.45</u>
Balance due	

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

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

Signature of recorded holder of deed _____

X M. L. May
 Signature
 X 23605 Spring Oak Wwy
 Address
 X San Diego, CA 92139
 City Zip Code
 X (619) 475-6437
 Telephone

Work Order # **E 14519**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50355



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400

Date: 9/4, 1998

From: Tamar Dribe Address: 562 GUYTON CT Spring Valley
Seven hundred - fourteen 73/100 Dollars (\$ 714.73)

In Part Payment of Pre Need Lot of Trust

Lot 2269 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-14519
 BALANCE DUE _____

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

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>280</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183	<u>434</u>	<u>73</u>
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID		<u>714</u>	<u>73</u>

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

ISSUED BY Kanya Bate

3215

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50354

Date: 9/14, 1998

From: Myrna Medina Address: 2365 Spring Oak Way S.D. CA 92139

One hundred seventy nine (179) Dollars (\$ 179.00)

In Part Payment of _____

Lot 2269 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14519

BALANCE DUE 142445

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

Kay Baker
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>179</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	83033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>179</u>	<u>00</u>

195

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50356



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

MOUNT HOPE CEMETERY
527-3400

Date: 9/4, 1998

From: Roberto D. Dine Jr Address: 11671 El Niopal Lakeside Ca 92040

Seven hundred fourteen 72/100 Dollars (\$ 714.72)

In Full Payment of Pre Need Lot - Trust

Lot 2269 Grave 1 Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14519

BALANCE DUE 2

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handing Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	<u>714.72</u>
Sales Tax	9022	
	60101	
	78090	

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

ISSUED BY Kanya Baker

TOTAL PAID \$ 714.72

588

Are Need Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/7/98

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

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 255 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID IN FULL 7-25-00

Total Due 795.00

Paid receipt number 50272 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 _____

Lillian Reese
Signature
7011 Comstock Pl.
Address
San Diego Ca 92120
City Zip Code
(619) 286-1435
Telephone

Work Order # E 14520

Invoice # _____
Acct. # _____

REESE, LILLIAN 7211 Conestoga Place, San Diego 92120

				DEBIT	CREDIT	BALANCE
08-07-98	Opened Pre-need Lot					
	Lot 255 Gr 12 Sec 2 Div 12			795.00		795.00
08-07-98	R-59272				200.00	595.00
9/10/98	R-50377 Cpn 1	159	20%		25.00	570.00
10/7/98	R-50430 " 2	63.6	8%		25.00	545.00
11/10/98	R 50538 " 3				25.00	520.00
12-4-98	R 50608 # 4				25.00	495.00
1-8-99	R 50722 # 5				25.00	470.00
2-10-99	R-50833 # 6				25.00	445.00
3-12-99	R 50941 # 7				25.00	420.00
4-9-99	R-51023 # 8				25.00	395.00
5-14-99	R-51148 # 9				25.00	370.00
6-16-99	R 51246 # 10				25.00	345.00
7-14-99	R-51348 # 11				25.00	320.00
8-19-99	R 51454 Cpn # 12				25.00	295.00
9-23-99	R-51558 # 13				25.00	270.00
10-12-99	R-51609 # 14				25.00	245.00
11-17-99	R-51691 # 15				25.00	220.00
12-6-99	R-51747 # 16				25.00	195.00

REESE, LILLIAN Pre-Need Lot

195.00

1-11-00	R-51866	Coupon 17	25.00	170.00
2-23-00	R-52154	18	25.00	145.00
3-12-00	R-52246	Coupon 19	25.00	120.00
4-15-00	R-52361	Coupon 20	25.00	95.00
5-24-00	R-52464	21	25.00	70.00
6-29-00	R-52607	22	25.00	45.00
7-25-00	R-52704	23 + 24	25.00	20

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51691


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11-17, 1999From: Anthony ReeseAddress: 7211 Conestoga San Diego 92120Dollars (\$ 25.00)In partPayment of Pre-Need LotLot 255Grave 13Row 2Section 2Division 12
Block

Invoice No. _____

Acct. No. _____

W.O. E-14520BALANCE DUE 220.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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

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

AC-212 (Rev. 5-94)

ISSUED BY D. Stuchellin

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51609



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400

Date: 10-12, 1999

From: Ellen Reese Address: 7211 Conestoga San Diego 92120

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-Need Lot

Lot 255 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11520

BALANCE DUE 245.00

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

ISSUED BY: J. Sheehan

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>005309</u>
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	\$	<u>25.00</u>

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51558



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

MOUNT HOPE CEMETERY

527-3400

Date: 9-23, 1999

From: Lillian Reese Address: 7211 Conestoga San Diego 92120

Twenty five Dollars (\$ 25.00)

In part Payment of Pre-need lot

Lot 255 Grave 12 Row 1 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14520

BALANCE DUE 270.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1312

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

ISSUED BY: S. Schellin

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51348



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Anthony Reese Address: 7211 Conestoga San Diego 92120 Date: 7-14 19 99
Twenty Five Dollars (\$ 25.00)
In part Payment of Pre-Need Lot

Lot 255 Grave 12 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14520

BALANCE DUE 320.00

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

AC-212 (Rev. 5-94)

1292

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

ISSUED BY

J. Marshall

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51148



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-14, 1999

From: Anthony Reese Address: 7211 Conestoga San Diego 92120
Twenty Three Dollars (\$ 25.00)

In part Payment of Pre-Need Lot
Sullivan Reese

Lot 255 Grave 17 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14520

BALANCE DUE 370.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Sheehan

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>25.00</u>
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

51023

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-9, 1999

From: Lillian Reese Address: 7211 Conventry Rd San Diego 92120

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-Need Lot

Lot 255 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14520

BALANCE DUE 395.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Sheddell

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60333	
Sales Tax	8022	
	60101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

1239

OFFICIAL RECEIPT

50377



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9/10, 1998

From: Anthony Rose Lillian Rose Address: 9211 Con + Sloga Pl San CA 95120

In Part Payment of 1st Burial Lot Lillian Rose Dollars (\$ 25.00)

Lot 255 Grave 12 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 14520

BALANCE DUE 570.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77188		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50272

Date: 8/7, 1998

From: Lillian Pease Address: 7211 Crestoga Pl San Diego

Two hundred 04/08 Dollars (\$ 200.00) 12120

In Part Payment of Pre Need Lot - for Lillian Pease

Lot 255 Grave 12 Row _____ Section 2 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E - 14530

BALANCE DUE 595.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	77184	<u>200.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200.00</u>

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14520 Pre-need Lot

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 25.00

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



\$ _____

\$ _____

NAME

Lillian Reese

Amount Received

\$ 25.00

ADDRESS

7211 Conestoga Pl.

CITY

S-D

STATE

Ca

ZIP

92120

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 Sec 2 Div 12^c

Month and Day Due Indicated Below

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

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

\$ **25.00**

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

\$ _____

\$ _____

Amount Received

\$ **25.00**

NAME

Lillian REESE

ADDRESS

7211 Conestoga Pl.

CITY **S. D.**

STATE **CA.**

ZIP **92120**

check (✓) if this is new address

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 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 \$

25.00

NAME Lillian REESE

ADDRESS 7211 Conestoga Pl

CITY San Diego STATE Ca ZIP 92120

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-14520 Pre-need Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 Sec 7 Div 12

Month and Day Due Indicated Below

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

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



\$ 25.00

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



\$ _____

\$ _____

Amount Received

\$ 25.00/100

NAME Lillian Reese

ADDRESS 7211 Conestoga Pl.

CITY S.D. STATE Ca ZIP 92120

check (✓) if this is new address

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

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-used Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

NAME **Lillian Reese** *Amount Received \$ **25.00**

ADDRESS **7211 Conestoga Pl.**

CITY **S.D.** STATE **Ca** ZIP **92120**

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-sold Lot****Lillian Reese****7211 Conestoga Place****San Diego, CA 92120****Lot 255 Gr 12 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.

\$ _____

\$ _____

NAME **Lillian Reese** Amount Received \$ **25.00**ADDRESS **7211 Conestoga Pl.**CITY **SD** STATE **CA** ZIP **92120** check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-owned Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 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.



\$ _____

\$ _____

NAME Lillian Reese Amount Received \$ 25.00

ADDRESS 7211 Conestoga Pl

CITY S.D. STATE Ca ZIP 92120

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **H-14520 Pre-need Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 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.



\$ _____

\$ _____

NAME Lillian E REESE Amount Received \$ 25.00

ADDRESS 7211 Conestoga Pl

CITY S-D STATE Ca ZIP 92120

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot****Lillian Reese****7211 Conestoga Place****San Diego, CA 92120****Lot 255 Gr 12 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

\$ **25.00**NAME **Lillian REESE**ADDRESS **7211 Conestoga Pl**CITY **S.D.** STATE **Ca** ZIP **92120** check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-head Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 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.



\$ _____

\$ _____

NAME **Lillian Reese** Amount Received \$ **25.00**

ADDRESS **7211 Conestoga Pl.**

CITY **San Diego** STATE **CA** ZIP **92120**

check if this is new address

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

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot**

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 12 Sec 2 Div 12

Month and Day Due Indicated Below

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

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

APR 25 2000 **25.00**

Amount due if paid more after due date above.

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

\$ _____

NAME

Lillian E REESE

Amount Received

\$ **25.00**

ADDRESS

7211 Conestoga Pl.

CITY **S.D.**

STATE **CA** ZIP **92120**

check (✓) if this is new address

Attaching one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14520 Pre-need Lot

Lillian Reese

7211 Conestoga Place

San Diego, CA 92120

Lot 255 Gr 17 Sec 3 Div 12

Month and Day Due indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								24			

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



\$ 25.00

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



\$ _____

\$ _____

NAME

LILLIAN E REESE

Amount Received

\$

25.00 / 100

ADDRESS

7211 Conestoga Pl

CITY

S.D

STATE Ca

ZIP

92120

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot****Lillian Reese****7211 Conestoga Place****San Diego, CA 92120****Lot 255 Gr 12 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

\$ **25.00**NAME **Lillian REESE**ADDRESS **7211 Conestoga Pl**CITY **S.D.** STATE **CA** ZIP **92120** check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14520 Pre-need Lot****Lillian Reese****7211 Conestoga Place****San Diego, CA 92120****Lot 255 Gr 12 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.

\$ _____

\$ _____

\$ **545.00**

Amount Received

NAME **Lillian Reese**ADDRESS **7211 Conestoga Pl**CITY **S.D.** STATE **Cal** ZIP **92120** check (✓) if this is new address

ok for marker
MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

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

of Harold Patrick P.A. 1237837

In a liner Funeral, date, time Wed Aug 12th 1:00

Church, Chapel, Graveside Delivery only; Merkely 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. _____

✓ 70
Lot 70 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 245.00

Additional spaces and care fund _____

Opening/Closing & Setup 325.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 1000.00

Paid receipt number _____

Balance due _____

Nancy Hobb P.A.
creditor claim
8-24-98

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 14521

Acct. # _____

E-14521
79

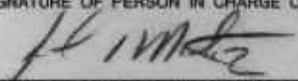
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HAROLD	1B. MIDDLE VINCENT	1C. LAST (FAMILY) PATRICK	2. DATE OF BIRTH MONTH DAY YEAR 05/30/1919	3. DATE OF DEATH MONTH DAY YEAR 07/30/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS - PUBLIC ADMINISTRATOR 5201 A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7130 of the Health and Safety Code.		8B. DATE SIGNED 08/11/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/11/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811693 T.C. MITCHELL
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-12-98	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

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

of Lewis Wood P.A. 1235400

in a Linear Funeral, date, time Tues, Aug 11th 11:00

Church, Chapel, Graveside Delivery only; Mayer Mortuary.

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

Lot 48 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50.00</u>
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filling fee	<u>45.00</u>
Sales taxes	_____
Total Due	<u>386.00</u>

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 14522

Invoice # 303525

Acct. # 000952

E-14522

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Arthur	1B. MIDDLE Lewis	1C. LAST (FAMILY) Wood, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1959	3. DATE OF DEATH MONTH DAY YEAR 06/10/1998	4. SEX M	
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT L. Jeanne Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424	8A. SIGNATURE OF APPLICANT—Person being permit <i>John Mayer</i>			8B. DATE SIGNED 08/10/1998
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 7.00	9B. DATE PERMIT ISSUED 08/11/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOGATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-11-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

*2nd burial
double death*

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

in a _____ Funeral, date, time Frid. Aug 14th 1:00
Type of Burial Container _____
Church, Chapel, Graveside Chapel / Graveside, Greenwood Mortuary _____

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

Lot 517 Grave _____ Row _____ Section 5 Division 8

Grave space & Care Fund Pre Need B-4987 _____

Additional spaces and care fund _____

Opening/Closing & Setup Pre Need E-6826 _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Pre Need E 6826 _____

Sales taxes _____

Total Due 0

Interfund transfer 8-25-98

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

Lucille Davis
Signature
3776 Franklin Ave
Address
San Diego CA 92113
City Zip Code
527-8785
Telephone

Work Order # E 14523

Invoice # _____
Acct. # _____

E - 14523

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LUE		1B. MIDDLE ADEAN	1C. LAST (FAMILY) HARRISON	2. DATE OF BIRTH MONTH, DAY, YEAR 04/22/1905	3. DATE OF DEATH MONTH, DAY, YEAR 08/06/1998	4. SEX F
5A. CITY OF DEATH CHULA VISTA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LUCILLE DAVIS - GRANDDAUGHTER 3776 FRANKLIN AVENUE SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 71201 of the Health and Safety Code.				8B. DATE SIGNED 08/13/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/13/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-14-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

*2nd
Double
Depth*

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

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 133 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund _____ *Pre Need* ⓐ

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filling fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14524**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

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

of Eddie Gibson Jr

in a T.S. Dault Funeral, date, time Wed, Aug 12, 1998 1:00

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

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

Lot 14 Grave 11 Row _____ Section 1 Division 11

Grave space & Care Fund 60 20% 995.00

Additional spaces and care fund ?

Opening/Closing & Setup PD IN FULL 375.00

Burial Container 9-8-98 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 1869.38

Total Due 935.00

Paid receipt number 50282 Balance due 934.38

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.

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

Signature of recorded holder of deed

X Barbara Gibson
Signature
X 1415 N. 49th St
Address
X San Diego, CA 92102
City
X (619) 262-5729
Telephone
Zip Code

Work Order # E 14525

Invoice # 303621
Acct. # 096265

MT. HOPE CEMETERY

W.O. # E-14525

NOTE

\$ 934.38 San Diego, California August 10 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 Nine hundred thirtyfour 38/100 DOLLARS with interest from September 14, 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 Barbara A. Gibson SIGNATURE x Barbara Gibson
ADDRESS x 145 No. 49th St San Diego, CA 92102
CALIFORNIA DRIVER LICENSE NUMBER x CA D0117602 SSN # x 265-66-6854

E-14525

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDDIE	1B. MIDDLE -	1C. LAST (FAMILY) GIBSON, JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 01/20/1935	3. DATE OF DEATH MONTH, DAY, YEAR 08/04/1998	4. SEX M
5A. CITY OF DEATH TULSA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE OK	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA GIBSON—WIFE 1415 NORTH 49TH STREET SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Personal taking permit; 8B. DATE SIGNED <i>[Signature]</i> 08/11/1998		

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 7102 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/11/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> MM
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS - P. O. BOX 88222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92186-5222	11B. DATE BURIED 8-12-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50282

MOUNT HOPE CEMETERY

527-3400

Date: 8/10, 1998

From: Andrea Noble Address: 6726 S. 75th Ave Tulsa OK 74133

One hundred thirty five 00/100 Dollars (\$ 935.00)

In 1998 Payment of burial cost of Eddie Gibson Jr

Lot 14 Grave 11 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14595

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 Kanya Pak

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>935.00</u>
Opening/Closing	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	\$	<u>935.00</u>

3518

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51082



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-28 1999

From: Barbara Gibson Address: 1415 N. 49th St SD 92102

one hundred twenty five Dollars (\$ 125.00)

In full Payment of marker setting fee for
Eddie Gibson Jr.

Lot 14 Grave 11 Row 1 Section 1 Division 1 Block 1

Invoice No. _____

Acct. No. _____

W.O. E 14525

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	<u>125.00</u>
Pre-Need Trust	77187	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

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

104

ISSUED BY [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/11/98

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

of Ruth E George

in a _____ Funeral, date, time AYD MON 8-24

Church, Chapel, Graveside Delivery Only : Family Mortuary, Interment

All Funeral 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 310 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund _____

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 50288 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 Elmer R. George
Signature
X 9909 Cansington Dr.
Address
X San Diego, CA 92117
City Zip Code
X 279-7384
Telephone

Work Order # E 14526

Invoice # _____

Acct. # _____

E-14526

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) RUTH		1B. MIDDLE E.	1C. LAST (FAMILY) GEORGE		2. DATE OF BIRTH MONTH, DAY, YEAR 06/07/1914	3. DATE OF DEATH MONTH, DAY, YEAR 08/10/1998	4. SEX F	
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELMER R. GEORGE - SON 4409 CANNINGTON DRIVE SAN DIEGO, CA 92117			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE. SAN DIEGO, CA 92117				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126		6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		6B. DATE SIGNED 08/13/1998

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 \$7.00	9B. DATE PERMIT ISSUED 08/13/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9811890	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT						
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-24-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 08/14/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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.

50288

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 8/10, 1998From: Elmer George Hallberg Address: 4409 Cunningham Dr San Diego Ca 92117One Hundred FiftyDollars (\$ 150.00)In Full Payment of Tolowent of Ruth GeorgeLot 310 Grave 1 Row 1 Section 4 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-14546BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>165</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	60101		
	78390		

ISSUED BY Kays DakTOTAL PAID \$ 150.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/10/98

*Place
Ashes under
headstone*

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

of Eileen Louise Albright

In a EVERY Funeral, date, time Mon. Aug 17th 11:00

Church, Chapel, Graveside Graveside ; Balboa Mortuary.

All Funeral 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 6 Grave 5 Row _____ Section 1 Division Block 4

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 60.00

Handling Fees _____

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____

Sales taxes _____

PAID
 AUG 11 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 210.00

Paid receipt number 50283 210.00

Balance due 0

*Donna
Ramescal*

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

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

Signature of recorded holder of deed _____

Donna Ramescal
 Signature
X 1275 Avenida
 Address
Khula Vista 91911
 City Zip Code
X 619-41202726
 Telephone

Work Order # **E 14527**

Invoice # _____

Acct. # _____

Family would like Ashes under headstone



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-14527 93

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Evelynn	1B. MIDDLE Louise	1C. LAST (FAMILY) Albright	2. DATE OF BIRTH MONTH DAY YEAR 02/09/1905	3. DATE OF DEATH MONTH DAY YEAR 08/08/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Donna L. Ramiscal, Daughter 1275 Second Avenue Chula Vista, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BALBOA CREMATION SERVICES 4658 30th ST; San Diego CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1370	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 08/11/1998		

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/11/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	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

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street; San Diego, CA 92102	11B. DATE BURIED 8-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Olde Hwy. 80; El Cajon CA 92021	12B. DATE CREMATED 8/11/98	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

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 ONE YEAR FROM ISSUE DATE.

Family has ^{E-14527}
purchased Ashvanti
from Balboa Cremator

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-14527

50283

Date: 8/11 1998

From: Donna Romesca Address: 1375 Seward Ave (Hale Vista) CA 91911

Two Hundred Ten 00/100 Dollars (\$ 210.00)

In Full Payment of Interment of Evelyn L. Munglet
EVELYN

Lot 10 Grave 5 Row _____ Section 1 Division Block 4

Invoice No. _____

Acct. No. _____

W.O. E-14527

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 Kanji Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>00</u>
Burial Containers	77181		
	100		
Handling Fee	77182	<u>60</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>210</u>	<u>00</u>

2 HO.
14 " V
24 " L
8 1/2 "

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 8-12-98

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

In a _____ Funeral, date, time WED 8-12 1:00
Type of Burial Container
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 \$ _____ will be applied and billed to undersigned.

✓ Lot 717 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 filling fee	45.00
Sales taxes	—
Total Due	270.00
Paid receipt number <u>50292</u>	<u>270.00</u>
Balance due	<u>0</u>

MORTUARY TO BRING CHECK

Paid in full
8-12-98

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

Work Order # E 14528

Invoice # _____
Acct. # _____

E-14528

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) KEYANNA-DEZIAREE	1B. MIDDLE LARRITA-SHAUNTEL	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR 05/07/1998	3. DATE OF DEATH MONTH, DAY, YEAR 08/04/1998	4. SEX F
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LORINDA COWANS-MOTHER 8850 OLIVE DRIVE SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHANNEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Jim Walker</i> 08/10/1998		
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 7109 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811618
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92185-5222	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-12-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -0	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

50292

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-12, 1998

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

two hundred seventy & no/100 Dollars (\$ 270.00)
in full Payment of interment of Keyanna Smith

Lot 717 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
Acct. No. _____
W.O. E-14528
BALANCE DUE Q

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

CREDIT	67007	
20% Sales Care	77184	<u>00</u>
80% Sales of Lots	100	<u>80</u>
Opening/Closing	100	<u>125</u>
Burial Containers	77181	<u>00</u>
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	<u>45</u>
Pre-Need Trust	77183	<u>00</u>
Sales Tax	63033	
	9022	
TOTAL PAID	80101	<u>270</u>
	78390	<u>00</u>

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

4407

ISSUED BY Cratina Avalone

Pre-Need Lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-12-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frankie Gillen - Green

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 114 Grave 9 x 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00 each 1590.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 1590.00

Paid receipt number R-50290 1590.00

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 _____

Frankie Gillen - Green
Signature
 1557 Logan Ave, #C
Address
 San Diego CA 92113
City
 619-264-0367, 262-3859
Telephone
at wk-293-4806

Work Order # **E 14529**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50290



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-12, 1978

From: Frankie Gillies - Green Address: 4557 Logan Ave #C San Diego 92115

One thousand five hundred ninety Dollars (\$ 1590.00)

In full Payment of Pre-Need Sale for
Frankie Gillies - Green and Al Green

Lot 114 Grave 9 & 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14527

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. Sheehy

CREDIT	67007	
20% Sales Com	77184	318 00
80% Sales of Lots	100	1272 00
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	1590 00

75558

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-13-98

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

of HELEN METZLER
in a LINER Funeral, date, time TUE 8-18 10:30

Church, Chapel, Graveside GRAVESIDE ; MAYER 314 Mortuary.

All Funeral 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 2 Row _____ Section 16 Division/Block 7

Grave space & Care Fund PRE-NEED D-5071 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 14.73

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number 50293 769.73

Balance due 0

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

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

Signature of recorded holder of deed

X Robert S. Metzler
Signature
X 8147 POPLAR ST
Address
X SAN DIEGO 92105
City Zip Code
X 282-7391
Telephone

Work Order # E 14530

Invoice # _____
Acct. # _____

50293

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 8/13, 1998From: Helen Metzler Address: 4145 Poplar San Diego (642105)in Some hundred sixty nine 73/00 Dollars (\$ 769.73)in Full Payment of Interment of Helen MetzlerLot 64 Grave 12 Row _____ Section 16 Division/Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14530BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375 00</u>
Burial Containers	100	<u>190 00</u>
Handling Fee	77182	<u>145 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	<u>14 75</u>
	78390	
TOTAL PAID	\$	<u>769 73</u>

ISSUED BY: Kemp B...

E-14530
86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Helen		1B. MIDDLE Leona	1C. LAST (FAMILY) Metzler		2. DATE OF BIRTH MONTH, DAY, YEAR 07/07/1912	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/1998	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Metzler-Son 4147 Poplar St., San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person using permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.				8B. DATE SIGNED 08/14/1998			

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/14/1998 <i>James Hale</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9811946
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8 14 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

~~NOT BE~~
oversized
casket

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-14-98

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

of Bruce Walker

In a Ciner # 7 Funeral, date, time Mon. 8-17 2:00
Type of Burial Container

Church, Chapel, Graveside Chapel, Graveside Rolls-Royce Mortuary.
SKIPPER

All Funeral cars must 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 MW

✓ Lot 121 Grave 3 & 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 1590. ~~775.00~~

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 220. ~~190.00~~

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 17.05 ~~14.73~~

PAID
AUG 14 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

outside measurements
33 W
88 L

Total Due 2392.05 ~~1564.73~~

Paid receipt number VISA 1564.73

Balance due 827.32

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.

X Margie Walker
Signature
2576 Mye St
Address
San Diego 92111
City Zip Code
619 277-2733
Telephone

Signature of recorded holder of deed _____

Work Order # E 14531

Invoice # _____

Acct. # _____

8/14/98

3:30 pm
m/c

2:15 pm

5418 3021 5093 6008
9/98

Skipper called to notify us of casket measurements being overpized.

33" W X 88" L

2:47 pm

Margie Walker authorized

2392.05

- 1564.73

827.32 difference

Vba -no

~~4301 7999 8000 9403~~

10/99

E-14531
46

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BRUCE		1B. MIDDLE EDWARD	1C. LAST (FAMILY) WALKER	2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1952	3. DATE OF DEATH MONTH, DAY, YEAR 08/11/1998	4. SEX M
5A. CITY OF DEATH OAKLAND			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ALAMEDA	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGIE R. WALKER - WIFE 2576 NYE ST., SAN DIEGO, CA. 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CUNNINGHAM'S AFFORDABLE BURIAL CENTERS P.O. BOX 112, LIVERMORE, CA. 94551-0112				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1532		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10329 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 <i>[Signature]</i>		
				8B. DATE SIGNED 08/14/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/14/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 1000 BROADWAY, OAKLAND, CA. 94607		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS ST., SAN DIEGO, CA. 92186		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, SAN DIEGO, CA.	11B. DATE BURIED 8-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-14-98

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

of Harry Lamar Charnell

in a liner Funeral, date, time Fri 8-21 1:00

Church, Chapel, Graveside Chapel / Graveside: Regsdale Mortuary,

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

will be applied and billed to undersigned. 706

Lot 64 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup PAID 200.00 375.00

Burial Container 190.00

Handling Fees PAID 145.00

Flower vases - Marker setting fee

Recording and filing fee MT HOPE CEMETERY CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

MT HOPE CEMETERY

Total Due 1564.73

PAID receipt number R 34944 100.00

R 27548 100.00

Balance due 1364.73

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

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

Signature of recorded holder of deed

X 706 Signature

X P.O. Box 1618 Address

X Chino, Calif 91708 City

X (213) 812-5449 Telephone Zip Code

Treasurers
I.D. # 1246417
Work Order # E 14532

MT. HOPE CEMETERY

W.O.# E-14533

NOTE

682,73

San Diego, California

8-14

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 Six Hundred Eighty Two & ⁷³/₁₀₀ DOLLARS with interest from Sept 22, 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 Hiram J. Chanell SIGNATURE X [Signature]
ADDRESS X P.O. Box 1618 Chino, California 91708-1618
CALIFORNIA DRIVER LICENSE NUMBER X P.O. 572155 SSN # X 573-60-3318

I.D.# 1246417



E-14532

THE CITY OF SAN DIEGO

* Account ID No. *
* 1246417 *

MAY 14, 2001

RE: NAME : HIRAM J. CHANNELL
PO BOX 1618
CHINO CA 91708-1618

SOC. SEC. NO: 562-39-5014

TO WHOM IT MAY CONCERN:

THIS LETTER WILL CONFIRM THE ACCOUNT(S) DESCRIBED BELOW
WAS/WERE PAID IN FULL ON 05-14-01.

ACCOUNT NUMBER(S)

1246417

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE FEEL FREE TO
CONTACT ME DIRECTLY AT THE NUMBER BELOW.

A. JONES
COLLECTION INVESTIGATOR

RT: MAIL

Collection Division • Office of the City Treasurer

1010 Second Avenue, Sixth Floor, West Wing • San Diego, CA 92101-4904

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

Tel (619) 744-3100 Fax (619) 533-3840



DIVERSITY
WORLDWIDE

Vista E-14532

159	20%
436	80%
87	open/closing
<hr/>	
682	

E-14532

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) Harry	1B. MIDDLE Lamar	1C. LAST (FAMILY) Channell	2. DATE OF BIRTH MONTH DAY YEAR 02/03/1947	3. DATE OF DEATH MONTH DAY YEAR 08/12/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Hiram Channell, Brother 8210 Denker Ave. Los Angeles, CA 90047		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 08/19/1998			

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 \$7.00	9B. DATE PERMIT ISSUED 08/20/1998 <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812191
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14-98

pre need trust

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

of David Tevis

in a T.S. Vault 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 35 Grave 4 Row _____ Section 17 Division/Block 7

Grave space & Care Fund pre need E-13409

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
AUG 14 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

375.00
250.00
185.00
45.00
19.38
874.38
874.38

Total Due _____

Paid receipt number P-50300

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 _____

David Tevis
Signature _____
Address 2404 West Ingersoll St
San Diego, Ca. 92111-6248
City _____ Zip Code _____
Telephone 619-279-5993

Work Order # **E 14533**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50300



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

MOUNT HOPE CEMETERY
527-3400

From: David Tevis Address: 2404 W. Ingersoll St. SD 92111 Date: 8-14 1998
eight hundred seventy-four & 38/100 Dollars (\$ 874.38)
 In full Payment of preneed trust

Lot 35 Grave 4 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-14533
 BALANCE DUE 3845

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

ISSUED BY Catrina Avalone

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14-98

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

In a under Funeral, date, time Tues. 8-18 11:00

Church: Chapel, Graveside chapel + graveside Raagsdale Mortuary Derrick

All Funeral cars must 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 R Y

Lot 44 Grave 10 Row _____ Section 17 Division Block 7

Grave space & Care Fund 3303 1395.00

Additional spaces and care fund 279 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 2164.73

Sales taxes 1082.37

30 day note

Total Due 1082.30

Paid receipt number R-50307

Balance due 1082.30

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

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

Signature of recorded holder of deed _____

X Mary Fogle
Signature 3147 R St
Address San Diego
City 92012 Zip Code
Telephone 619-233-9475

303609 Invoice # 233-9475

Work Order # E 14534

Acct. # 090203

8/21/98

MARY TAYLOR

2339475

MT. HOPE CEMETERY

W.O. # E-14534

NOTE

\$ 1082.36 San Diego, California August 17 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 eighty two & 36/100 DOLLARS with interest from September 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 1, 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 Mary Taylor SIGNATURE Mary Taylor

ADDRESS 3177 E St

CALIFORNIA DRIVER LICENSE NUMBER R0856989 SSN # 321-22-9300

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50307



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

MOUNT HOPE CEMETERY
527-3400

From: Mary Taylor Address: 3177 K St. San Diego 92012 Date: 8-17 1998
one thousand, eighty two + 37/100 Dollars (\$ 1082.37)
 In part Payment of interment of Beatrice Curtis
 Lot 64 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-14534
 BALANCE DUE 1082.36

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

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>1082 37</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1082 37</u>

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

ISSUED BY

Katrina Avallone

5915174

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-98

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

of Clara Dobbs

in a liner Funeral date, time Wed. Aug. 19 11:00

Church, Chapel, Graveside chapel/graveside Ridgevale Mortuary, Debbie

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

Lot 74 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund pre need E-13577

Additional spaces and care fund _____

Opening/Closing & Setup pre need E-13577

Burial Container pre need E-13577

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee pre need E-13577

Sales taxes pre need E-13577

Total Due

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 14535**

Acct. # _____

E-14535

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) Clara	1B. MIDDLE Anoise	1C. LAST (FAMILY) Dobbs	2. DATE OF BIRTH MONTH DAY YEAR 09/13/1909	3. DATE OF DEATH MONTH DAY YEAR 08/13/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Linda M. Johnson, Niece 8188 Brookhaven Ct. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Permit taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/17/1998
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 2100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-19-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON 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

51159

Date: 5-18, 1999

From: Patricia Burke - former Address: 1017 Bollenbacher St San Diego 92114
Forty Six 56 100 Dollars (\$ 46.56)

In full Payment of 2 galvanized flower vases
Clara Dotts & Virginia Burke

Lot 74 Grave 3528 Row 8 Section 2 Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 0

E-14535

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

1248

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

ISSUED BY J. Sheddles

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100	20	00
Handling Fee	77182	25	00
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033	1	56
	9022		
	60101		
	78390		
TOTAL PAID	\$	46	56

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-98

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

of Lillie N. Allen

in a liner Type of Burial Container Funeral, date, time TUES. Aug. 18:30

Church, Chapel, Graveside graveside : ADA Mortuary.
Kevin

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 2971 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre need C-2170

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 7109.73

PAID
AUG 17 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____
Paid receipt number M/C 7109.73

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.

X Francis E. Allen Sr.
Signature
X P.O. Box 281
Address
X Orofino, Id 83544
City Zip Code
X 1 (208) 476-5100
Telephone

Signature of recorded holder of deed _____

Work Order # E 14536

Invoice # _____
Acct. # _____

E-14536

99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LILLIE	1B. MIDDLE NEILL	1C. LAST (FAMILY) ALLEN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1898	3. DATE OF DEATH MONTH, DAY, YEAR 08/15/1998	4. SEX F
5A. CITY OF DEATH OROFINO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE IDAHO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES ALLEN - SON P.O. BOX 281 OROFINO, ID 83544		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1469	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 1100 of the Health and Safety Code.		8B. DATE SIGNED 08/18/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-98

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

of Miles DeWitty

In a liner

Funeral, date, time Wed. Aug 20 1:00

Church, Chapel, Graveside, delivered : 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 58 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund preneed E-12803

Additional spaces and care fund _____

Opening/Closing & Setup preneed E-12803

Burial Container preneed E-12803

Handling Fees preneed E-12803

Flower vases - Marker setting fee _____

Recording and filing fee preneed E-12803

Sales taxes preneed E-12803

Kim White
Guardian - PA Total Due _____
Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 14537

Invoice # _____

Acct. # _____

E-14537

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Miles	1B. MIDDLE Henry	1C. LAST (FAMILY) Dewitty	2. DATE OF BIRTH MONTH, DAY, YEAR 09/23/1918	3. DATE OF DEATH MONTH, DAY, YEAR 08/15/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ellis Pleasant, Daughter 1515 50th St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/17/1998
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812310
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-3222		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-26-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

might be a
chapel or church
and graveside

Debbie to call
back with the
answer.

E-14537

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E- 14538
85

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE IRENE	1C. LAST (FAMILY) ZIENTARSKI	2. DATE OF BIRTH MONTH DAY YEAR 09/12/1912	3. DATE OF DEATH MONTH DAY YEAR 08/15/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ED ZIENTARSKI - SON 5161 LEO STREET SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BLVD. SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-790		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/18/1998		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9812113
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN-TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

50301

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Edward Zientarski Address: 5161 Leav St. San Diego 92115 Date: 8-17 1998
seven hundred sixty nine + 73/100 Dollars (\$ 769.73)
 In: full Payment of interment of
Allen Zientarski
 Lot 4 Grave 8 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14538BALANCE DUE 2Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007	
20% Sales Com.	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	

375 (2)
190 (0)
145 (0)
45 (10)
14 (73)
769 (73)

ISSUED BY

CATERINA Avalon10834

MT. HOPE CEMETERY

INTERMENT ORDER

mortuary to bring check for full amount

City of San Diego

Date 8-17-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anh N. Luu

In a liner Funeral, date, time Tues Aug 18 9:30

Church, Chapel, Graveside chapel/graveside Humphrey Mortuary.

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

will be applied and billed to undersigned.

Lot 144 Grave 12 Row Section 2 Division/Block 11

Grave space & Care Fund preneed E-8744

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 769.73

Chinese Area

Total Due 769.73

Paid receipt number R-50308 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 Michael Wong

X Signature Address City Telephone

Work Order # E 14539

Invoice #

Acct. #

425-4637

PAID
MAY 19 1958
MT. HOPE CEMENT CO.
MOUNTAIN VIEW, MISSOURI

E-14539

美國山姐咕埠中華會館

Chinese Consolidated Benevolent Association

0878

428 THIRD STREET

SAN DIEGO,

CALIF., U. S. A.

DATE 16 Aug '98

國美
山姐咕
姓·名
住 址
會 館
費

ANH N. LUU

3751-36th St (#4), San Diego, CA 92104

Chinese Area Lot #144
Division #11 GR. #12

\$ 0 Donation

收款人簽名

Albert Wang, CCAH Cordish

E. - 14539

MOUNT HOPE CEMETERY

16 AUGUST 1998

The undersigned hereby requests and authorizes the interment of the remains of

ANH N. LUU

in Lot 144 Gr 12 Row -

Sec. Chinese Area

Block

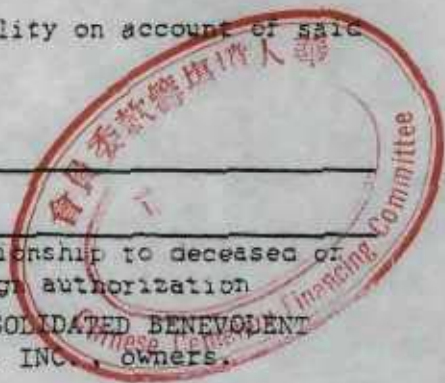
Division #11 in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of said

authorization and interment.



Signature of relative or legal representative

[Handwritten signature]

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

Witness

Albert Wong, Coordinator

witness

E-14539

[Handwritten signature]

INTERNET ORDER

TO *[Handwritten name]* for full amount

8-17-98

You are hereby authorized and instructed to pay to the order of *[Handwritten name]*

Ann N. Liu

INCE

TUES AUG 18 98

Pay to the order of *[Handwritten name]*

Pay to the order of *[Handwritten name]*

144.00 12 2 11

preneed E-5114

3750

145.00

750

475

Chinese Area

[Handwritten notes]

[Handwritten notes]

E 14539

E-14539
17

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ANH	1B. MIDDLE NGOC	1C. LAST (FAMILY) LUU	2. DATE OF BIRTH MONTH, DAY, YEAR 05/15/1981	3. DATE OF DEATH MONTH, DAY, YEAR 08/08/1998	4. SEX F
5A. CITY OF DEATH Lakeside		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Moi Thi Luu - Mother 3751 36th Street, Apt. A San Diego CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—(person taking permit) <i>Candith E. King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/13/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/17/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812008
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 8-18-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

50308

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 8-18 1998From: Ampney Mortuary Address: 855 Broadway Chula Vista 91911
Seven Hundred Eighty Nine & 73/100 Dollars (\$ 769.73)
In full Payment of Interment of Don Lee
 Lot 144 Grave 15 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14539BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	769	73

ISSUED BY [Signature]

2nd burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-98

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

of Mary Sanford

In a Double Depth crypt Funeral, date, time Fri Aug. 21 2:00

Church, Chapel, Graveside Graveside : Feathermgill Merquary.

All Funeral 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 12 Grave _____ Row _____ Section 100F Division/Block 8

Grave space & Care Fund pre need E-8341 2

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container pre need E-8341 2

Handling Fees pre need E-8341 2

Flower vase - Marker setting fee _____

Recording and filing fees _____

Sales taxes _____

Total Due 420.00

Paid receipt number 50304 420.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Mary Day
Signature
10392 New Bedford Cr
Address
Lakeside 92040
City Zip Code
(619) 390-1780
Telephone

interment transfer 8-26-98

Work Order # E 14540

Invoice # _____

Acct. # _____

E-14540

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) Mary	1B. MIDDLE L.	1C. LAST (FAMILY) Sanford	2. DATE OF BIRTH MONTH, DAY, YEAR 06/07/1915	3. DATE OF DEATH MONTH, DAY, YEAR 08/15/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Day - Daughter 10390 New Bedford Ct. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Carrie Johnson</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/18/1998			

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 \$ 7.00	9B. DATE PERMIT ISSUED 08/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. Lathrem
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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-14540

50304

MOUNT HOPE CEMETERY
527-3400

Date: 8-17 19 98

From: R.L. Day Address: 10392 New Bedford CT / aripide
four hundred twenty + 110/100 Dollars (\$) 420.00/240

In full Payment of interment of Mary Sanford

Lot 12 Grave _____ Row _____ Section 100F - Division 8 Block 8

Invoice No. _____
Acct. No. _____
W.O. E-14540
BALANCE DUE 8

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	375 00
77181		
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	45 00
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	420 00

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

ISSUED BY Latina Avalos

7807

EDWIN
DUCHERMIN
BURIED
HERE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-18-98

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

in a ASH VAULT Type of Burial Container Funeral, date, time MON 9-14 AYD

Church, Chapel, 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 145 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-790 _____

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

Work Order # E 14541

Invoice # 304492
Acct. # 096498

9-15-98

EDWIN
DUCHERIN
BURIED
HERE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of VIOLA DUCHERIN
in a ASH VAULT Funeral, date, time _____
Church, Chapel, 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 <u>145</u> Grave <u>5</u> Row _____ Section <u>1</u> Division/Block <u>11</u>	
Grave space & Care Fund	<u>PRE-NEED E-790</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	<u>55.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>4.26</u>
Total Due	<u>269.26</u>

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 record holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 14541

Invoice # _____
Acct. # _____

1. NAME OF DECEASED: Viola
 2. PREFIX: M.
 3. LAST NAME: Du Chemin
 4. DATE OF BIRTH: 08/19/1908
 5. AGE: 89
 6. SEX: F
 7. DATE OF DEATH: 08/17/1998
 8. HOUR: 1820
 9. STATE OF BIRTH: FL
 10. SOCIAL SECURITY NO.: 546-34-1668
 11. MARITAL STATUS: W
 12. EDUCATION: 12
 13. OCCUPATION: Homemaker
 14. ADDRESS: 2828 Meadowlark Dr
 15. CITY: 5D
 16. STATE: 5D
 17. ZIP CODE: 92123
 18. COUNTY: 88
 19. ZIP CODE OF DEATH: CA
 20. NAME OF SURVIVING SPOUSE: Paul Hantsche
 21. ADDRESS: 151 Gayland Pl #88
 22. CITY: Escondido
 23. STATE: 92027
 24. NAME OF SURVIVING CHILDREN:
 25. NAME: Jeremiah
 26. NAME: Minnie
 27. NAME: Day
 28. NAME: Richardson
 29. BIRTH STATE: Ireland
 30. BIRTH STATE: FL
 31. NAME OF CEMETERY: Mount Hope
 32. TYPE OF CEMETERY: Cr/Bu
 33. GRAVE NO.: None
 34. PLACE OF DEATH: Pleasant Care, NH
 35. STREET ADDRESS: #20
 36. CITY: 5D
 37. STATE: 5D
 38. PHYSICIAN'S SIGNATURE: [Signature]
 39. PHYSICIAN'S NAME: [Name]
 40. PHYSICIAN'S ADDRESS: [Address]
 41. CORONER'S NUMBER: [Number]

RELATIONSHIP / SURVIVING RELATIVE / ADDRESS

Paul:

Home: 1-760-747-9486

Work: 1-760-489-2359

FAX: 1-760-489-7158

COUNSELOR:

105. VISITATION / VISITATION

106. TIME

107. M

108. LOCATION

109. DAY OF FUNERAL

110. TIME

111. M

112. SERVICES AT

113. CONTACT

114. CHURCH

115. ADDRESS

116. REQUEST

117. RELATIONS

118. ORGANIZATION: 1051 EL CAMINO BLVD
 SAN DIEGO CA 92104
 (619) 449-2111 FAX (619) 283-3983

119. VISITATION: OPEN CLOSED

120. SERVICE CASKET: OPEN CLOSED

121. PAID BY: WT FAMILY MILITARY

122. FAMILY SEATED IN: FAMILY ROOM CHURCH

123. TIME AT CEMETERY

124. VISITATION DAY & TIME

E-14541

LEWIS COLONIAL
73807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) VIOLA	1B. MIDDLE N.	1C. LAST (FAMILY) DU CHERIN	2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1908	3. DATE OF DEATH MONTH, DAY, YEAR 08/17/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PAUL HANTSCHKE - GRANDSON 151 GAYLAND PL., #88 ESCONDIDO, CA 92027		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 08/18/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812145
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P Valentine

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9-14-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 8/24/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 8-18-98

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

in a Urns Funeral, date, time THUR 8-20 12:00
Type of Burial Container

Church, Chapel, Graveside GRAVESIDE : FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 432 Grave _____ Row _____ Section 2 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund —

Opening/Closing & Setup 195.00

Burial Container 95.00

Handling Fees 50.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 7.36

creditors claim 8-25-98 Total Due 587.36

Paid receipt number R-50386 587.36

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 _____

Address _____

Signature of record holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 14542

Acct. # _____

E-14542

HEALTH AND HUMAN SERVICES AGENCY
METRO REGION
CHILDREN'S SERVICES BUREAU
8950 Levant Street
San Diego, CA 92111

FACSIMILE TRANSMITTAL

2 Pages (including cover sheet)

TO: ATTN: Hope Cemetery PHONE: 527-3100

FAX: 527-3403

LOCATION: San Diego

San Diego County Employees Please Note: Use our SanContel telephone numbers whenever possible, if applicable. Thank you!

FROM: Debbie Reed PHONE: 694-5247

ROOM: 238

NEED BY: 8-18-92 5:30
DATE/TIME

SPECIAL INSTRUCTIONS: ATTN: SUE

IF THIS TRANSMITTAL IS NOT COMPLETE OR IS NOT LEGIBLE, CALL THE FAX CLERK AT 619/694-5203 OR SanContel LOC S32-5203.

WORK COMPLETED: _____
DATE TIME INITIAL

(Rev. 4-8-88)

38L901

E-14542



County of San Diego

ROBERT K. ROSE, M.D.
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

1255 IMPERIAL AVENUE, MS SAN DIEGO, CA 92101-7433
(619) 338-2787 FAX (619) 336-2102

AREA AGENCY ON AGING
COMMISSION ON CHILDREN, YOUTH
AND FAMILIES
DEPARTMENT OF HEALTH SERVICES
DEPARTMENT OF SOCIAL SERVICES
PUBLIC ADMINISTRATOR/PUBLIC COUNCILOR
VETERAN SERVICE OFFICE

8-18-98

See

Per your request - this is to verify that
I use the social worker for further detail the
grave-side funerals, as arranged, ~~will~~ be on
Thursday - Aug 20 - @ 12:00 noon. Please
send the bill to the following:

HASA
6450 Lament St.
San Diego, CA 92111

ATTN: Debra L Reid
QA7D

Thank you
Debra Reid



County of San Diego

DEBRA L. REID, L.S.W.
SR. PROTECTIVE SERVICES WORKER
CHILDREN'S SERVICES BUREAU
DEPT. OF SOCIAL SERVICES

5900 La Jolla Village
San Diego, CA 92121-4006
(619) 594-5241
FAX (619) 594-5241
TDD (619) 594-5241

E-14542

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Arthur	1B. MIDDLE Manuel	1C. LAST (FAMILY) Weil	2. DATE OF BIRTH MONTH, DAY, YEAR 05/18/1993	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/1998	4. SEX M	
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Debra Reid, PSWIII 6950 Lemant St. San Diego, CA 92111				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 08/15/1998
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 \$ 7.00	9B. DATE PERMIT ISSUED 08/19/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812122 <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-20-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50338



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

MOUNT HOPE CEMETERY
527-3400

From: Featheringill
Address: 6322 El Cajon Blvd. SD 92115
Date: 8/31 19 98
eighty and no/100 Dollars (\$ 80.00)
In: Full Payment of marker setting for
Arthur Manuel Weil
Lot 432 Grave _____ Row _____ Section 2 Division 9
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14542

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

2800 Catina Avalle

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50368



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-8 1998

From: Mathew Lees Address: 3990 Old Town Ave Ste 102 B SD 92110

Twenty three & 78/100 Dollars (\$ 23.78)

In full Payment of galvanized flower vase for Arthur Manuel Weil

Lot 432 Grave _____ Row _____ Section 2 Division 9 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14542

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

8540

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

ISSUED BY Catrina Aralene

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	10
	77182	00
	100	
Handling Fee	77185	13
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	18
	78360	
TOTAL PAID		\$ 23 18

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50386


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

MOUNT HOPE CEMETERY

527-3400

Date: 9-11, 1998
 From: County of San Diego Address: 6950 Tavant St. San Diego 92111
Five Hundred Eighty Seven & 36/100 Dollars (\$ 587.36)

 In full Payment of Interment of Arthur Weil

 Lot 432 Grave _____ Row _____ Section 2 Division 9 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14543BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 07-415589

AC-212 (Rev. 5-94)

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

ISSUED BY

J. Sheldon

CREDIT	97007		
20% Sales Care	77184	<u>39</u>	<u>60</u>
80% Sales of Lots	100	<u>156</u>	<u>60</u>
Opening/Closing	77181	<u>195</u>	<u>60</u>
Burial Containers	100	<u>95</u>	<u>00</u>
	77182	<u>50</u>	<u>00</u>
Handling Fee	100		
Recording & Misc. Fees	77185	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>7</u>	<u>36</u>
	78390		
TOTAL PAID	\$	<u>587</u>	<u>36</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-19-98

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

of Robert Raymond Parks

in a liner Funeral, date, time Fri. Aug 21 11:00

Church, Chapel, Graveside delivery; Maver 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 278 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		—
Opening/Closing & Setup	<u>PAID</u>	<u>375.00</u>
Burial Container	<u>10-27-98</u>	<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>45.00</u>
Recording and filing fee		<u>14.73</u>
Sales taxes		<u>1504.73</u>
<u>creditor's claim</u>	Total Due	<u>1564.73</u>
<u>8-26-98</u>	Paid receipt number <u>R-50509</u>	<u>1564.73</u>
	Balance due	<u>0</u>

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 14543

Invoice # _____

Acct. # _____

E-14543

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE Raymond	1C. LAST (FAMILY) Parks	2. DATE OF BIRTH MONTH, DAY, YEAR 02/01/1937	3. DATE OF DEATH MONTH, DAY, YEAR FOUND 07/28/1998	4. SEX M
5A. CITY OF DEATH San Marcos		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 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 Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	6A. SIGNATURE OF APPLICANT— <i>(Signature)</i> 6B. DATE SIGNED 08/20/1998		
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 7130 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>(Signature)</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>(Signature)</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-20-98

Family to
Witness
Interment

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

of Roy Dodson
in a ash vault Funeral, date, time Tues. Sept. 1 3:30
Type of Burial Container

Church, Chapel, Graveside graveside/witness Mortuary, Mayer

All Funeral 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 120 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

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 1064.26

Paid receipt number VISA 1064.26

Balance due 0

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 Eleanor Dodson
Signature
1226 Delaportia Dr
Address
San Diego, CA 92101
City Zip Code
(619) 223-4980
Telephone

Invoice # _____

Work Order # E 14544

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51075

Date: 4-26, 19 99

From: Clemens Granite Co Address: 10527 Prospect Ave

One Hundred Twenty Five and 00/100 Dollars (\$ 125.00)

In full Payment of setting fee for Roy Eugene Dodson, Jr.

Lot 128 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F - 14544

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

20303

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

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
	100	
Recording & Misc. Fees	77185	<u>125 00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14544
85

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Roy	1B. MIDDLE Eugene	1C. LAST (FAMILY) Dodson, Jr.	2. DATE OF BIRTH MONTH, DAY, YEAR 08/20/1913	3. DATE OF DEATH MONTH, DAY, YEAR 08/20/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eleanor Dodson-Wife 1226 Alexandria Dr., San Diego, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>James Hale</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/21/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT James Hale
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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 San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES: ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-1-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY P.C.I. 571 Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 8/21/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-21-98

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

in a LINER Type of Burial Container Funeral, date, time MON. 8-24 1:00

Church, Chapel, Graveside CAUACH/GRAVESIDE RAGSDALE Mortuary.

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

will be applied and billed to undersigned. X

Lot 64 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	<u>—</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting for	<u>—</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1664.73</u>
Paid receipt number <u>R-50323</u>	<u>1664.73</u>
Balance due	<u>0</u>

PAID
AUG 24 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

**MORTUARY 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.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

See attached

Work Order # E 14545

Invoice # _____
Acct. # _____

PER SKIPPER IS A VRT.

PAID
MR. S. R. B.
MAY 19 1954
MILWAUKEE TELEPHONE CO.

E-14545

MT. HOLY CROIX INTERMENT ORDER

Aug 21-98

WYNTHORPE HOWARD JR.
LINES

MON. 8-24 1.00

LAUREL GRAVEYARD

BY	5	11	875.00
Opening/Travel & Labor			375.00
Final Costumer			190.00
Heating Fuel			145.00
Flower Vault - regular vault fee			
Refrigerating and Storage			45.00
Gravestone			14.73
NEED TO BRING CHECK			1664.73

I hereby certify that the above named deceased is deceased and the above named family is the family of the deceased and I agree to pay the above amount for the interment of the deceased in the above named cemetery and to pay the above amount for the interment of the deceased in the above named cemetery and to pay the above amount for the interment of the deceased in the above named cemetery.

X William [illegible]
 Y [illegible]
 X [illegible]
 X [illegible]

E 14545

The interment is complete and no further action is required.

E-14545 57

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) Winthrope	1B. MIDDLE -	1C. LAST (FAMILY) Howard, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 04/04/1941	3. DATE OF DEATH MONTH DAY YEAR 08/14/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Regina Howard, Sister 3027 "L" St. San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103725 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 <i>Abbu W. [Signature]</i>		8B. DATE SIGNED 08/21/1998

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812295 <i>William [Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-24-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50323

Date: 8-24, 19 98

From: Anderson Regedale Address: 5050 Federal Ave San Diego 92102

One thousand six hundred sixty four and 73/100 Dollars (\$ 1664.73)

In full Payment of Interest of Winthrop House

Lot 64 Grave 15 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14545

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 J. Shelton

CREDIT	67007	<u>179</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
Handling Fee	77182	<u>145</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	80101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1664</u>	<u>73</u>

4215

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-24-98

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

in a Double Death Crypt Funeral, date, time Thurs 8-27 11:00

Church, Chapel, Graveside Chapel/Graveside: Chalmers Mortuary Dunbar

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

Lot 4781 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Re-Set E-8135 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 R-50325 1149.45

Balance due 0

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 JM H10
 Signature
 X 1271 LINCOLN AVE
 Address
 X S.D. CA. 92103
 City
 X 619-260-1347
 Telephone
 Zip Code

Work Order # E 14546

Invoice # _____

Acct. # _____

E-14546

62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) KEITH		1B. MIDDLE L.	1C. LAST (FAMILY) RUSSELL	2. DATE OF BIRTH MONTH, DAY, YEAR 04/14/1936	3. DATE OF DEATH MONTH, DAY, YEAR 08/23/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KANG N. RUSSELL - WIFE 1271 LINCOLN AVENUE SAN DIEGO, CA 92103		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY 4266 MT. ABERNATHY AVENUE, SAN DIEGO, CA 92117			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
			8B. DATE SIGNED 08/26/1998			

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 7106 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/26/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9812522
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50325

Date: 8-25, 1998

From: Keith Russell Address: 626 E Street Chula Vista 91910

One thousand One hundred forty five - 100 Dollars (\$ 1149 45)

In full Payment of Interment of Keith Russell

Lot 4781 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14546

BALANCE DUE 5

Pre-Need Lot At Need On 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. Hamilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77184	375	00
Burial Containers	100		
Handling Fee	77181	380	00
Recording & Misc. Fees	100		
Pre-Need Trust	77182	300	00
Sales Tax	100		
	9022	45	00
	60101	29	45
	78390		
TOTAL PAID	\$	1149	45

565

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-24-98

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

of Lee Cummings
 in a ash vault Funeral, date, time Fri Sept 4 11:00
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 1297 Grave _____ Row _____ Section 3 Division/Bleek 8

Grave space & Care Fund Pre-need A-8005 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

PAID
AUG 1, 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number R-50320 269.26

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.

X [Signature]
 Signature
X 6206 CAMINITO SALADO
 Address
X SAN DIEGO 92111
 City Zip Code
X (619) 278-7947
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 14547**

Invoice # _____

Acct. # _____

50320

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-24, 1998

From: David Castro Address: 6206 Caminito Salado San Diego 92111

two hundred sixty nine ²⁶/₁₀₀ Dollars (\$ 269.26)

In full Payment of _____

Lot 1297 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-14547

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

6148

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

ISSUED BY J. Schultz

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	77182	<u>55</u>	<u>00</u>
Handling Fee	77185	<u>60</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	76390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/24/98

Charles Booker already in grave

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

of Rhonda D. Booker (X) Fri Aug 28 1:00

in a urn vault Type of Burial Container Funeral date, time THUR AUG 27

Church, Chapel, Graveside Graveside La Bural Mortuary

All Funeral 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 85 Grave 12 Row Section 15 Division/Block 7

Grave space & Care Fund pre need B-1240

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 4.20

PAID
AUG 24 1998
PAID IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 2109.20

Paid receipt number 50321 2109.20

Balance due

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

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

Signature of recorded holder of deed _____

Patricia Turner
Signature
8051 Solana Street
Address
SAN DIEGO 92114
City
619 698243
Telephone Zip Code

Work Order # E 14548

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14548
34

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RHONDA	1B. MIDDLE DENISE	1C. LAST (FAMILY) BOOKER	2. DATE OF BIRTH MONTH, DAY, YEAR 10/14/1963	3. DATE OF DEATH MONTH, DAY, YEAR 08/07/1998	4. SEX F
5A. CITY OF DEATH GLENDALE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE NEVADA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DEANDRE DOUGLAS-SON 3038 VALLE ST. SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 <i>Jim Walker</i>		8B. DATE SIGNED 08/26/1998	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/26/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9812501
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-25-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 571-J CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 8-27-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

CITY OF SAN DIEGO, CALIFORNIA

50321



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

MOUNT HOPE CEMETERY
527-3400

From: Patricia L. Turner Address: 8051 Solana ST. SD 92114 Date: 8/24 1998
Two hundred six and nine 20/100 Dollars (\$ 209.20)
 In: full Payment of interment of Rhonda D Bopper

Lot 85 Grave 12 Row _____ Section 15 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14548

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

1212

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

ISSUED BY Patricia Vallone

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
Handling Fee	77182	00	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	20
	60101		
	78390		
TOTAL PAID	\$	209	20

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-24-98

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

in a ash vault Funeral, date, time Wed. 8-26 11:00

Church, Chapel, Graveside Witness; Regsdale Mortuary.

All Funeral 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 9 Row _____ Section 16 Division/Block 7

Grave space & Care Fund Pre-Paid 0-5500 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-50322 269.26

Balance due 0

I hereby certify I am the X SON #1 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed _____

Signature [Signature]
Address 5551 PRINCETON WAY
S.D.
City _____ Zip Code _____
Telephone 263-9779

Work Order # **E 14549**

Invoice # _____
Acct. # _____

E-14549
01-01-1997 71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Curtis	1B. MIDDLE -	1C. LAST (FAMILY) Howell, Sr.	2. DATE OF BIRTH MONTH DAY YEAR 08/01/1927	3. DATE OF DEATH MONTH DAY YEAR 08/12/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Penelope Goove, Daughter 29870 Goldmine Circle Sun City, CA 92586		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	6A. SIGNATURE OF APPLICANT—Person taking permit; 6B. DATE SIGNED <i>Debbie Williams</i> 08/25/1998		
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/25/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812409
AUTHORIZATION OF LOCAL REGISTRAR				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-26-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

E-14549

50322



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-24, 1998

From: Curtis Howell Jr. Address: 5551 Trinidad Wy San Diego 92114

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

In full Payment of Interment of Curtis Howell

Lot 32 Grave 9 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14549

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. Shalita

CREDIT	57007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	105	00
Closing	77181		
Burial	100	55	00
Containers	77192		
	100	60	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	4	26
	78390		
TOTAL PAID	\$	269	26

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-24-98

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

In a DOUBLE DEPTH Funeral, date, time Fri 8-28 11:00

Church, Chapel, Graveside CHURCH/GRAVESIDE S.D. MEMORIAL Mortuary, Mark

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

Lot 135 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 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 50330 1000.00

Balance due 944.45

MORTUARY TO BRING CHECK

(Circled handwritten note)
 PD IN FULL
 9-30-98

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 _____

See attached

Work Order # E 14550

Invoice # 304210
 Acct. # 096409

9-3-98

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-24-98

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

In a DOUBLE DEPTH Type of Burial Container Funeral, date, time: FRI 8-28 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 \$ 150.00 will be applied and billed to undersigned.

Lot 135 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>380.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>29.45</u>

**MORTUARY to
BRING CHECK**

Total Due 1944.45

Paid receipt number 50330 1000.00

Balance due 944.45

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

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

Signature of recorded holder of deed

Granville Jones
 8669 MILBURN AVE
 SPRING VALLEY, CA 91977
 475-2618 Zip Code

Work Order # E 14550

Invoice # _____

Acct. # _____

REA-104 (7-86)

This information is available in alternative formats upon request.

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1944

E-14550

W.D. # E-14550

MT. HOPE CEMETERY

NOTE

\$ 944.45 San Diego, California August 28 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 1251 Market Street, San Diego, CA 92101, the sum of Nine hundred & forty four ⁴⁵/₁₀₀ DOLLARS with interest from September 29, 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 be 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 promises to pay such sum as the Court may fix as attorney's fees.

Part 18, Chapter 4, Article 2, Paragraph 1522 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 GRAVILLE JONES SIGNATURE Graville Jones
ADDRESS 8869 MILBURN AVE Spring Valley CA 91977
CALIFORNIA DRIVER LICENSE NUMBER J0443612 431-60-6863

MT. HOPE CEMETERY

W.O.# E-14550

NOTE

\$ 944.45 San Diego, California August 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 Nine hundred forty four ⁴⁵/₁₀₀ DOLLARS with interest from September 29, 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 1, 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

E-14550

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Donald	1B. MIDDLE -	1C. LAST (FAMILY) Jones	2. DATE OF BIRTH MONTH, DAY, YEAR 07/16/1955	3. DATE OF DEATH MONTH(DAY) YEAR 08/19/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Granville Jones-Father 8869 Milburn Ave. San Diego, CA. 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/28/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/28/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 8-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

50330

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 8/27, 1998

From: Granville Janet Dorothy Jones Address: 5569 Milburn Ave Spring Valley CA 91977

One thousand 600/100 Dollars (\$ 1000.00)

In Part Payment of Treatment of Donald Jones

Lot 135 Grave 4 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1450

BALANCE DUE 944.15

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

CREDIT	67007	
20% Sales Care	77184	<u>157.00</u>
80% Sales	100	
of Lots	77184	<u>626.10</u>
Opening/	100	
Closing	77181	<u>205.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1000.00</u>

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

AC-212 (Rev. 5-94)

0916

ISSUED BY Kangul Dak

5' 2" L
2' 2" W
2' 2" H

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/25/98

S.O. memorial

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

of Ashley Bell Fri 28:00

In a liner #1 Funeral, date, time THURS: AUG 27:00

Church, Chapel, Graveside graveside LA Buitrago Mortuary, Jeanette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned. Wed 9-2 11:00

Lot 65 Grave Row Section 3 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund

Opening/Closing & Setup PD IN 90 195.00

Burial Container 95.00

Handling Fees 10-2-98 50.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 7.36

57x23 1/2 x 10 1/2 Total Due 587.36

CASKET Paid receipt number R-50341 300.00

Balance due 287.36

I hereby certify I am the X Mother of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

X Mary C. Bell
Signature 3565 Coronel ST Apt 169
Address Lernen Coronel 91945
City 067-4366 Zip Code
Telephone

Work Order # E 14551

Invoice # 304236

Acct. # 090422

9-3-98

MT. HOPE CEMETERY

W.O.# E-14551

NOTE

\$ 287.36 San Diego, California September 1 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 Two Hundred Eighty Seven & $\frac{36}{100}$ DOLLARS with interest from October 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 MARY M BELL SIGNATURE X Mary M Bell
ADDRESS X 3565 Grove St Apt 169 Lemon Grove CA 91945
CALIFORNIA DRIVER LICENSE NUMBER X C4228149 E199 SSN # X 129 54 5092

E-14551

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ashley	1B. MIDDLE Laclair	1C. LAST (FAMILY) Bell	2. DATE OF BIRTH MONTH, DAY, YEAR 03/30/1987	3. DATE OF DEATH MONTH, DAY, YEAR 08/07/1998	4. SEX F
5A. CITY OF DEATH Glendale		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Nevada	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Bell—Mother PO Box 740559 San Diego, CA. 92174		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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 7102 of the Health and Safety Code.		8B. DATE SIGNED 08/28/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/01/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF 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. 92186-8522		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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	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

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

50341

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 9-1, 1998From: Mary Bell Address: 3565 Grove St. Apt 169 Lemon GroveIn Three Hundred Dollars (\$ 300.00)In part Payment of Interment of Ashley BellLot 65 Grave _____ Row _____ Section 3 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-14551BALANCE DUE 287.36Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

M.O.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY S. Schellin

CREDIT	87007		
20% Sales Care	77184	39	00
80% Sales of Lots	100	156	00
Opening/Closing	77184	105	00
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	83033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	300	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51152



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-17 1999

From: Mary Bell Address: PO Box 740557 San Diego 92174

One hundred three - 75/100 Dollars (\$ 103.70)

In full Payment of marker lettering fee and galvanized flower case for Betty Bell

Lot 65 Grave _____ Row _____ Section 3 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-14551

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	10	00
	77182		
Handling Fee	100	13	00
Recording & Misc. Fees	77185		
	100	00	00
Pre-Need Trust	77183		
	83033		
	9022		
Sales Tax	60101		.70
	78390		

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY J. Schellin

TOTAL PAID \$ 103 70

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/25/98

**MOCK
SETUP**

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

of Bobby Booker ^{Fri} 28 1:00

in a _____ Funeral, date, time Fri Aug 27 1:00

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 85 Grave 12 Row _____ Section 15 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

see E-14548 Total Due N/C

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 14552

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/26/98

Transfer of lot owner

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: Annie B. Campbell & Rodney Campbell

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 235 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup Fr. Lillie Pearson

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee transfer fee 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number R 50327 45.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Annie B. Campbell
 Signature
420 50 45 St
 Address
San Diego Ca
92113
 Telephone
619 264 3510

Work Order # **E 14553**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50327



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

MOUNT HOPE CEMETERY
527-3400

Date: 8/20 1998

From: Annie Campbell Address: 420 S. 45th St. SD 92113

In: full Payment of transfer of lot owner Dollars (\$ 45.00)

Lot 235 Grave 2 Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14553

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.

CREDIT	57007		
20% Sales Com	77164		
80% Sales of Lots	100		
Opening/ Closing	77161		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9322		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>45</u>	<u>00</u>

ISSUED BY Diana Avallone

821



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

E-14553

QUITCLAIM DEED

In consideration of One Dollar and other considerations

I/We Lillie Pearson daughter of Gilbert Johnson
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Annie B. Campbell

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 235 Grave 2 Row Section 14 Division/Block 7

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

WITNESS my/our hand this 13th day of February 19 96

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

X Lillie Pearson

Hattie Walker

Exp. 10-13-96 Notary
Witnesses

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-27-98

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

of ESTHER FOWLER

in a ash vault Funeral, date, time WED. 9-2 10:00

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 1118 Grave _____ Row _____ Section 1 Division Block 8

Grave space & Care Fund Pre-Need C-7041 0

Additional spaces and care fund

Opening/Closing & Setup Pre-Need E-10416 0

Burial Container 11-2 " " 0

Handling Fees " " 0

Flower vases - Marker setting fee

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

*Interment transfer
9-5-98*

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 _____

SPE ATTACHED

Work Order # E 14554

Invoice # _____

Acct. # _____

E-14554

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ESTHER	1B. MIDDLE EULALIA	1C. LAST (FAMILY) FOWLER	2. DATE OF BIRTH MONTH DAY YEAR 01/10/1908	3. DATE OF DEATH MONTH DAY YEAR 08/26/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Naomi C. Jackson - Sister 809 Sutter Street San Diego CA 92103		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—(Printing name) <i>Judith King</i>		

8B. DATE SIGNED
08/28/1998

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 \$7.00	9B. DATE PERMIT ISSUED 08/28/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812639 <i>J.E. King</i>
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 9-2-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554	12B. DATE CREMATED 09/01/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-27-98

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

of Calvin Fisher

in a Bell Liner Funeral, date, time Tues 9-1 1:00

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

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

will be applied and billed to undersigned. X JW

Lot 144 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 63 20% 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-50339 832.37

Balance due 832.36

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 Cal
Signature

X 2557 MANZANA WAY
Address

X 30 CA 92139
City Zip Code

X 472-0767
Telephone

Invoice # 304219

Work Order # E 14555

Acct. # 096417

9-3-98

MT. HOPE CEMETERY

W.O. # E-14555

832.00 832.36

NOTE

\$ ~~832.00~~ San Diego, California August 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 Eight Hundred Thirty two & 73/100 DOLLARS with interest from October 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 1, 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 Carla Walker SIGNATURE X Cal

ADDRESS ↑ 2557 manzanita way

CALIFORNIA DRIVER LICENSE NUMBER ↑ C3949323 SSN # X 472-0 457-41-2883



ANDERSON-RAGSDALE MORTUARY
 619-263-3141 FAX 619-263-1507
 5050 FEDERAL BLVD.
 SAN DIEGO, CA 92102

E-14555

4280

16-49/1220

August 31, 19 98

PAY
 TO THE
 ORDER OF Mount Hope Cemetery

\$ 832.37

THE SUM 832 DOLS & 37 CTS

DOLLARS

Grave for Calvin Fisher			
Down payment (50%)			

W. J. Ragsdale MP

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

⑈004280⑈ ⑆122000496⑆015000925⑈

Union Bank
 Equal & Federal
 1666 Euclid Avenue
 San Diego, CA 92105

8-31-98 E-14555

Per Debbie- Raydale
to bring check for
832.00

E-14555

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

16

1A. NAME OF DECEDENT—FIRST (GIVEN) Calvin	1B. MIDDLE Jerome	1C. LAST (FAMILY) Fisher	2. DATE OF BIRTH MONTH DAY YEAR 02/01/1982	3. DATE OF DEATH MONTH DAY YEAR 08/23/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Harold Walker, Step-Father 2557 Manzana Way San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/27/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/27/1998 <i>Debra Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812602
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-1-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50339



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

MOUNT HOPE CEMETERY

527-3400

98

Date: 8/31, 19

From: Anderson Ragsdale Address: 5050 Federal Blvd SD 92102

Eight hundred thirty two & 37/100 Dollars (\$ 832.37)

In: part Payment of interment of Calvin Fisher

Lot 144 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14555

BALANCE DUE 832.00

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

CREDIT	67007	<u>116</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>716</u>	<u>00</u>
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63003		
9022			
Sales Tax	60101		<u>37</u>
78390			
TOTAL PAID	\$	<u>832</u>	<u>37</u>

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

4280 Opalina Avalle

ISSUED BY _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/27/98

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

of Julia Mae Jennings

In a liner Funeral, date, time Sat Aug 29 1:00

Church, Chapel, Graveside Chapel + graveside Ragsdale Mortuary

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

Lot 250 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

~~Flower vases~~ ~~Marker setting fee~~ saturday O.T. 600.00

Recording and filing fee 45.00

Sales taxes 14.73

PAID
 AUG 27 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 2104.73

Paid receipt number 50331 2104.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Julia Jennings
 Signature _____
1703 Logan Ave #2
 Address _____
San Diego CA 92102
 City _____ Zip Code _____
(619) 262-0203 (619) 702-3954
 Telephone _____

Work Order # E 14556

Invoice # _____

Acct. # _____

E-14556

66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Julia	1B. MIDDLE Mae	1C. LAST (FAMILY) Jennings	2. DATE OF BIRTH MONTH DAY YEAR 04/15/1932	3. DATE OF DEATH MONTH DAY YEAR 08/23/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bertha Jennings, Daughter 2985 Euclid Ave. Apt. 27 San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Debra Wilson</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/25/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/25/1998 <i>Debra Wilson</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812444
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE 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

COPY 2 IS RETAINED BY THE PERSON 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

50331



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8/27, 1998

From: Patrick Jennings Address: 3066 Hawthorn St #25D 92104

two thousand one hundred sixty four Dollars (\$ 2104.73)

In full Payment of interment of Julia Mae Jennings

Lot 256 Grave 5 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14550

BALANCE DUE 2

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

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	77184	6310	00
Opening/Closing	100	375	00
Burial Containers	77181	190	00
Handling Fee	100	145	00
Recording & Misc. Fees	77183	445	00
Pre-Need Trust	63033		
Sales Tax	9022	19	73
TOTAL PAID	60101	2104	73
	78390		

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

ISSUED BY Norma Avalon

6037424

Family will
be in on ~~Friday~~
~~Friday~~ to
switch payment
from check to
cash.

E-14556

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/27/98

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

of Elizabeth Kell

In a liner Type of Burial Container Funeral, date, time Mon 8-31

Church, Chapel, Graveside delivery : Humphrey Mortuary.
Stacy

All Funeral 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 107 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 195.00

Additional spaces and care fund..... _____

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting fee..... 45.00

Recording and filing fee..... 14.73

Sales taxes..... _____

PAID
AUG 27 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 1504.73

Paid receipt number 50332/VISA/1504.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Elizabeth Kell
Signature

PO BOX 91416
Address

San Diego CA 92169
City Zip Code

619 488 2746
Telephone

Work Order # E 14557

Invoice # _____

Acct. # _____

*

488-5553

PAID
AUG 21 1952
U.S. AIR FORCE
COMMUNICATIONS CENTER
WASHINGTON, D.C.

1952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14557

55

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH	1B. MIDDLE ANNETTE	1C. LAST (FAMILY) KELL-ARONSON	2. DATE OF BIRTH MONTH, DAY, YEAR 06/19/1943	3. DATE OF DEATH MONTH, DAY, YEAR 08/24/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WHITNEY KELL - DAUGHTER 3365 OCEAN FRONT WALK APT 2 SAN DIEGO, CA 92109		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 815		

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **08/24/1998**

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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/28/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT H. BRIDGMAN
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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-31-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON 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

E-14557

50332



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

MOUNT HOPE CEMETERY

527-3400

Date: 8/27 1998

From: Whitney Kell Address: P.O. BOX 91410 SD 921109

seven hundred eighty two + 83/100 Dollars (\$ 782.83)

In full Payment of Interment of Elizabeth Kell

Lot 107 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14557

BALANCE DUE 2

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

CREDIT	67007	
20% Sales Care	77184	<u>13</u>
80% Sales	100	
of Lots	77184	
Opening/	100	<u>375</u>
Closing	77181	<u>00</u>
Burial	100	<u>190</u>
Containers	77182	<u>00</u>
	100	<u>145</u>
Handling Fee	77185	<u>00</u>
Recording &	100	<u>45</u>
Misc. Fees	77183	<u>00</u>
Pre-Need	63033	
Trust	9022	<u>14</u>
Sales Tax	80101	<u>73</u>
	76390	
TOTAL PAID	\$	<u>782</u> <u>73</u>

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

2034

ISSUED BY Palma Avalon

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-31-98

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

in a LINER Type of Burial Container Funeral, date, time FRI 9-4 1:00
Church, Chapel, Graveside CHURCH / GRAVESIDE RAGSDALE Mortuary.

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

✓ Lot 800 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filling fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-30361 1564.73

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 229066
X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

see attached

Work Order # E 14558

Invoice # _____

Acct. # _____

Ragsdale FAX #
263-1507

PAID
SEP 8 1988
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



THE CITY OF SAN DIEGO

E-14558



FAX TRANSMISSION

Date 8/31/98

To Debbie

Telephone 263-3141

Fax 263-1507

Subject Taren Cooper

From Catina

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

please sign and complete all of the "X's" also let us know who will be responsible for and how the payment will be made. Please fax back to us Thankp.

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102

Tel (619) 527-3400



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-31-98

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

in a LINER Type of Burial Container Funeral, date, time FRI 9-4 1:00

Church, Chapel, Graveside CHURCH GRAVESIDE RAGSDALE Mortuary.

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

Lot 80 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	—
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases — Marker setting fee	—
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1564.73</u>

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # E 14558

Invoice # _____

Acct. # _____

5-30-98 ON 10 TO 11:00 AM

E-145

4000 102

E-14558

INTERMENT ORDER

Order No. 1234

8-31-98

TAGS 25 PER
 FLORA 9-4
 PLANT 150.00
 James Pearson

860	B	2	11
Gravestone & Base			795.00
Additional stones and markers			—
Gravestone Change & base			375.00
Stone Delivery			190.00
Handling Fee			145.00
Transportation - Vehicle security fee			—
Relocation and other fee			45.00
Other fees			14.73
Total Due			1564.73

Good Union
 James Pearson
 Bill Reagan Place
 San Diego, CA 92128
 Phone 562-1421

E 14558

E-14558

13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Taren	1B. MIDDLE Brianne	1C. LAST (FAMILY) Cooper	2. DATE OF BIRTH MONTH DAY YEAR 08/05/1985	3. DATE OF DEATH MONTH DAY YEAR 08/29/1998	4. SEX F
5A. CITY OF DEATH Ka JHlla		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James Norwood, Great-Uncle 8611 Reagan Place San Diego, CA 92126		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

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

8B. DATE SIGNED: **08/31/1998**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1998 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812965
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50361



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

MOUNT HOPE CEMETERY

527-3400

Date: 9-8, 1998

From: Paystake Address: 5050 Federal Blvd San Diego 92107

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

In full Payment of Interment of Taren Cooper

Lot 86 Grave 3 Row _____ Section 2 Division 11 Block _____

Invoice No. _____
Acct. No. _____
W.O. E-14558
BALANCE DUE 0

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

ISSUED BY S. Madellon

CREDIT	67007	159	00
20% Sales Care	77184		
90% Sales of Lots	100	636	00
Opening/Closing	77181	375	00
Burial Containers	100	190	00
	77182		
Handling Fee	100	145	00
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	60033		
	9022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID		1564	73

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-31-98

1st Journal

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

in a DOUBLE DEPTH CRYPT Funeral, date, time THUR 9-3 2:00
Type of Burial Container
 Church, Chapel, Graveside CHAPEL/GRAVESIDE HUMPHREY Mortuary.

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

Lot 70 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-12464 ⊖

Additional spaces and care fund 1

Opening/Closing & Setup " " ⊖

Burial Container " " ⊖

Handling Fees " " ⊖

Flower vases - Marker setting fees 1

Recording and filing fee " " ⊖

Sales taxes " " ⊖

Total Due ⊖

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Work Order # E 14559

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-31-98

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

of WILLIE NACCARI

in a DOUBLE DEPTH CRYPT Funeral, date, time THUR 9-3 2:00

Church, Chapel, Graveside CHAPEL GRAVESIDE HUMPHREY Mortuary.

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

will be applied and billed to undersigned. X

Lot 70 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-12464

Additional spaces and care fund /

Opening/Closing & Setup " "

Burial Container " "

Handling Fees " "

Flower vases - Marker setting fee ||

Recording and filing fee " "

Sales taxes " "

Total Due

Paid receipt number _____

Balance due _____

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

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

 Signature of recorded holder of deed

X _____
 Signature
X _____
 Address
X _____
 City Zip Code
X _____
 Telephone

Work Order # E 14559

Invoice # _____

Acct. # _____

E-14559

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIE	1B. MIDDLE H B.	1C. LAST (FAMILY) NACCARI	2. DATE OF BIRTH MONTH, DAY, YEAR 03/21/1924	3. DATE OF DEATH MONTH, DAY, YEAR 08/30/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bill G. Strickland - Companion 3340 Del Sol Blvd., #33 San Diego CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Walter King</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED 09/02/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/02/1998 J.E. King	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812880
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> L. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP-IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF 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

COPY 2 IS RETAINED BY THE PERSON 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

50395



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

MOUNT HOPE CEMETERY
527-3400

From Buell P. Trickland Address 3340 Del Sol Blvd #335/29-2154 Date 9-16 1998
one hundred forty eight + 78/100 Dollars (\$ 148.78)
 In full Payment of marketing fee and
generalized front receipt with Naccari
 Lot 70 Grave 07 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14559
 BALANCE DUE 2

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

ISSUED BY Mina Avalon

CREDIT	67007	
20% Sales Comm	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	10
Handling Fee	77185	13
Recording & Misc. Fees	77183	125
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	78
	78390	
TOTAL PAID		\$ 148.78

2003

GREENWOOD to
BRING VAULT.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-1-98

OPEN
BACK
GATE

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

of FLORENCE HARDY

In a VANTAGE VAULT Funeral, date, time THUR 9-3 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 \$ 150.00

will be applied and billed to undersigned. William A Hardy

Lot 3714 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED E-3036 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 _____ —

PAID
SEP 01 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 605.00

Paid receipt number VISA 1005.00

Balance due 0

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

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

Signature of recorded holder of deed _____

William A Hardy
Signature

231 Chula Vista Dr
Address

Chula Vista 91910
City Zip Code

619-420-4957
Telephone

Work Order # E 14560

Invoice # _____

Acct. # _____

E-14560

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) FLORENCE	1B. MIDDLE EDNA	1C. LAST (FAMILY) HARDY	2. DATE OF BIRTH MONTH, DAY, YEAR 09/10/1906	3. DATE OF DEATH MONTH, DAY, YEAR FOUND 08/31/1998	4. SEX F
5A. CITY OF DEATH CHULA VISTA		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM A. HARDY - SON 231 CHULA VISTA STREET CHULA VISTA, CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
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 7200 of the Health and Safety Code.		8B. DATE SIGNED 09/02/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/02/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9812888
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-3-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-1-98

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

of Thelma Ackerman

in a Ash Vault Funeral, date, time AYD

Church, Chapel, Graveside Graveside; Pinkham Mortuary.

All Funeral 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 113 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Preneed E-10324 X

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 4.20

Sales taxes _____ 4.20

PAID
 SEP 01 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

Total Due 2109.20

Paid receipt number R-50343 2109.20

Balance due X

See E 14563

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.

X Lorena L. Ackerman
 Signature
X 725 3rd St
 Address
X Imp beh CAL
 City
X 424-8461
 Telephone

Signature of recorded holder of deed _____

Work Order # E 14561

Invoice # _____
 Acct. # _____

Name of Mortuary

Pinkham

E-14561

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

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

NAME OF DECEDENT:

Thelma Ackerman

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

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

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

Dated this 3 day of Sept. 1998.

Address:

Street

City

State

Zip

Signature:

Anna M. Durgon-Avalon
Authorized Representative

Relationship to Deceased

Signature:

Authorized Representative

Relationship to Deceased

50343

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400

 From: Lowell Ackerman Address: 705 3rd St. Imperial Beach 91932 Date: 9-1 1998
Two hundred sixty nine & 26/100 Dollars (\$ 269.26)
 In full Payment of interment of Shelma Ackerman

 Lot 113 Grave 0 Row _____ Section 1 Division 1
 Brock 1

Invoice No. _____

Acct. No. _____

W.O. E-145001BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3052

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Rafine Avallone

CREDIT	77007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
Handling Fee	77182	100	00
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	26
TOTAL PAID	69101	209	26
	78090		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/2/98
~~10:00 chapel~~ 1:00

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

of Diane Baker **Tue Sept. 8**

in a liner Funeral, date, time ~~Fri Sept 4~~

Church, Chapel, Graveside church + inside 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. All.

Lot <u>148</u>	Grave <u>10</u>	Row	Section <u>1</u>	Division/Block <u>12</u>	
Grave space & Care Fund <u>w/tree 95%</u>					<u>895.00</u>
Additional spaces and care fund					
Opening/Closing & Setup					<u>375.00</u>
Burial Container					<u>190.00</u>
Handling Fees					<u>145.00</u>
Flower vases - Marker setting fee					
Recording and filing fee					<u>45.00</u>
Sales taxes					<u>14.73</u>
<u>30 day note</u>					
Total Due					<u>1604.73</u>
Paid receipt number <u>R-50360</u>					<u>800.00</u>
Balance due					<u>864.73</u>

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 _____

LR Brock Ply
Signature 9034 Kenwood Dr
Address Spring Valley CA 92083
City 619-465-4556 Zip Code
Telephone

Work Order # **E 14562**

Invoice # 304469
Acct. # 096485

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50360



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

MOUNT HOPE CEMETERY
527-3400

Date: 9/8, 1998

From: Deborah Murquia Address: 9034 Kenwood Dr Spring Valley CA 91977

Eight hundred (4/10) Dollars (\$ 500.00)

In. Part Payment of Treatment of Diane Baker

Lot 148 Grave 10 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 864.73

BALANCE DUE E-14562

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>84</u>	<u>00</u>
Opening/Closing	77181	<u>716</u>	<u>00</u>
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
TOTAL PAID	60901	<u>1028</u>	<u>00</u>
	7890		

ISSUED BY Kampa Bak

MT. HOPE CEMETERY

W.O. # 14562

NOTE

\$ 864.73 San Diego, California September 8 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 Eight hundred sixtyfour ⁷³/₁₀₀ DOLLARS with interest from October 5, 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 DEBORAH MURGOVIA SIGNATURE x Deborah Murgovia
ADDRESS x 9034 LEWOOD DR #13 Spring Valley CA 91977
CALIFORNIA DRIVER LICENSE NUMBER x C4520771 SSN # x 549-31-2315

E-14562

32

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DIANE	1B. MIDDLE CHRISTINE	1C. LAST (FAMILY) BAKER	2. DATE OF BIRTH MONTH, DAY, YEAR 12/10/1965	3. DATE OF DEATH MONTH, DAY, YEAR 08/31/1998	4. SEX F	
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DEBORAH MURGUIA—SISTER 9034 KENWOOD DR., #13 SPRING VALLEY, CA 91977				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 09/08/1998
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/08/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	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 -
		ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-8-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Martin from
CA Bureau
to call to
verify payment
date scheduled
E-14562

E-14562
9-1-98 mailing
Deborah Mungui original
will be in 9:00 permit
July morning to to U.S.
pay $\frac{1}{2}$ down
9-8 MARTIN
SAID SHE WILL COME
IN

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/2/98

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

of Kevin Parker

in a Linex Type of Burial Container Funeral, date, time Fri. Sep 4, 11:00

Church, Chapel, Graveside Chapel/Graveside: ON 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.

J Lot 233 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-50352 832.73

Balance due 832.00

*Mortuary
to bring
check
down
50% down*

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 _____

Virginia Parker

Signature 658 Sacramento

Address Spring Valley CA 91977

City 619-461-2578 Zip Code

Telephone

Work Order # E 14563

invoice # 304440

Acct. # 096474

Call Kim/Jeanette regarding
5% down of \$ 832.00.

MT. HOPE CEMETERY

W.O. # E-14563

NOTE

\$ - 832.73 San Diego, California September 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 Eight hundred thirty two^{13/100} DOLLARS with interest from October 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 1, 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 Virginia Parker SIGNATURE Virginia Parker
ADDRESS X 658 ~~1000~~ Sacramento Ave. Spring Valley
CALIFORNIA DRIVER LICENSE NUMBER * C0564466 SSN # X 550-39-9139

E-14563

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) KEVIN	1B. MIDDLE DERRIK	1C. LAST (FAMILY) PARKER	2. DATE OF BIRTH MONTH, DAY, YEAR 04/24/1960	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/1998	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VIRGINIA PARKER-WIFE 658 SACRAMENTO AVE. SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/03/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> MA
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92002	11B. DATE BURIED 9-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

50352



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-4, 1998

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

Eight Hundred Thirty Two & 73/100 Dollars (\$ 832.73)

In part Payment of Interment of Kevin Parker

Lot 233 Grave 2 Row _____ Section 2 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14563

BALANCE DUE 832.00

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

ISSUED BY S. McMillin

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100	639	00
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101	14	73
78390			
TOTAL PAID	\$	832	73

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

4524

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-3-98

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

of PAULINE ARMITAGE

in a LINER Funeral, date, time FRI 9-11 11:00

Church, Chapel, Graveside DELIVERY ONLY: CYPRESS VIEW Mortuary, S.R.

All Funeral 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 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need D-6554 ⊖

Additional spaces and care fund _____ 1

Opening/Closing & Setup _____ 1 " _____ ⊖

Burial Container _____ ⊖

Handling Fees _____ " " _____ ⊖

Flower vases - Marker setting fee _____ 1

Recording said filing fee _____ " " _____ ⊖

Sales taxes _____ ⊖

Total Due _____ ⊖

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

X _____
Signature
X _____
Address
X _____
City
X _____
Telephone

See attached

Work Order # E 14564

Invoice # _____
Acct. # _____

E-14564



CYPRESS VIEW / BONHAM BROTHERS

MAUSOLEUM, MORTUARY & CREMATORY

3953 Imperial Avenue at 40th Street, San Diego, California 92113

Phone (619) 264-3168

Fax (619) 264-6919

FAX COVER SHEET

*REFAX
NOT SURE IF THIS
WENT THRU!
REF: ARMITAGE*

Date: 9-5-98

Deliver to: SUE

Company name: MAT. HOPE

Fax number: 527-3403

Total number of pages (including cover sheet): 2

From: JR

Phone number: (619) 264-3168

Fax number: (619) 264-6919

Special instructions or comments:

SUE.
WE WILL CALL TO SET-UP
DELIVERY DATE + TIME, AND WILL
BRING ORIGINAL INTERMENT ORDER.

THANKS
JR

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-3-98

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

In a LINER Funeral date, time _____

Church, Chapel, Graveside DELIVERY ONLY: EXPRESS VIEW Mortuary.

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

Lot 50 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Paid D-6554 0

Additional spaces and care fund 1

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 1

Recording and filing fee 0

Sales taxes 0

Total Due 0

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 1 hold under deed.

Signature of recorded holder of deed _____

X _____

X Address 8784 ROBLES WAY

X City SAN DIEGO, CA. 92119

X Telephone 460-4050

Invoice # _____

Acc. # _____

Work Order # E 14564

NSA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-14564
88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Pauline	1B. MIDDLE Pearl	1C. LAST (FAMILY) Armitage	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1910	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/1998	4. SEX F
5A. CITY OF DEATH Santee		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Scott Armitage—Nephew 8784 Robles Way San Diego CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers 3953 Imperial Ave, San Diego, CA 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD670	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 73100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/09/1998 C. Jorgensen	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813209
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County Vital Records PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA (-)

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA 92101	11B. DATE BURIED 7-11-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-2-98

*FAMILY to
BRING ASHES
& ~~PREPARE~~ DAY
of service*

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

of MARGARET AMUNDSON
in a ASH VAULT Funeral, date, time SAT 9-26 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 \$ _____
will be applied and billed to undersigned.

Lot 21 Grave 8 Row _____ Section NA 5 Division/Block Q

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 _____ 210.00

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

PAID
SEP 16 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 479.26

Paid receipt number R-50394 479.26

Balance due 0

*Doris Avery
469-9365
work*

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
X _____
Telephone

*See
attached*

Work Order # E 14565

Invoice # _____
Acct. # _____

SEP-11 '98 FRI 09:42 10:17 MT HOPE CEMETERY TEL NO:

E-14565

FAMILY TO
BRING ASHES
& PERMIT DAY
OF SERVICE

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 9-3-98

You are hereby authorized and instructed, subject to your usual BFC regulations, to have the remains

of MARGARET AMUNDSON

in an ASH VAULT

Funeral date and time SAT 9-26 @ 1:00 P.M.

Church, Chapel, or venue GRAVESIDE FAMILY

All Funeral calls must arrive before 2:00 P.M. of regular work day. In an event change of time will be applied and billed to undersigned.

Lot <u>21</u> Grave <u>8</u>	Price	<u>2100.00</u>
Grave space & Casket Fund		<u>105.00</u>
Additional spaces and care fund		<u>15.00</u>
Opening/Closing & final		<u>15.00</u>
Burial Container		<u>15.00</u>
Handling Fee		<u>15.00</u>
Funeral Home - Home setting for <u>SAT. OVERTIME</u>		<u>210.00</u>
Recording and filing fee		<u>15.00</u>
Taxes (incl. 469-9365)		<u>4.26</u>
Total Due		479.26

I hereby certify that I am the next of kin of the above named deceased and that I am authorized to make disposition of remains as above indicated. I certify and warrant that I have the right to make the authorization and I agree to hold the Home Cemetery harmless for any liability on account of said authorization and transfer.

Signature of authorized person
Print name of authorized person

Doris J. Owens
74 Salvadore St
Spring Valley, CA
619 204 6595

Work Order # E 14565

ACA 104 (7-98)

This document is a contract. It is subject to the terms and conditions of the contract.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14569

83

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

NAME OF DECEDENT—FIRST (GIVEN) MARGARET		1B. MIDDLE SHANNON—SPRAGUE	1C. LAST (FAMILY) AMUNDSON	2. DATE OF BIRTH MONTH, DAY, YEAR 04/11/1915	3. DATE OF DEATH MONTH, DAY, YEAR 07/22/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KRISTIN OGLEY:DTR/DPOAH 9497 HARROW HILL LANE BURKE, VA 22015		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY 145 E. LEXINGTON AVE, EL CAJON, CA 92020			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1604	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED Bea Peworchik 7-27-98		
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 \$7.00	9B. DATE PERMIT ISSUED 07/27/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9810987 BEA PEWORCHIK
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-26-98	11C. SIGNATURE OF PTRN IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY 2299 S. MANCHESTER AVE., ANAHEIM, CA 92802	12B. DATE CREMATED 7/30/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Bill Cause</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

50394

Date: 9-16, 1978

From: Doris Query Address: 874 Galapagos St. Spring Valley 91977

Four Hundred Seventy Nine & 26/100 Dollars (\$ 479.26)

In: full Payment of lotment of Margaret Anderson

Lot 21 Grave 18 Row _____ Section MAS Division A

Invoice No. _____
 Acct. No. _____
 W.O. E-11565
 BALANCE DUE 0

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

ISSUED BY J. H. Kellon

GREDIT	67007		
20% Sales Calc	77184		
80% Sales of Lots	100		
Opening/Closing	77184	105	00
Burial Containers	100	35	00
Handling Fee	77182	60	00
Recording & Misc. Fees	100	355	00
Pre-Need Trust	63033		
Sales Tax	9022	4	26
TOTAL PAID	80101	479	26
	78390		

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

2113
 2115

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-3-98

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

in a liner Funeral, date, time Wed. Sept 9:30

Church, Chapel, Graveside delivery ; GA Burial Mortuary Mortuary.

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

Lot 13 Grave 10 Row _____ Section 2 Division/Block 1

Grave space & Care Fund prepaid 14/96 2

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 14.73

Sales taxes _____ 769.73

monetary to bring check for full amount

Total Due _____

Paid/receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 14566**

Invoice # _____

Acct. # _____

286-2674

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-3-98

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

of Ann H. Harris

in a liner Funeral, date, time Wed. Sept. 9 1:30

Church, Chapel, Graveside delivery : 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 135 Grave 7 Row _____ Section 2 Division/Block H

Grave space & Care Fund pre needed 14455 Q

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

*mortuary to bring check
for full amount.*

Total Due 769.73

Paid receipt number _____

Balance due _____

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

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

 Signature of recorded holder of deed

X _____
 Signature
X _____
 Address
X _____
 City Zip Code
X _____
 Telephone

Work Order # E 14567

Invoice # _____

Acct. # _____

Fax
286-2674

Martin / CA Burial requested
that we use grave 135-7-2-11
for burial and they will
bring check for full
amount.

faxed to
mortuary for
signature
mortuary to
bring check
for full amount

E-14567

Per
Martin 9/18/98
Burial has
been put on hold.
per ^{business} ^{off.}
will let us know
when rescheduled

E-14567

10/22/98 E-14567
burial is
on hold, mortuary
doesn't have
the body per
Janette

Will call with
date & time.

Mr. A. Kerman
will be by Friday 10/16
to pick up ashes.

E-14567

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/4/98

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

In a liner Type of Burial Container Funeral, date, time June 9-15 11:00
 Church, Chapel, Graveside Delivery Only: ADA Mortuary San

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 396 Grave - Row - Section 3 Division/Block 8

Grave space & Care Fund Pre-need C-3977

Additional spaces and care fund -

Opening/Closing & Setup 375.00

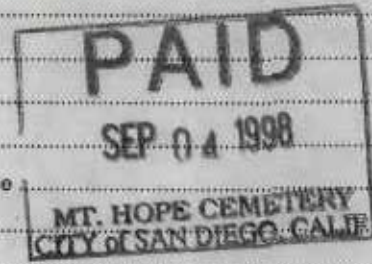
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 147.3



Total Due 769.73

Paid receipt number R-50353 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Lenore Bartley
 Signature
X 3553 Hugo St.
 Address
X San Diego CA. 92106
 City Zip Code
X 619-225-0782
 Telephone

Work Order # **E 14568**

Invoice # _____
 Acct. # _____

E-14568 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) HAZEL	1B. MIDDLE E.	1C. LAST (FAMILY) SCOTT	2. DATE OF BIRTH MONTH, DAY, YEAR 08/22/1902	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LENORE BARTLEY - DAUGHTER 3553 HUGOSTREET SAN DIEGO, CA 92108	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH A D A MORTUARY SERVICES 3444 CITRUS ST. LEMON GROVE, CA, 92945			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1469		8A. SIGNATURE OF APPLICANT—Personalizing permit <i>Donald J. Hill</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/14/1998		

PERMIT	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/14/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES EXHUMMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA. 92102	11B. DATE BURIED 9-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50353



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

MOUNT HOPE CEMETERY

527-3400

From: Lenne Bentley Address: 3553 Hugo St San Diego 92106 Date: 9-4, 1998
Seven hundred fifty Nine ⁷³ 100 Dollars (\$ 769.73)
 In full Payment of Interment of Hazel Scott

Lot 296 Grave 1 Row 1 Section 3 Division 8 Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-14568
 BALANCE DUE 0

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

CREDIT	57007		
20% Sales Comm	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	375	00
	77181		
Burial Containers	100	190	00
	77182		
Handling Fee	100	145	00
	77185		
Recording & Misc. Fees	100	45	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	769	73

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

AC-212 (Rev. 5-94)

1263

ISSUED BY J. Shelton

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/14/98

*All Used
Lot & Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIE LOUISE LEWIS

In a liner 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 7 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____ 875.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1664.73

Paid receipt number R-50414 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

x Marie Louise Lewis
Signature
X 1639 West I St
Address
X San Marcos, Ca. 93635
City Zip Code
X (408) 779-2333
Telephone

Work Order # **E 14569**

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-4-98

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

of Vergie Bashe

In a liner Funeral, date, time Fri 9-11 1:00

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

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

will be applied and billed to undersigned. Freda J. Bashe

Lot 615 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting 45.00

Recording and filing fee 14.73

Sales taxes 1764.73

Total Due 1764.73

Paid receipt number A-50357 1764.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Freda J. Bashe
Signature
3332 Avenida Lopez
Address
San Diego CA 92029
City Zip Code
(760) 745-6969
Telephone

Work Order # E 14570

Invoice # _____
Acct. # _____

E-14570

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) VERGIEMAE		1B. MIDDLE ALTHEA	1C. LAST (FAMILY) BASHE	2. DATE OF BIRTH MONTH, DAY, YEAR 06/02/1923	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BONITA LOCKHART - DAUGHTER 3232 AVENIDA REPOSO ESCONDIDO, CA 92029		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/09/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/09/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9813169
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9 11 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50357

Date: 9-4, 1990

From: Bonta Bude-Lockhart Address: 3232 Avenida Reposo Guadalupe 92029

One thousand seven hundred forty four and 73/100 Dollars (\$ 1764.73)

In. Payment of Interment of Vergie Bashe

Lot 615 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14570

BALANCE DUE 0

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

CREDIT	67007	199	00
20% Sales Care	77184		
80% Sales of Lots	100	796	00
Opening/Closing	77181	375	00
Burial Containers	100	190	00
	77182		
Handling Fee	100	145	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	1764	73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY J. Shullton

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-8-98

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

of UEL FISK

In a ash vault Funeral, date, time AYD TUES 9-15

Church, Chapel, Graveside _____: Family Mortuary.

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

Lot 85 Grave 18 Row _____ Section 2 Division/Block 7

Grave space & Care Fund Pre-Paid C-5003 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 45.00

Sales taxes _____ 3.85

Total Due 163.85

Paid receipt number R-50384 163.85

Balance due 0

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

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

Linda L. Fisk
Signature
73732 Bancroft St.
Address
San Diego CA 92104
City
619 563 5225
Telephone Zip Code

Signature of recorded holder of deed _____

Work Order # **E 14571**

Invoice # _____
Acct. # _____

E-14571
80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Uel	1B. MIDDLE Martin	1C. LAST (FAMILY) Fisk	2. DATE OF BIRTH MONTH DAY YEAR 02/16/1906	3. DATE OF DEATH MONTH DAY YEAR 01/26/1997	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Linda L. Fisk / daughter. 3732 Bancroft St San Diego CA 92104-3708		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LINDA L FISK DAUGHTER		7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit Linda L Fisk		8B. DATE SIGNED 09 Sep 1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7102 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 09/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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 PO BOX 85292 SD CA 92186	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 1/2 MT HOPE CEMETERY 3751 Market St., San Diego CA 92102	11B. DATE BURIED 9-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50384



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

MOUNT HOPE CEMETERY

527-3400

Date: 9-11, 1998

From: Slide Desk Address: 3737 Barrett St San Diego 92104

One Hundred Sixty Three ⁸⁵/₁₀₀ Dollars (\$ 163.85)

In full Payment of Interment of Vol. Desk

Lot 85 Grave 108 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14571

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

3282

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

ISSUED BY J. Sheddleton

CREDIT	67007	
20% Sales Com	77184	
90% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	55 00
Recording & Misc. Fees	77185	60 00
Pre-Need Trust	100	45 00
Sales Tax	83033	
	9022	
	60101	3 85
	78390	
TOTAL PAID	\$	163 85

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-8-98

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

In a liner Funeral, date, time Wed. 9-9 1:30

Church, Chapel, Graveside Church (overhead); 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 S. L. BRAY

✓ Lot 123 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 20 179 895.00

Additional spaces and care fund 80 16 —

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-50353 700.00

Balance due 964.73

I hereby certify I am the BEST 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 Samuel D. Smith
 Signature
 X 4850 Markin #7
 Address
 X E.P. CA. 92102
 City Zip Code
 X (619) 264-4616
 Telephone

Work Order # **E 14572**

Invoice # 304491
 Acct. # 0910497

9-15-98

9-8 E-14572

Suppose to come back
in today with
additional 132.00

MT. HOPE CEMETERY

W.O. # E-14572

NOTE

\$ 964.73 San Diego, California September 8 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 nine hundred sixty four and 73/100 DOLLARS with interest from October 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 LARRY SINGLETON SR SIGNATURE X Larry Singleton Sr
ADDRESS X 4858 MARKET ST #7
CALIFORNIA DRIVER LICENSE NUMBER X NO382809 SSN # X 556-94-0695

E-14572

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

48

1A. NAME OF DECEDENT—FIRST (GIVEN) Phillis	1B. MIDDLE Lorane	1C. LAST (FAMILY) Watts-Clark	2. DATE OF BIRTH MONTH, DAY, YEAR 07/16/1950	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Johnta Colding, Daughter 1565 Mendocino Dr. Unit 164 Chula Vista, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 09/08/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/08/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9813119
	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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-9-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON 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

E-14572

50358



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9-8, 1998

From LE Co maintenance Co Address: 6552 Mollard St, San Diego 92114

Seven Hundred Dollars (\$ 700.00)

In part Payment of Interment of Phyllis Watts

Lot 123 Grave 9 Row _____ Section _____ Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14572

BALANCE DUE 964.73

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

CREDIT	67007	
20% Sales Care	77184	179 00
80% Sales of Lots	100	521 00
77184		
Opening/Closing	100	
77181		
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	700 00

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

8242

ISSUED BY S. Madellio

1st -
burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/9/98

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

of Roberto Viibe

in a Double Death Cryst Funeral, date, time Wed, Sept 9 12:00

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 \$ _____ will be applied and billed to undersigned. _____

✓ Lot 22169 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre Need 14519 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filling fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 14573**

Acct. # _____

URIBE, ROBERTO & CARMEN 2365 Spring Oak Way, San Diego 92139

E-14513

08-06-98	Opened Pre-need Lot & Trust. Trust	DEBIT	CREDIT	BALANCE
	includes Opening/Closing, Double Depth Crypt, Handling Fees, Recording Fee & Tax on Crypt.	995.00		
		1149.45		2144.45
08-06-98	Receipt 14519		536.00	1608.45
914118	Re. 50354		179.00	1429.45
n	50355		114.73	714.72
	50356		714.72	0

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E-14513

Date 8-6-98

*Pre-Need
 set - final*

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

of Roberto A. Larama Uribe

in a Double Death 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 2309 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 390.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 3144.45

Paid receipt number A-50269 536.00

Balance due 1608.45

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

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

Signature of recorded holder of deed _____

X M. L. [Signature]
 Signature
 X 2315 Spring Park Way
 Address
 X San Diego, CA 92117
 City Zip Code
 X (619) 475-6437
 Telephone

Work Order # **E 14519**

Invoice # _____
 Acct. # _____

E-14573
65

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Roberto	1B. MIDDLE Daniel	1C. LAST (FAMILY) Uribe	2. DATE OF BIRTH MONTH, DAY, YEAR 10/20/1932	3. DATE OF DEATH MONTH, DAY, YEAR 09/05/1998	4. SEX M
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Myrna U. Medina - Daughter 2365 Spring Oak Way San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person having permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 09/08/1998			

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 \$ 7.00	9B. DATE PERMIT ISSUED 09/08/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813118 <i>C. Lathren</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-9-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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-14573

50269

Date: 8-6, 1990

From: Myrna Medina Address: 2365 Spring Oak Way
Five Hundred Thirty Six Dollars (\$ 536.00)

In part Payment of Pre-need Lot & Trust
Roberto & Carmen Uribe

Lot 2269 Grave 1 Row 6 Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14573

BALANCE DUE 1608.45

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>536</u>	<u>00</u>
Opening/	77181		
Closing	100		
Burial	77182		
Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID		<u>536</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1183

ISSUED BY

J. Shickellon

2ND BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

1st is JOSEPHUS PRESSLEY City of San Diego

Date 9-9-98

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

of LUCILLE PRESSLEY

in a DOUBLE DEPTH Funeral, date, time THUR 9-10 11:00

Church, Chapel, Graveside CHAPEL/GRAVESIDE RAGSDALE Mortuary.

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

Lot 139 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund PRE-NEED E-2597 0

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container PRE-NEED E-9201 0

Handling Fees " " 0

Flower vases - Marker setting fee —

Recording*and filing fee 45.00

Sales taxes " " 0

Total Due 420.00

Paid receipt number 50383 420.00

Balance due 0

MORTUARY TO BRING CHECK.

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

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

Signature of recorded holder of deed _____

interfund transfer
9-17-98

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

See attached

Work Order # E 14574

Invoice # _____

Acct. # _____

E-14574

2ND BURIAL INTERMENT ORDER

1ST IS

30 DEPTH

9-9-98

LUCILLE PRESSLEY

DOUBLE DEPTH

THUR 9-10 11:00

GRAVE/GRAVESIDE

150.00

139

44

7

PRE-ORDER E-2517

Additional items shown for

Crypt, Crypt & Urn

PRE-ORDER E-9201

375.00

Gravestone

Shipping Fee

Power used - direct using fee

Processing and handling

45.00

Service fee

930.00

MORTUARY TO BRING CHECK.

GENERAL DIRECTOR

I hereby certify that the above named person and the person named as executor of the estate of the deceased have been brought to the attention of the Board of Directors of the Mortuary and have been approved for the burial of the deceased in the cemetery of this mortuary.

I hereby certify that the above named person is the legal representative of the estate of the deceased.

X J. H. Rogers
X John Rogers
X San Diego, CA 92102
X 619 281-3100

E 14574

DATE OF ORDER

This document is valid only for the purpose stated above.

E-14574 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

09-02-1998

1A. NAME OF DECEDENT—FIRST (GIVEN) Lucille	1B. MIDDLE Ruby	1C. LAST (FAMILY) Pressley	2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1918	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MaeMa Bell, Daughter 5545 Laurel St. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
			8B. DATE SIGNED 09/08/1998		

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/09/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9813198
AUTHORIZATION OF LOCAL REGISTRAR	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
 I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3761 Market St. San Diego, CA 92102	11B. DATE BURIED 9-10-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50383



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

MOUNT HOPE CEMETERY
527-3400

From: Anderson-Ragsdale Address: 5050 Federal Blvd SD 92102 Date: 9/10 1998

In full Payment of four hundred twenty & no/100 Dollars (\$) 420.00
Interment of dualle P. Murphy

Lot 139 Grave 3 Row _____ Section 14 Division 7 Block _____

Invoice No. _____
Acct. No. _____
W.O. E-14574
BALANCE DUE Q

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

CREDIT	63001	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375 00</u>
Burial Containers	100	
Handing Fee	77185	<u>45 00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78990	
TOTAL PAID		<u>\$ 420 00</u>

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

ISSUED BY Patricia Avallone

4330

1st burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-9-98

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

of Evelyn Evans

in a Double Death Funeral, date, time Mon. 9-14 11:00

Church, Chapel, Graveside Chapel / Gravelly Regedale Mortuary, 150.00

All Funeral 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/Es.

Lot 127 Grave 4 Row _____ Section a Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2,044.45

Paid receipt number 50370 2,044.45

Balance due 0

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

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

Signature of recorded holder of deed _____

X Evelyn Evans
Signature
 3635 Florence St.
Address
 San Diego 92113
City Zip Code
 267-1771
Telephone

Work Order # E 14575 ✓

Invoice # _____

Acct. # _____

E-14575

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Evelyn		1B. MIDDLE -	1C. LAST (FAMILY) Evans	2. DATE OF BIRTH MONTH, DAY, YEAR 10/24/1927	3. DATE OF DEATH MONTH, DAY, YEAR 09/04/1998	4. SEX F
5A. CITY OF DEATH Barstow			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Bernardino	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Nathan Evans, Husband 3635 Florence St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.			8B. DATE SIGNED 09/10/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/11/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 351 N. Mountain View Ave. San Bernardino, CA 92415-0010		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3571 Market St. San Diego, CA 92102	11B. DATE BURIED 9-14-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50376



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

MOUNT HOPE CEMETERY

527-3400

From: Nathan Evans Address: 3035 Florence St. SD 92113 Date: 9-9 1998
Two thousand forty four & 45/100 Dollars (\$ 2044.45)
 In full Payment of interment of Evelyn Evans

Lot 127 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14575

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

6953390053M O.
69533900572
69533900594

AC-212 (Rev. 5-94)

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

ISSUED BY Valentina Avallone

CREDIT	67007	179	00
20% Sales Comm	77184		
80% Sales of Lots	100	716	00
Opening/Closing	77181	375	00
Burial Containers	100	380	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022	29	45
Sales Tax	60101		
	78390	2044	45
TOTAL PAID			

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-10-98

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

of PATRICK E. HENRY Sr
 in a liner Funeral, date, time wed Sept 16th 2:30

Church, Chapel, Graveside Graveside Lewis 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 1685 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund Pre Need (886) _____

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 50388 769.73

Balance due 0

282-9576

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

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

Signature of recorded holder of deed _____

X Ann C Laskowski
 Signature
X 1332 E. Hopland
 Address
X Alhambra AZ 85204
 City Zip Code
X 602-926-9320
 Telephone

Work Order # **E 14576**

Invoice # _____

Acct. # _____

E-14576 62

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) PATRICK	1B. MIDDLE EUGENE	1C. LAST (FAMILY) HENRY, SR	2. DATE OF BIRTH MONTH, DAY, YEAR 03/25/1936	3. DATE OF DEATH MONTH, DAY, YEAR 09/07/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LYNN COLLEEN LASKOWSKI - DAUGHTER 1332 E. HOPI CIRCLE MESA, AZ 85204		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paulette Valentine</i>		8B. DATE SIGNED 09/14/1998
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70075 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/14/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813422 <i>P. Valentine</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50388

Date: 9/11, 1998

From: Lynn Laskowski Address: 1332 East Hope Circle Mount Hope

Seven hundred sixty four and 73/100 Dollars (\$ 764.73)

In Fuel Payment of Interment of Patrick Henry

Lot 1615 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14576

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.

CREDIT	57007		
20% Sales Care	77184		
60% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	77181		
	100	<u>190</u>	<u>00</u>
Handling Fee	77182		
Recording & Misc. Fees	100	<u>145</u>	<u>00</u>
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>764</u>	<u>73</u>

ISSUED BY Janet Bak

E-14577 is not included in this spindle

E-14500 to E-14599

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/10/98

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

in a urn Funeral, date, time Monday Sept 14 10:00
Type of Burial Container
 Church, Chapel, Graveside Graveside 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 8 Grave 11 Row _____ Section MAS Division/Block B

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

PAID
 SEP 10 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number R-50382 769.73

Balance due 0

*Joanne Lynch / Daughter
 415-1267*

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

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

Signature of recorded holder of deed _____

Joanne K. Lynch
 Signature
5267 Castle Hills Dr.
 Address
San Diego CA 92109
 City Zip Code
(619) 483-1267
 Telephone

Work Order # **E 14578**

Invoice # _____
 Acct. # _____

E-14578

75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LOUISE	1B. MIDDLE LITSCH	1C. LAST (FAMILY) KIPP	2. DATE OF BIRTH MONTH, DAY, YEAR 01/16/1903	3. DATE OF DEATH MONTH, DAY, YEAR 09/09/1998	4. SEX F.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JEANNE LYNCH - DAUGHTER 5267 CASTLE HILLS DRIVE SAN DIEGO, CA 92109		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 815	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>M. L. B.</i> <i>09/10/98</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/10/1998 M. BRIDGMAN	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813287
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-14-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50382



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

MOUNT HOPE CEMETERY
527-3400

From: Jeanne (Kipp) Lynch Address: 1516 Cornelia St. SD 92103 Date: 9-10 1998
seven hundred sixty nine + 73/100 Dollars (\$) 769.73,
 In: full Payment of interment of douglas Kipp
 Lot 8 Grave 11 Row _____ Section MAS Division Block B

Invoice No. _____

Acct. No. _____

W.O. E-14578

BALANCE DUE 2

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

AC-212 (Rev. 5-94)

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

ISSUED BY

Catrina Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	<u>375</u>
Burial Containers	100	<u>0</u>
	77182	<u>770</u>
Handling Fee	100	<u>145</u>
Recording & Misc. Fees	77183	<u>45</u>
Pre-Need Trust	63033	<u>00</u>
	9022	<u>14</u>
Sales Tax	60101	<u>73</u>
	78390	<u>73</u>
TOTAL PAID	\$	<u>769 73</u>

1150

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/10/98

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

of Ovid Harold Green
 in a liner Funeral, date, time 9-11 Fri 10:30
Type of Burial Container
 Church, Chapel, Graveside delivery 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 14 Grave 6 Row _____ Section 1 Division 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container.....	<u>54.00</u>
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	_____
creditor's claim	600.00
attn: John Edwards	Total Due.....
PA 9-17-98	600.00

PAID 10-17-98 R 50487
 Paid receipt number _____
 Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 14579**

Invoice # _____
 Acct. # _____

E-14579

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) Ovid		1B. MIDDLE Harold	1C. LAST (FAMILY) Green	2. DATE OF BIRTH MONTH, DAY, YEAR 03/31/1912	3. DATE OF DEATH MONTH, DAY, YEAR 08/25/1998	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Judy Greelhoud-Friend 333 G Street #101 San Diego, CA. 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person being permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8B. DATE SIGN'D 09/10/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.						

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 9-11-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/10/98

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

of Jack, Maluch D

in a Liner Type of Burial Container Funeral, date, time Mon. 9-21 10:00

Church, Chapel, Graveside Greenwood : Regdale Mortuary.

All Funeral 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 45 Grave 43 Row _____ Section 3 Division 5

Grave space & Care Fund Pre Need

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 147.3

Total Due 750.00

Paid receipt number 50397 Balance due 197.3

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

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

Signature of recorded holder of deed _____

Paul R. Pulliam
Signature
4055 YALE AVE
Address
LA MESA, CA 91941
City
(619) 466-4574 Zip Code
Telephone

Work Order # **E 14580**

Invoice # _____
Acct. # _____

David Masow / Presbyleria Church
gave permission to use this
grave for Jack Maluch.

9/11/98

PA Per Kathryn Howard. Could we do 9/11/98
this burial for \$500.00

Informed Mr. Pullman Mt Hope
needs to move grave location
to lot 46-3-3-5

E-14580
30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Maluth	1B. MIDDLE Dyany	1C. LAST (FAMILY) Jock	2. DATE OF BIRTH MONTH, DAY, YEAR 08/08/1968	3. DATE OF DEATH MONTH, DAY, YEAR 09/09/1998	4. SEX M
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ngalem W. Nock, Wife 4369 51st St. Apt. 7 San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 09/16/1998	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813605
AUTHORIZATION OF LOCAL REGISTRAR	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50398



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

MOUNT HOPE CEMETERY
527-3400

Date: 9/17, 1993

From: Paul P. Pullano Address: 4045 Vito Ave La Jolla Ca 92037

Wine 73/100

Dollars (\$ 19.93)

In _____ Payment of Taken out of Jack Pullano

Lot 45 Grave 6 Row _____ Section 3 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-14580

BALANCE DUE ✓

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>19</u>	<u>73</u>

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

6630

Karen Baker

ISSUED BY _____

OFFICIAL RECEIPT

50397



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9/17, 1998

From: Mount Subdud Protestant Address: 1551 Subdud Mt, Del La Jolla Cal 92037

Seven hundred fifty 00/100 Dollars (\$ 750.00)

In Part Payment of Takenment of Jack Mieluch

Lot 45 Grave 6 Row 13 Section 3 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-14550

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

13524 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
Handing Fee	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	100	<u>40</u>	<u>00</u>
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>750</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/11/98

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

of Percy Foster

in a Urns Funeral, date, time Frid, Sept 18th 2:00pm

Church, Chapel, Graveside Chapel/Graveside; Rapidale Mortuary. 150

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 105 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 89500

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

check to bring check

PAID IN FULL
9-18-98

Total Due 11664.73

Paid receipt number R-50400 11664.73

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. 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 _____

Work Order # **E 14581**

Invoice # _____

Acct. # _____

INTERMENT ORDER E-14581

John B. ...
Date of death: *10-10-62*
Place of death: *San Diego, California*
Cause of death: *Heart Disease*

Funeral Home Fee	10	10	2	11	875.00
Transportation					375.00
Casket					190.00
Flowers					115.00
Gravestone					0
Recording and filing fee					5.00
Sales taxes					
Total					1465.00

*2 weeks
no funeral
10/22/62*

Package number

Funeral Home Federal Home

Address: *5350 Federal Blvd*

City: *San Diego, CA 92102*

E 14581

E-14581

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Percy		1B. MIDDLE -	1C. LAST (FAMILY) Paster		2. DATE OF BIRTH MONTH, DAY, YEAR 12/14/1929	3. DATE OF DEATH MONTH, DAY, YEAR 09/09/1998	4. SEX M	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Cheery Paster, Wife 4092 Franklin Ave. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 09/16/1998
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813734	
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-18-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON 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

50400

Date: 9-18 1998

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

one thousand six hundred sixty four + 13/100 Dollars (\$ 1664.73)

In Full Payment of Interment of Percy Paster

Lot 105 Grave 10 Row 1 Section 2 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E14581
 BALANCE DUE 2

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

CREDIT	67007	179	00
20% Sales Com	77184		
80% Sales of Lots	100	310	00
Opening/Closing	100	375	00
Burial Containers	100	190	00
Handling Fee	77185	145	00
Recording & Misc. Fees	100	40	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	14	73
	78392		
TOTAL PAID	\$	1664	73

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

ISSUED BY Catrina Avallone

43601

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/14/1988

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

in a Line R Funeral, date, time Tues Sept 15th 2:00
Type of Burial Container 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. *Lolien Mitchell

✓ Lot 270 Grave 8 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 125.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1689.73

Paid receipt number 50389 1689.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Lolien Mitchell
Signature
X 4066 Taylor St #82
Address
X Sacramento CA 95838
City Zip Code
X 916-646-4524
Telephone

Work Order # E 14582

Invoice # _____
Acct. # _____

Eileen Mitchell
wants us to pick her 9/14/98
8.53

E-14582

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) STEVEN	1B. MIDDLE ALLEN	1C. LAST (FAMILY) MITCHELL	2. DATE OF BIRTH MONTH, DAY, YEAR 04/20/1955	3. DATE OF DEATH MONTH, DAY, YEAR 09/10/1998	4. SEX M
5A. CITY OF DEATH FONTANA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN BERNARDINO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LONNIE J. MITCHELL - BROTHER 4541 CONTOUR BLVD. SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 09/14/1998		

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.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/15/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature] MR
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 354 MOUNTAIN VIEW AVE. SAN BERNARDINO, CA 92415-0010		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEM. 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-15-98	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

COPY 2 IS RETAINED BY THE PERSON 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

50389

Date: 9/14, 1998

From: Eileen Mitchell Address: 4166 Taylor St # 82 Sacramento 95820

One thousand six hundred eighty nine ^{70/100} Dollars (\$ 1689.73)

In Full Payment of Interment and setting fee for burial of Steve Mitchell

Lot 370 Grave 8 Row _____ Section 2 Division 1 Block 2

Invoice No. _____

Acct. No. _____

W.O. E 14582

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 Kemp Baker

CREDIT	87007	<u>159</u>	<u>00</u>
20% Sales Com	77184		
80% Sales of Lots	77184	<u>632</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	77182	<u>190</u>	<u>00</u>
Handling Fee	77185	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>170</u>	<u>00</u>
Pre-Need Trust	83033	<u>153</u>	<u>00</u>
Sales Tax	8022	<u>11</u>	<u>73</u>
TOTAL PAID	80101	<u>1689</u>	<u>73</u>
	78390		

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-14-98

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

of Leon George Binkley 2:00pm

in a Ash Vault Funeral, date, time Frid, Sept 18 11:00 AM

Church, Chapel, Graveside Graveside : El Cajon Mortuary.

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

will be applied and billed to undersigned. _____

Lot 37 Grave _____ Row _____ Section 100F Division/Block 36

Grave space & Care Fund Pre Need Col 602

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee _____

Sales taxes 4.06

PAID
SEP 16 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number 50396 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

X Alan R Ballugi
Signature
1670 Carriage House Dr
Address
Mogador Ohio 44260
City Zip Code
330 628 2230
Telephone

Work Order # **E 14583**

Invoice # _____
Acct. # _____

E-14583

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LEON	1B. MIDDLE GEORGE	1C. LAST (FAMILY) BINKLEY	2. DATE OF BIRTH MONTH, DAY, YEAR 02/15/1910	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/1998	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MELVIN E BALLINGER - BROTHER 368 DEEPWOOD DRIVE WADSWORTH, OH 44281		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Brenda Bell</i>		

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

8B. DATE SIGNED: *09/17/1998*

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/17/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813654
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 <i>9-18-98</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC 571-J CRANE ST/LAKE ELSINORE, CA 92530	12B. DATE CREMATED <i>9-17-98</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

CITY OF SAN DIEGO, CALIFORNIA

50396



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

MOUNT HOPE CEMETERY
527-3400

Date: 9/16, 1998

From: Leon Binkley Address: 368 Deepwood Dr Wickenburg CA 94251

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

In Full Payment of Interment of Leon George Binkley

Lot 37 Grave 1 Row 1 Section TWIF Division Block 34

Invoice No. _____

Acct. No. _____

W.O. 14583

BALANCE DUE 0

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

AC-212 (Rev. 5-84)

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

Kang Binkley

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	77182	<u>56</u>	<u>00</u>
Handling Fee	77185	<u>60</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

907

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-14-98

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

of James Herschell Perry
 in a Urn Funeral, date, time 9-17, Thur 1:00
Type of Burial Container

Church, Chapel, Graveside Church / Gravelly Roadside Mortuary.

All Funeral 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 123 Grave 12 Row _____ Section 2 Division Block 12

Grave space & Care Fund 20 = 03 895.00

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

PAID
 OCT 16 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

Total Due 1664.73

Paid receipt number VISA 832.00

Balance due 832.73

I hereby certify I am the X BROTHER 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.

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

X Darrel W. Perry
 Signature
X 1901 DUKE DR
 Address
X BAKERSFIELD CA 93305
 City Zip Code
X Darrel Perry
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 14584**

Invoice # 304549
 Acct. # 090530

9-18-98

MT. HOPE CEMETERY

W.O.# E-14584

NOTE

\$ 832.73 San Diego, California September 14 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 eight hundred thirty two & 73/100 DOLLARS with interest from October 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 GARLAND PERRY SIGNATURE X Garland Perry

ADDRESS X 1901 DUKE DR

CALIFORNIA DRIVER LICENSE NUMBER X R 0420886 SSN # X 560-76-4679

E-14584

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) James	1B. MIDDLE Herschell	1C. LAST (FAMILY) Perry	2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1948	3. DATE OF DEATH MONTH, DAY, YEAR 09/12/1998	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Garland W. Perry, Brother 1901 Duke Dr. Bakersfield, CA 93305		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Bldd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 09/16/1998		
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 7106 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813573
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-14584

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 090530

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-16-98

PAID BY (CIRCLE ONE) CA CK NF CH.D. to Mt. Hope

PAYMENT REFERENCE NUMBER 1004.00

AMOUNT PAID \$ 832.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Earland Perry

PAYOR NAME Emma White / Richard White
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 3635 National Ave
San Diego, CA 92113

REMARKS Catrina M. Durgem - Avalle
MS 72

CASHIER _____

INV. NO. 304549

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/14/98

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

of Sandra Morris
 in a Cline Type of Burial Container Funeral, date, time Sep, wed 16th 1:00
 Church, Chapel, Graveside Church/Gravside 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 AA Menu

Lot 134 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre Need 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

PAID
 SEP 14 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

Total Due 769.73

Paid receipt number 50390 769.73

Balance due 0

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 AA Menu
 Signature _____
 Address 109 JEFFERSON AVE #7
CALCA WSTN CA 91910
 City _____ Zip Code _____
X 619 426-6449
 Telephone _____

Work Order # E 14585

Invoice # _____

Acct. # _____

E-14585
42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SANDRA	1B. MIDDLE LAVERN	1C. LAST (FAMILY) MORRIS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/15/1955	3. DATE OF DEATH MONTH, DAY, YEAR 09/13/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE, OF INFORMANT MARY MORRIS—MOTHER 4522 DAWSON STREET #5 SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/16/1998		

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9813568
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50390



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

MOUNT HOPE CEMETERY
527-3400

Date: 9/14, 1998

From: Tia Mann Address: 109 Jefferson St # McHale Vista Ca 91910

Seven hundred sixty nine 73/100 Dollars (\$ 769.13)

In Full Payment of Tolment of Sandra Mann

Lot 134 Grave 10 Row _____ Section 2 Division 1 Block 1

Invoice No. _____
Acct. No. _____
W.O. E-14555
BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	77182	<u>190</u>	<u>00</u>
Handling Fee	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	75390		
TOTAL PAID	\$	<u>769</u>	<u>73</u>

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

ISSUED BY [Signature]

367

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Frank Machado

In a _____ 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 8 Grave 7 Row _____ Section 100F -Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee Disinterment Fee 1,000.00

Recording and filing fee

Sales taxes

Total Due 1,000.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
City Zip Code
Y _____
Telephone

Work Order # E 14586

Invoice # _____

Acct. # _____



THE CITY OF SAN DIEGO

E-14586

September 15, 1998

Arlene Ms. Banos:
425 N. Magnolia Ave. #F21
Anaheim, CA 92801

Re: Disinterment of William Frank Machado

Dear Ms. Banos:

Please sign the Interment/Disinterment Work Order, E-14586 on the lines indicated by the red "x's".

Also enclosed is our form that authorizes disinterments. All immediate next of kin must sign and complete the middle section. Each signature must also be notarized. The original form must be returned to Mt. Hope Cemetery prior to scheduling the disinterment.

Be sure you have a mortuary obtain a Disinterment Permit for you. When we have the signed Disinterment Work Order, the completed Authority to Disinter Form, the Disinterment Permit from the mortuary and the payment of \$1,000.00 made payable to Mt. Hope Cemetery, we will schedule the disinterment. We will notify the mortuary who is working with you regarding the date and time of the disinterment and they will then complete their arrangements with you.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Sue Shackelton
Clerical Assistant II

Enclosures

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400





E-14586

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

Sept. 1998
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

WILLIAM FRANK MACHADO

from Lot 8 Grave 7 Section IOOF Row _____ Block 8

Division _____ And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery _____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian) Date

(This form must be notarized, if not signed in presence of cemetery staff.)

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-98

*Preneed
107*

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

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 115 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
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	<u>795.00</u>

Paid receipt number _____
 Balance due _____

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

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

Signature of recorded holder of deed _____

~~Signature _____~~
~~Address _____~~
~~City _____ Zip Code _____~~
~~Telephone _____~~

Work Order # **E 14587**

Invoice # _____
 Acct. # _____

Preneed
lot & trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-98

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

of Coretha Shelton

In a liner 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 115 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund PAID IN

Opening/Closing & Setup 375.00

Burial Container FULL 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 6-2-99 45.00

Recording and filing fee 14.73

Sales taxes 1504.73

Total Due 800.00

Paid receipt number R-50393 Balance due 764.73

9-30-99
mailed deed
12337

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

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

Signature of recorded holder of deed _____

X Coretha Shelton
Signature
X 732 S. 42nd
Address
X San Diego CA 92113
City Zip Code
X 619-263-0509
Telephone

Work Order # E 14588

Invoice # _____

Acct. # _____

SHELTON, CORETHA

42nd
732 S. 32nd St. San Diego, CA 92113

E-14788

9-17	98	Pre-need Lot and Trust Opened:						
		Lot 115; Grave 12; Section 3; Division 12		795.00				
		Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee and Tax on Liner.		769.73				1500.73
9-17	98	R-50393				800.00		764.73
1-8	99	R-50727	Coupons 1-5			160.00		604.73
3-3	99	R-50901	Coupons 6-8			100.00		504.73
3-29	99		Coupons 9-11			100.00		404.73
5-29	99	R-51164	Coupons 12-18			200.00		204.73
6-2	99	R-51195				204.73		0

SHELTON, CORETHA

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50393

From Coretha Shelton Address: 732 S. 42nd SD 92113 Date: 9-15 1998
Eight hundred + 10/100 Dollars (\$ 800.00),
 In part Payment of pre need lot + trust

Lot 115 Grave 112 Row _____ Section 3 Division Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-14588
 BALANCE DUE 704.73

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

Alana Avallone

ISSUED BY _____

CREDIT	67007		
20% Sales Com	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	100	<u>630</u>	<u>00</u>
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	80033	<u>5</u>	<u>00</u>
9022			
Sales Tax	60101		
76390		<u>800</u>	<u>00</u>
TOTAL PAID	\$		

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

2811037123

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

K14488

Coretha Shelton

732 S. 42nd St.

San Diego, CA 92013

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.



\$

32.00

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



\$

\$

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

*Bal
404.73
3-29-99*

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

814488

Coretha Shelton

732 S. 42nd St.

San Diego, CA 92113

Month and Day Due Indicated Below

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

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



\$ 32.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

214488

Coroetha Shelton

732 S. 42nd St.

San Diego, CA 92813

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.



\$

32.00

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



\$

\$

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E14488

**Coratha Shelton
732 S. 42nd St.
San Diego, CA 92113**

Month and Day Due Indicated Below

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

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



\$ 32.00

Amount due if paid more than _____ days after due 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.

E14688

Coretha Shelton

732 S. 42nd St.

San Diego, CA 92113

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.



\$ 32.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E14488**

**Coratha Shelton
731 S. 42nd St.
San Diego, CA 92113**

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.



\$ 32.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E14488**

Coretha Shelton

732 S. 47th St.

San Diego, CA 92013

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.



\$ 32.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Mt Hope Cemetery
Contract Entry Verification
08/07/2002

E-14588

Contract Number: E-14588-F

Contract Date: 08/07/2002

Purchaser: Shelton, Coretha
732 S. 42nd Street

Purchaser Number: 337 /

Phone: 619-263-0509

San Diego, CA 92113

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-3	795.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	3		115	12	A

Mt Hope Cemetery
Contract Entry Verification
08/07/2002

E-14588

Contract Number: E-14588-F

Contract Date: 08/07/2002

Purchaser: Shelton, Coretha
732 S. 42nd Street

San Diego, CA 92113

Purchaser Number: 337 /

Phone: 619-263-0509

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,550.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,564.73	ODD PAYMENT OF	764.73
TOTAL DOWNPAYMENT	800.00-	DATE FIRST PAYMENT DUE	09/07/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	764.73		
DEFERRED PAYMENT PRICE	1,564.73		
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION	
R L Perp. Care	159.00		
I V P/N Trust	755.00	1.0000	
R S Equity	564.00		
A Interest	0.00		
R S Tax Recovery	14.73		
R S Cost of Goods	72.00		
R V Late Charge	0.00		

CONTRACT ENTERED BY: _____

Mt Hope Cemetery Agreement Confirmation

E-14588

08/07/2002

Agreement Number: E-14588-F

Agreement Date: 08/07/2002

Purchaser: Shelton, Coretha
732 S. 42nd Street

Purchaser Number: 337 /

Phone: 619-263-0509

San Diego, CA 92113

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-3	795.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Bell Liner	190.00	14.73	
1	Handling Fee	Bell Liner Handling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	3		115	12	A

BASE PRICE	1,550.00
SALES TAX	14.73
TOTAL CASH PRICE	1,564.73
TOTAL DOWNPAYMENT	800.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	764.73
DEFERRED PAYMENT PRICE	1,564.73
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	764.73
DATE FIRST PAYMENT DUE	09/07/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-98

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

of Robert Coye

in a liner Funeral, date, time Thur. Sept. 17 11:00

Church, Chapel, Graveside delivery only; Mayer Mortuary,
Jim

All Funeral 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 <u>271</u>	Grave <u>3</u>	Row <u>-</u>	Section <u>2</u>	Division/Block <u>12</u>	
Grave space & Care Fund					<u>795.00</u>
Additional spaces and care fund					
Opening/Closing & Setup					<u>375.00</u>
Burial Container					<u>190.00</u>
Handling Fees					<u>145.00</u>
Flower vases - Marker setting fee					
Recording and filing fee					<u>45.00</u>
Sales taxes					<u>14.73</u>
Total Due					<u>1504.73</u>

creditor's claim
margaret Delatoba - PA
9-22-98

Paid receipt number _____
Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 14589

Invoice # _____
Acct. # _____

9/15/98 2:00pm

Jim / Mayer -

Called to schedule and
make arrangements for the
burial. also paid the form
of payment would be a
creditors claim.

E-14589

01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert		1B. MIDDLE Harry	1C. LAST (FAMILY) Coye	2. DATE OF BIRTH MONTH, DAY, YEAR 08/10/1937	3. DATE OF DEATH MONTH, DAY, YEAR FOUND 09/02/1998	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marco DeLaToba-P. A. 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>Marco DeLaToba-P.</i> 8B. DATE SIGNED— 09/16/1998		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/17/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE, OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-16-98

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

in a Single Funeral, date, time Thu 9-18 10:00
Type of Burial Container
 Church, Chapel, Graveside Graveside, Weatheringill Mortuary.

All Funeral 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 63 Grave 9 Row _____ Section 1 Division/Block 12

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

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

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

Signature of recorded holder of deed _____

X Janice M. Wahlstrom
 Signature
8490 Mesa Heights Rd.
 Address
Santee, CA 92071
 City Zip Code
448-9088
 Telephone

Work Order # **E 14590**

Invoice # _____
 Acct. # _____

E-14590

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE Wayne	1C. LAST (FAMILY) Savala	2. DATE OF BIRTH MONTH, DAY, YEAR 02/18/1953	3. DATE OF DEATH MONTH, DAY, YEAR 09/13/1998	4. SEX M	
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Janice M. Wahlstrom - Ex Wife 8490 Mesa Heights Rd. Santee, CA 92071				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGN 09/16/1998

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/16/1998 C. Lathrem	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813561
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-18-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

D.I.P.
second

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/16/98

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

in a Liner Funeral, date, time Mon Sept 21 10:30

Church, Chapel, Graveside Delivery Only Lewis 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 78 Grave 78 Row J Section MAS Division/Block J

Grave space & Care Fund Pre Need C 4300

Additional spaces and care fund

Opening/Closing & Setup

Burial Container..... ⊗

Handling Fees ⊗

Flower vases - Marker setting fee

Recording and filing fee..... ⊗

Sales taxes..... ⊗

Total Due..... ⊗

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

David A. Smith
Signature
10080 Cristobal Dr
Address
Spring Valley CA 91977
City
619-445-2810
Telephone
Zip Code

Work Order # **E 14591**

Invoice # _____

Acct. # _____

Name: James
 DOB: 06/21/1917
 MO: MO
 SSN: 573-42-0303
 Occupation: Shipping Clerk
 Employer: U.S. Navy
 Address: 29
1880 Cristata Dr
Sp1 SD 91977 67 CA

For Need

Name: Charles
 Name: Harly
 Name: R
 Name: Della
 Name: Noel
 Name: Dennis
 Address: MO
 Address: MO
 Address: Mt Hope
 Address: Bu

Yes

SD Hospice

SD SD

LEWIS COLONIAL BENBROUGH MORTUARY
 1015 N. 10th St.
 SAND SPRING, ARK.
 479-2211 FAX 479-2212

Exec. Lloyd Price 465-2810

Dr. Don Tolson, Jr. 281-2810

Dr. Don Tolson, Jr. 281-2810

REGISTERED
 TIME
 M
 DIRECTOR
 DEPT. OF HEALTH
 AND HUMAN SERVICES
 DIVISION OF VITAL RECORDS
 1015 N. 10th St.
 SAND SPRING, ARK. 72134
 479-2211 FAX 479-2212

E-1491

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JUANITA	1B. MIDDLE MAE	1C. LAST (FAMILY) CONRAD	2. DATE OF BIRTH MONTH, DAY, YEAR 06/21/1917	3. DATE OF DEATH MONTH, DAY, YEAR 09/14/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valentine</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70235 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/14/1998	

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 \$7.00	9B. DATE PERMIT ISSUED 09/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813581 <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/17/98

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

of Audrey Wilson

in a T.S. vault Funeral, date, time Monday Sept 21st 11:00

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

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

will be applied and billed to undersigned. _____

Lot 79 Grave 2 Row _____ Section 2 Division 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 45.00

Recording and filing fee 19.38

Sales taxes 1709.38

Total Due 1769.38

Paid receipt number R-50401 Balance due 0

Mortuary to bring check for full amount

PAID
marked with check
paid on R-50401
SEP 21 1998

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

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

Signature of recorded holder of deed _____

Richard Clark
Signature
X1452 E 757
Address
XPlainfield 07062
City Zip Code
XN.J.
Telephone

Work Order # E 14592

Invoice # _____

Acct. # _____

FAX

203-1507

per Debbie & Skipper -

OK for family to pick
out anything they want
for the lot and burial
container. Also mortuary
will bring a check for
the full amount of burial
charges.

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50402

Date: 7-21, 1998

From: Regdale Address: 5050 Federal Blvd San Diego 92103

One hundred twenty five Dollars (\$ 125.00)

In full Payment of Order Installation Fee for

Audrey Wilson

Lot 79 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14592

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4368

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

ISSUED BY J. Shellen

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>125.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

50401

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO-CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-21, 1990From: Rogsdale Address: 5050 Federal Blvd San Diego 92102
 One Thousand Seven Hundred Sixty Nine & ³⁰/₁₀₀ Dollars (\$ 1769 38)

 • In full Payment of Interment of Audrey Wilson

 * Lot 79 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14592BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007	<u>179</u>	<u>00</u>
20% Sales Tax	77184		
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>250</u>	<u>00</u>
Handling Fee	77185	<u>185</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>43</u>	<u>00</u>
Pre-Need Trust	83033		
Sales Tax	9022		
	60101	<u>19</u>	<u>38</u>
	78390		
TOTAL PAID:	\$	<u>1769</u>	<u>38</u>

ISSUED BY: J. Shackleton

4367

E-14592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

76

1A. NAME OF DECEDENT—FIRST (GIVEN) Audrey	1B. MIDDLE Winifred	1C. LAST (FAMILY) Wilson	2. DATE OF BIRTH MONTH, DAY, YEAR 02/28/1922	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/1998	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Deborah Richards, Daughter 1562 E. Tulsa St. Chandler, AZ 85225		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED 09/17/1998			

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 \$7.00	9B. DATE PERMIT ISSUED 09/18/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813767
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-21-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/18/98

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

of Mildred Bedd

in a liner Funeral, date, time Tues Sept 22 2:00

Church, Chapel, Graveside Chapel/Graveside Kingsdale Mortuary.

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

will be applied and billed to undersigned. X Dierdra Redd

Lot 135 Grave 9 Row _____ Section 3 Division 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container paid in full 9-22-98 910.00

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 50408 1504.73

Balance due 2

Mother to bring check for full payment

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 Dierdra Redd
 Signature
X 7281 SARAWAC ST #2
 Address
X SAN DIEGO CA 92115
 City Zip Code
X 667-3709
 Telephone

Invoice # _____

Work Order # **E 14593**

Acct. # _____

E-14593

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mildred	1B. MIDDLE Renae	1C. LAST (FAMILY) Redd	2. DATE OF BIRTH MONTH, DAY, YEAR 03/07/1942	3. DATE OF DEATH MONTH, DAY, YEAR 09/17/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dierdra Redd, Daughter 7281 Saranac St. Apt. 2 San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100205 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/18/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES AN RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/21/1998 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813809
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Bx 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENHAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-22-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

7 MDS. GESTATION
 Will BRING
 permit.
 MORTUARY to
 BRING CHECK

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-21-98

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

In a _____ Funeral, date, time THUR. 9-24 11:00
Type of Burial Container
 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 \$ _____ will be applied and billed to undersigned.

Lot 1104 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	PAID SEP 24 1998 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	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		-

Will use
 SMALLEST CASKET.
 X

Total Due 270.00
 Paid receipt number R-50415 270.00
 Balance due 0

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

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

Signature of record holder of deed _____

X
 Signature _____
 X Address _____
 X City _____ Zip Code _____
 X Telephone _____

See attached

Work Order # **E 14594**

Invoice # _____
 Acct. # _____

EP-22-95 THE BUREAU OF CALIFORNIA DEPARTMENT OF PUBLIC WORKS

E-14594

STATE OF CALIFORNIA
INTERMENT ORDER

CL. OF 046010

DATE 9-21-98

THIS ORDER IS FOR THE INTERMENT OF THE BODY OF
MARTIN
THE DECEASED WAS FOUND ON THUR 9-14 11:00
COURT REPORT NUMBER SACEL/GRAYSIDE CA BUREAU
AN ORDER WAS ISSUED BY THE CLERK OF SUPERIOR COURT OF
SAN DIEGO COUNTY AND THIS ORDER IS

Lot 1104	Grave	Row	Depth	1	Price per cu. yd.	9
	Grave space & Care Fund					100.00
	Additional space and Care Fund					-
	Opening Grave & Vault					125.00
	Burial Chamber					-
	Handling Fees					-
	Interment - Major Burial Fee					-
	Handling and Care Fee					95.00
	Taxes Fees					-
	Total Due					270.00

Mortuary
X Renee Beard

X Joseph Beard
X 1-800-510-1111
X San Diego CA 92101
X 619-307-0000

E 14594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14594

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

1. NAME OF DECEASED—FIRST NAME OR INITIAL MATTHEW JAMES		2. LAST NAME MARTIN		3. DATE OF BIRTH MONTH DAY YEAR 09/14/1955		4. DATE OF DEATH MONTH DAY YEAR 09/16/1998	
5. CITY OF DEATH CHULA VISTA		6. COUNTY OF DEATH SAN DIEGO		7. NAME, RELATIONSHIP, FULL ADDRESS ADDRESS AND CITY OF NEXT OF KIN TAMIKIA MARTIN-MOTHER 250 OUTWARD STREET #8 CHULA VISTA, CA 91911			
8. NAME AND ADDRESS OF CALIFORNIA FUNERAL HOME, LIST OF PERSONS ACTING AS SUCH, TO WHOM LICENSE NUMBER IS APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL 5500 EL CAJON BLVD., SAN DIEGO, CA 92115				9. LICENSE NUMBER 4-1357			
10. SIGNATURE OF APPLICANT <i>[Signature]</i>				11. SIGNATURE OF LOCAL HEALTH OFFICER <i>[Signature]</i>			

12. PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH TITLE 17 OF THE CALIFORNIA HEALTH AND SAFETY CODE AND THE AUTHORITY AND THE DISPOSITIONS SPECIFIED THEREIN. NOT TO BE REISSUED OR RECALLED, UNLESS SO ORDERED BY THE DISTRICT HEALTH OFFICER.		13. AMOUNT OF FEE \$7.00		14. DATE PERMIT ISSUED 09/24/1998		15. SIGNATURE OF LOCAL HEALTH OFFICER E. WALKER # 9314006	
16. ADDRESS OF RESIDENCE OF DECEASED OR DEPOSITOR VITAL RECORDS - P. O. BOX 83722 SAN DIEGO, CA 92189-3722				17. ADDRESS OF RESIDENCE OF DECEASED OR DEPOSITOR IF DIFFERENT FROM ABOVE			

18. AUTHORIZED DISPOSITIONS CHECK APPLICABLE FEES

<input checked="" type="checkbox"/> A. BURIAL INCLUDING ENTOMBMENT	<input type="checkbox"/> B. TEMPORARY ENTOMBMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> - DISPOSITION PENDING—ARRANGE LOCATOR AT DEATH AND ARRIVAL
<input type="checkbox"/> C. CREMATION	<input type="checkbox"/> D. DISSENTMENT	
<input type="checkbox"/> E. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. BURIAL IN CALIFORNIA	
<input type="checkbox"/> G. BURIAL IN OREGON	<input type="checkbox"/> H. RETURN TO STATE OF DEPARTURE	

COMPLETE ALL APPLICABLE ITEMS	19. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3791 MARKET ST. SAN DIEGO, CA 92107	20. DATE BURIED		21. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
	22. NAME AND ADDRESS OF CALIFORNIA CREMATOR	23. DATE CREMATED	24. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	25. NAME AND ADDRESS OF CALIFORNIA FACILITY WHERE REMAINS WERE BURIED	26. DATE BURIED	27. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
	28. NAME AND ADDRESS IN FOREIGN STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	29. DATE SHIPPED	30. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF SHIPPING WITH THE CARRIER		
31. ADDRESS WHERE POINT OF SHIPMENT TO BE MADE OR POINT TO WHICH TO SHIP REMAINS AND TO WHOM TO SHIP	32. SIGNATURE OF DECEASED OR DEPOSITOR	33. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		34. SIGNATURE OF LOCAL HEALTH OFFICER	

COPY 1 OF THIS PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FURNISHING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE DISTRICT HEALTH OFFICER. DISPOSITION OCCURRED ON THE DISTRICT HEALTH OFFICER'S POINT WHERE THE CREMATED REMAINS WERE LOCATED AT THE LOCAL HEALTH OFFICE DISTRICT HEALTH OFFICER OR DUPLICATE FORMS AFTER ONE YEAR FROM THE TOP.

E-14594

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) MATTHEW	1B. MIDDLE JAMES	1C. LAST (FAMILY) MARTIN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/16/1998	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/1998	4. SEX M
5A. CITY OF DEATH CHULA VISTA	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TAMIKIA MARTIN—MOTHER 250 QUINTARD STREET #8 CHULA VISTA, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 09/24/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10070 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/24/1998 K. WANKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814006
		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCAL (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-24-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
- INTERMENT ORDER

City of San Diego

Date 9/21/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Manuel Dela Trinidad

In a liner Funeral, date, time Wed, Sept 23, 1:00pm
Type of Burial Container
 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. X. Ana L Leon

Lot 132 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number 50406 \$782.00

Balance due 782.73

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.

X. Ana L Leon
 Signature
X 5937 Pine Ave
 Address
X Maywood CA 90270
 City Zip Code
X (213) 771-4189
 Telephone

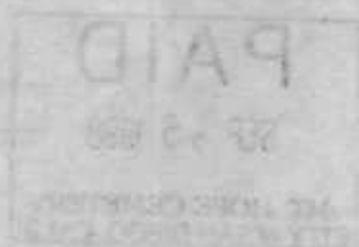
Signature of record holder of deed _____

Invoice # _____

Work Order # **E 14595**

Acct. # _____

Time move from 2:00 to 1:00
per Maria from Humphrey.



MT. HOPE CEMETERY

W.O.# 14595

NOTE

782.73

San Diego, California September 21 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 eighty two ^{73/100} DOLLARS with interest from October 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 1, 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 Ana L. Leon SIGNATURE Ana L. Leon

ADDRESS 5937 Pine Ave Maywood, CA 90270

CALIFORNIA DRIVER LICENSE NUMBER B4621635 SSN # 611-40-1891

E-14595

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

666

1A. NAME OF DECEDENT—FIRST (GIVEN) MANUEL	1B. MIDDLE S.	1C. LAST (FAMILY) TRINIDAD	2. DATE OF BIRTH MONTH, DAY, YEAR 06/17/1932	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/1998	4. SEX M
5A. CITY OF DEATH San Ysidro		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Luz Trinidad - Wife 2326 Smythe Avenue San Ysidro CA 92173		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ordedith King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/22/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/23/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 09% King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
 I. DISPOSITION 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 9-23-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

50406

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 9/21, 1998From: Guadalupe Trinidad Address: 2306 Smythe Ave San Diego Ca
Seven hundred eighty two 00/100 Dollars (\$ 782.00)
In Part Payment of Talament of Manuel Delo Trinidad
 Lot 132 Grave 1 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14595BALANCE DUE 782.73Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>782 00</u>
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>782 00</u>

ISSUED BY

040405TB

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-21-98

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

of Rubye Lee Davis R. 00

in a liner Funeral, date, time Mon. 28 11:00

Church ~~Chapel~~ Graveside Chapel + graveside Pagsdale Mortuary

All Funeral cars must 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 34 Grave 10 Row _____ Section 2 Division 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 45.00

Recording and filing fee 14.73

Sales taxes 10104.73

PAID
 SEP 21 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 10104.73

Paid receipt number R-50404 1004.73

Balance due 0

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
3565 NORMOUNT RD
 Address
PO BOX 9056
 City OCEANSIDE, CA Zip Code
760 941-9050
 Telephone

Work Order # **E 14596**

Invoice # _____
 Acct. # _____

E-1459C

59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rubye		1B. MIDDLE Lee	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH, DAY, YEAR 12/07/1938	3. DATE OF DEATH MONTH, DAY, YEAR 09/18/1998	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Thomas W. Davis, Brother 3565 Normount Dr. Oceanside, CA 92056		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>
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.				8B. DATE SIGNED 09/22/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/28/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814069
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St, San Diego, CA 92102	11B. DATE BURIED 9 28 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50404



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

MOUNT HOPE CEMETERY
527-3400

From: Thomas Davis Address: 3505 N. Mount Rd. Carlsbad 92008 Date: 9-21 1998
One thousand six hundred sixty four 73.10 Dollars (\$ 1664.73)
 In Full Payment of Interment of Rubye Lee Davis

Lot 34 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14596
 BALANCE DUE 2

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

ISSUED BY Catrina M.T. Avalle

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	100	
Handling Fee	100	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	78390	
		<u>1664.73</u>

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

795

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/21/98

*Pre Need
 Lot of Trust*

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

of Lewis C. Woodbridge & Clemmie E. Woodbridge

in a TS Vault #000 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 30 Grave 102 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 20795.00 1590.00

Additional spaces and care fund

Opening/Closing & Setup 200 375.00 750.00

Burial Container 200 250.00 500.00

Handling Fees 200 185.00 370.00

Flower vases - Marker setting fee 200 45.00 90.00

Recording and filling fee 60 19.38 38.76

Sales taxes 3338.76

PAID
in full
SEP 21 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 3338.76

Paid receipt number 56405 3338.76

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

Lewis C. Woodbridge
 Signature
5280 SAN JACINTO PL.
 Address
XSD CALIF, 92114
 City Zip Code
X264-3869
 Telephone

Work Order # **E 14597**

Invoice # _____
 Acct. # _____

50405

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 9/21, 19 98
 From: Lewis & Lemmie Wednesday Address: 5280 San Jacinto Place San Diego, CA
Three thousand three hundred thirty eight 76/100 Dollars (\$) 3335.76 9214

 In Full Payment of Pre Need Lot - 1 Trust

 Lot 30 Grave M 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14597

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.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>1540</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>1748</u>	<u>76</u>
Sales Tax	8022		
	60101		
	78390		
TOTAL PAID	\$	<u>3335</u>	<u>76</u>

ISSUED BY



THE CITY OF SAN DIEGO

5914

E-14597

MT. HOPE CEMETERY - WORK REQUEST

Date: 12-17-07 Submitted By: Paulette

Name of Contact Person: Gloria Luster

Address: _____ Apt. / Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: 619 479-0254 Relationship to Deceased: wife

Name of Deceased(s): Charles W. Luster Jr.

LOCATION:

Div: 10 Sect: _____ Row/Blk: _____ Lot: 4745 Gr: _____

- Raise / Level / Reseed / Resod Grave 201366
- Raise / Lower / Level Marker
- Install Galvanize Flower Can
- Install Trion Flower Vase
- Install Foundation Size _____
- Install Border with _____ Vase(s) / without
- Install Government Marker - Bronze / Granite
- Install Marker(s) - as indicated below

Other Special Instructions: If we have an extra used insert (galv.), call if so add to location, if not call wife so she can purchase.

Work Completed By: _____ Date: _____

Work Signed Off By: _____ Date: _____

8A) 917 - 3005

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-21-98

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

of William Wilbur Webber

in a liner Funeral, date, time Fri Sept 25 1:00

Church, Chapel, Graveside graveside : Discount Burial Home Mortuary.

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

will be applied and billed to undersigned. X

Lot 4418 Grave - Row - Section - Division/Block 10

Grave space & Care Fund pre need D-6682 X

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container paid in full 190.00

Handling Fees 9/25/98 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-50419 769.73

Balance due X

*mortuary to bring check
 for full amount
 on day of service*

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 _____

Work Order # E 14598

Invoice # _____
 Acct. # _____

E14598

William Wilbur
Weber

Discount remainder

714 668 1495

Mike Limer
Jeannette Weber

E14119-10

714
668
1495

BY ORDER OF METERY
INTERMENT ORDER

E-14598

Date 9-21-98

We hereby certify that the above named deceased person is dead and that the person

is William Wilbur Wilber

is single Federal tax year 01-25-91

Church, Organ, or other Disruptive Burial 50

is not a member of any church, society, or other organization 50

is not a member of any other organization 50

is not a member of any other organization 50

is not a member of any other organization 50

is not a member of any other organization 50

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is not a member of any other organization 50

is not a member of any other organization 50

← initial here that you will be here before 3:30pm or \$150.00 late fee.

monthly totaling shall for full amount ending by date

10
375.00
190.00
145.00
45.00
14.73
769.73

← relationship to the deceased

James A. Wilber
2536 E. Common Unity Ave
Warrington, Va 22083
704-992-6857

signature & address

E 14598

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14598

89

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE WILBUR	1C. LAST (FAMILY) WEBBER	2. DATE OF BIRTH MONTH, DAY, YEAR 02/21/1909	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/1998	4. SEX M
5A. CITY OF DEATH FULLERTON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ORANGE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MAAZA WEBBER - DAUGHTER-IN-LAW 2536 E. COMMONWEALTH AVENUE FULLERTON, CA 92831		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH DISCOUNT CASKET, CREMATION & BURIAL SERVICE 2700 S. BRISTOL ST. SANTA ANA, CA 92704		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1600	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Law Keller</i>		8B. DATE SIGNED 09/23/98

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/24/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Hugh F. Stallworth</i> HUGH F. STALLWORTH, M.D.
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 234 SANTA ANA, CA 92702-0234		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-25-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Miller</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/21/98

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

of Tigistaden Mohamed

in a liner Funeral, date, time Wed, Sept 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

will be applied and billed to undersigned. [Signature]

✓ Lot 1230 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995

Additional spaces and care fund

Opening/Closing & Setup..... 315.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes..... 1764.73

Total Due..... 1764.73

Paid receipt number 50407 1764.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X [Signature]
 Signature _____
X 11585 Hamidast # B3
 Address _____
X S.D. CA
 City _____ Zip Code _____
X 294-4783
 Telephone _____

Work Order # **E 14599**

Invoice # _____

Acct. # _____

50407

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9/21, 1998From: Ethiopian Community of SD Address: P.O. Box 16399 San Diego Ca 92176
One thousand seven hundred sixty four ⁷³/₁₀₀ Dollars (\$ 1764.73)
In Full Payment of Interment of Trustaden Mohamed
 Lot 1230 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14599 /

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

1052

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	995	00
Opening/Closing	77181	375	00
Burial Containers	100	190	00
Handling Fee	77185	145	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	60333		
Sales Tax	9022	14	73
	80101		
	78390		
TOTAL PAID	\$	1764	73

E-14599
23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Tigist	1B. MIDDLE Adan	1C. LAST (FAMILY) Mohamed	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1975	3. DATE OF DEATH MONTH, DAY, YEAR 09/09/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Adan Abid, Father 4294 45th St. San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED 09/22/1998	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/22/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	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 0		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY
 I. DISPOSITION PENDING—REMAINS LOCATED BY (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-23-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COMPLETE ALL APPLICABLE ITEMS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-21-98

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

of Vester Crowel

In a liner Funeral, date, time Mon Sept. 28 11:00

Type of Burial Container Church, Chapel Graveside church + graveside Memorial

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

will be applied and billed to undersigned. X J.C.

Lot 80 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 90.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

30 day note Total Due 1504.73

Paid receipt number 56417 Balance due 164.73

I hereby certify I am the X BROTHER 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.

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

Signature of recorded holder of deed _____

X J.C.
Address 7935 Park St
City San Diego Zip Code 92114
Telephone 462-1220

Work Order # E 14600

Invoice # 304887
Acct. # 0910033

9-30-98

14600

E 14600

III

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-202

ACCOUNTS RECEIVABLE
INVOICE STATUS REPORT BY DEPARTMENT
AS OF 11/09/98

DATE: 11/09/98
TIME: 214830
PAGE: 5

DEPARTMENT 072 R.E.A.-MT HOPE CEMETERY

INV NUMBER	INV TYPE	EXCPT CHRG CODE	ACCT NUMBER	ACCOUNT NAME
304887	GE	TC	096633	JOHNNY CROWEL

INVOICE DATE	INVOICE DUE DATE
09/30/98	10/30/98

AMOUNT	ACTION
164.73	REFERRED TO CITY TREASURER

PAID
11-16-98

MT. HOPE CEMETERY

W.O.# 5 14600

NOTE

164 73

San Diego, California September 24 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 hundred Sixty four ^{73/100} DOLLARS with interest from October 29, 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 1, 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 Johnny Crowel

SIGNATURE

X [Signature]

ADDRESS

X 7935 PALA S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER

X N3582009

SSN #

X 565-92-1863

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14600
47

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Vester	1B. MIDDLE -	1C. LAST (FAMILY) Crowel	2. DATE OF BIRTH MONTH, DAY, YEAR 02/28/1951	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/1998	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Johnny Crowel - Brother 7935 Mala St/ San Diego, CA. 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Legaspi</i>		8B. DATE SIGNED 09/24/1998
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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/24/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi 9814018
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 9-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 14600

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. CA 10633

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE October 30, 98
PAID BY (CIRCLE ONE): CA CH. D. TO MT. HOPE CK NY
PAYMENT REFERENCE NUMBER 1407

AMOUNT PAID 104.73

TREASURER VALUATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Johnny Crowe
PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)
CUSTOMER (PAYOR) ADDRESS 7935 Pala St.
San Diego, CA
92114
REMARKS Catherine M. Torgerson
MS 72

CASHIER _____

INV. NO. 304887

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-21-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Wing MON 9-28 10:00

In a T-S Vault Type of Burial Container Funeral, date, time FK Sept 25
 Church, Chapel, Graveside Home Only : LEWIS COLONIAL Mortuary

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

Lot 53 Grave 7 Row — Section 3 Division/Clock 5

Grave space & Care Fund pre need C-1087 ~~8~~

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 874.38

Paid receipt number R-50410 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____
X KCWing
X 13440 Little Haven Lane
X Poway Ca 92064
X 619-486-1579
Signature Address City Telephone Zip Code

Work Order # **E 14601** Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84 E 14601

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE IRENE	1C. LAST (FAMILY) WING	2. DATE OF BIRTH MONTH, DAY, YEAR 04/18/1914	3. DATE OF DEATH MONTH, DAY, YEAR 09/20/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HOWARD M. WING - SON 13440 LITTLE DAWN LN POWAY, CA 92064	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 <i>P. Valentine</i>		
			8B. DATE SIGNED 09/22/1998		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/23/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P. Valentine
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-22-98

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

of Phyllis McPherson PA # 1999151 ^{29th}

in a inter Type of Burial Container Funeral, date, time Tues. 10:30 a.m.

Church, Chapel, Graveside Delivery ; Merkley Mitchell Location

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

will be applied and billed to undersigned. _____

Lot 169 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 1210.00

Additional spaces and care fund _____

Opening/Closing & Setup 1105.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee PA-1 D _____

Recording and filing fee 10-26-98 45.00

Sales taxes _____

Total Due 3810.00

PA
Nancy Hobbs

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 # 304888

Acct. # 000952

Work Order # **E 14602**

E14602

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) PHYLLIS		1B. MIDDLE -	1C. LAST (FAMILY) McPHERSON		2. DATE OF BIRTH MONTH, DAY, YEAR 09/05/1920	3. DATE OF DEATH MONTH, DAY, YEAR 09/18/1998	4. SEX F	
5A. CITY OF DEATH LA MESA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS - PUBLIC ADMINISTRATOR 5201 A RUFFIN ROAD SAN DIEGO, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92108				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 09/23/1998

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 09/23/1998 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9813983
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92106-5222	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9 22 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-23-98

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

of Samuel L. Caldwell

in a T.S. vault Funeral, date, time Sat. Sept. 26 1:00

Church Chapel Graveside Chapel + graveside : Ragsdale 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

Lot 100 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	PAID	<u>895.00</u>
Additional spaces and care fund		<u>375.00</u>
Opening/Closing & Setup	SEP 24 1998	<u>250.00</u>
Burial Container		<u>185.00</u>
Handling Fees	MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	<u>600.00</u>
Flower vases - Marker setting fee	<u>Sat. Overtime SVC</u>	<u>45.00</u>
Recording and filing fee		<u>19.38</u>
Sales taxes		<u>2369.38</u>
Total Due		<u>2369.38</u>
Paid receipt number <u>R-56420</u>		<u>2369.38</u>
Balance due		<u>0</u>

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. *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 _____

Work Order # **E 14603** Invoice # _____
Acct. # _____

203 1507

9/23/98

PKipper from Ragsdale called
to schedule burial arrangements
and request that we pick a
\$895 lot, the burial container
w a T.S. vault and be a
Saturday burial service

E14603

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-23-98

You are hereby authorized and empowered, subject to your rights and obligations, to inter the remains

of Samuel L Caldwell

in T.S. vault

on Sat Sept 26 1998

at Chapel of the Ragsdale

Fee 150.00

at 100 3 2 12

will be X DE

initials here →
that service will
arrive before
3:30 pm

Gravestone & Base	100	3	2	12	895.00
Additional services and care fund					
Opening/Closing & Service					375.00
Urn/Container					250.00
Handling Fees					185.00
Funeral Home					1000.00
Recording and Filing fee					45.00
Other fees					19.38
Total					2369.38

actually to bring check for
full amount

relationship here →

I hereby certify that I am the X Funeral Home in the above named cemetery and that I am authorized to make arrangements for the interment of the above named deceased. I hereby and represent that I have the right to interment in the above named cemetery and I agree to hold the cemetery harmless for any liability, in respect of any interment, and to indemnify the cemetery.

Signature →
address
City
telephone #

I hereby authorize the Funeral Home to

X Chapel of the Ragsdale
X 150 Federal Blvd.
X San Diego, Ca 92102
X 619-253-1141

E 14603

This interment is subject to the terms and conditions of the funeral home's contract.

E14603

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Samuel	1B. MIDDLE Lavaughan	1C. LAST (FAMILY) Caldwell	2. DATE OF BIRTH MONTH, DAY, YEAR 03/18/1938	3. DATE OF DEATH MONTH, DAY, YEAR 09/20/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darlene C. Caldwell, Ex-Wife 4126 Hilltop Dr. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		6A. SIGNATURE OF APPLICANT—Person taking permit <i>Arthur Williams</i>	

09/24/1998

8. KNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/24/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arthur Williams</i> 9814017
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.	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-26-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-25-98

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

of Ina A. Tormoeh 11:30

In a TS vault Funeral, date, time Wed Sep. 30 10:00

Church Chapel Place of Burial Services Graveside E Cajon Mortuary Maguire

All Funeral cars must 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 J 108 Grave 12 Row _____ Section 17 Division/Block 7

Grave space & Care Fund pre need D 4805 X

Additional spaces and care fund _____ 1

Opening/Closing & Setup pre need E 11372 X

Burial Container pre need E 11372 X

Handling Fees pre need E 11372 X

Flower vases - Marker setting fee _____ 1

Recording and filing fee pre need E 11372 X

Sales taxes pre need E 11372 X

Total Due 0

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 Luda Suarez
Signature
X 1042 Greta St.
Address
X E Cajon 92021
City Zip Code
X 444-3796
Telephone

Work Order # E 14604

Invoice # _____

Acct. # _____

E14604

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) INA	1B. MIDDLE ALVERDA	1C. LAST (FAMILY) TORMOEN	2. DATE OF BIRTH MONTH, DAY, YEAR 01/07/1912	3. DATE OF DEATH MONTH, DAY, YEAR 09/24/1998	4. SEX F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LINDA SUAREZ - DAUGHTER 1042 GRETA ST EL CAJON, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Christina Jucker</i>		
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.			
		8B. DATE SIGNED 09/25/98			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/25/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. TRICKEL
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 9-30-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-28-98

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

In a T-S. VAULT Type of Burial Container Funeral, date, time THUR 10-1 11:00

Church, Chapel, Graveside CHURCH/GRAVESIDE RAGSDALE Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 53 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-3590 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-50432 874.38

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 _____
X Signature
X Address
X City _____ Zip Code
X Telephone _____

See attached

Invoice # _____

Work Order # E 14605

Acct. # _____

1741609

1. Name of the donor
 2. Address of the donor
 3. Name of the donee
 4. Address of the donee
 5. Description of the property
 6. Date of the gift
 7. Value of the property

8. Value of the property
 9. Value of the property
 10. Value of the property

E 14605

Facsimile Copy Sheet

100
100
100

100

100

Pages including the
cover page

Comments:

[Handwritten notes and scribbles]

[Faint handwritten notes]

[Faint text at the bottom]

E14605

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DECEDENT—FIRST (GIVEN) Herman		1B. MIDDLE S.	1C. LAST (FAMILY) Crenshaw	2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1912	3. DATE OF DEATH MONTH, DAY, YEAR 09/25/1998	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Savannah Crenshaw, Wife 361 Ridgecrest Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *Herman S. Crenshaw*

8B. DATE SIGNED: **09/28/1998**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814303
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-1-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/28/98

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

of Mary Jane Dellaria

in a Ash Vault Funeral, date, time At 11

Church, Chapel, Graveside Delivery only: Family Mortuary.

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

will be applied and billed to undersigned. _____

Lot 88 Grave 2 Row _____ Section 4 Division/Block 7

Grave space & Care Fund Pre Need _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee 26 brown pte. 125.00

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

PAID
SEP 28 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due _____ 394.26

Paid receipt number Visa 394.26

Balance due _____ 0

Family to bring body to permit it

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Mary Jane Dellaria
Signature
X 8565 Boothbay Pl
Address
X San Diego, CA 92129
City Zip Code
X 619-484-8852
Telephone

Signature of recorded holder of deed _____

Work Order # **E 14606**

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-28-98

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

of Juana Dolgado Arroyo
 in a Double Death Crypt Funeral, date, time Wed 9-30 9:00
Type of Burial Container
 Church, Chapel, Graveside Church/cremado Guadalupe Mortuary.

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

✓ Lot 144 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	PAID SEP 29 1998 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF	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		0275A 1944.45

Balance due 0

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

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

Signature of recorded holder of deed _____

X Juana Dolgado
 Signature
 X 290 Gardner St
 Address
 X San Diego CA 92102
 City
 X 619 233 0445
 Telephone
 Zip Code

Invoice # _____

Work Order # **E 14607**

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E14607

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1A. NAME OF DECEDENT—FIRST (GIVEN) JUANA	1B. MIDDLE -	1C. LAST (FAMILY) DELGADO-ARROYO	2. DATE OF BIRTH MONTH, DAY, YEAR 06/12/1944	3. DATE OF DEATH MONTH, DAY, YEAR 09/26/1998	4. SEX F.
5A. CITY OF DEATH TLJUANA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE HAJA CALIFORNIA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JULIAN SALGADO-SON 290 PARDEE ST. SAN DIEGO, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 21000 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>		
			8B. DATE SIGNED 09/30/1998		

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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NANCY LOPEZ 9814265
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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	---

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-30-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-29-98

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

of Glodene Robinson
 In a T.S Vault Funeral, date, time Thu 10-1 2:00
Type of Burial Container

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

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

Lot 49 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund	<u>1395.00</u>
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>250.00</u>
Handling Fees	<u>185.00</u>
Flower vases - Marker setting	<u> </u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>19.38</u>

PAID
SEP 29 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

Total Due 2269.38

Paid receipt number R-50421 2269.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Beverly Lofton
 Signature
4914 8th Ave.
 Address
Los Angeles, CA 90043
 City
(323) 292-1286
 Telephone

Work Order # **E 14608**

Invoice # _____
 Accl. # _____

E 14608
65

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Glodene		1B. MIDDLE Jones Bell	1C. LAST (FAMILY) Roberson	2. DATE OF BIRTH MONTH, DAY, YEAR 05/23/1933	3. DATE OF DEATH MONTH, DAY, YEAR 09/27/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Beverly Lofton, Daughter 4914 8th Ave. Los Angeles, CA 90043		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
				8B. DATE SIGNED 09/29/1998		

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 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/29/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-1-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-29-98

*Pre-need
lot*

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

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 49 Grave 1 Row _____ Section 14 Division/Block 7

Grave space & Care Fund 1395.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup _____

Burial Container NOV 03 2000

Handling Fees **MT. HOPE CEMETERY**

Flower vases - Marker set **CITY OF SAN DIEGO, CA**

Recording and filing fee _____

Sales taxes _____

Total Due 1395.00
Paid receipt number MIC 698.00
Balance due 697.00

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 _____

✓ Deborah K Roberson
Signature
✓ 6304 Thurn St.
Address
✓ San Diego 92115
City Zip Code
✓ (619) 229-0632
Telephone

Work Order # **E 14609**

Invoice # _____
Acct. # _____

ROBERSON, DEBORAH 6304 Thorn St., San Diego 92115

			DEBIT	CREDIT	BALANCE
09-29-98	Opened Pre-need Lot	20 th 279			
	Lot 49, Gr 1, Sec 14 Div 7		1395.00		1395.00
09-29-98	M/C			698.00	697.00
11-2-98	R 50559	Cpn 1		30.00	667.00
12-7-98	R 50620	Cpn 2		30.00	637.00
1-5-98	R 50698	3		30.00	607.00
2-3-99	R 50805	Cpn 4		30.00	577.00
3-9-99	R-50926	5		30.00	547.00
4-1-99	R 50987	6		30.00	517.00
5-10-99	R 51109	7		30.00	487.00
7-10-99	R 51313	8 & 9		60.00	427.00
8-10-99	R 51429	10		30.00	397.00
9-8-99	R 51505	11		30.00	367.00
10-5-99	R-51587	12		30.00	337.00
11-2-99	R-51658			30.00	307.00
12-1-99	R-51743	14		30.00	277.00
1-6-00	R 51844	15		30.00	247.00
2-4-00	R-52097	16		30.00	217.00

OVER

ROBERSON, DEBORAH Pre-Need Lot E-14609

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
 527-3400

50987



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

From: Deborah Roberpon Address: 6304 Horn St. San Diego 92115 Date: 4-1 1999
thirty Dollars (\$ 30.00)
 In part Payment of pre need lot

Lot 49 Grave 1 Row _____ Section 14 Division 7
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E14009
 BALANCE DUE 517.00

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

ISSUED BY Catrina Avallone
4287

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>30 00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83093	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>30 00</u>

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51109



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Deborah Roberson Address: 6304 Thom St. San Diego 92115 Date: 5-6 . 19 99
thirty Dollars (\$ 30.00)
 In part Payment of pre need lot

Lot 49 Grave _____ Row _____ Section 14 Division 7 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 14609

BALANCE DUE 487.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4333

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

ISSUED BY

Catrina Avallone

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>30</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78360			
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51587



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

MOUNT HOPE CEMETERY

527-3400

From: Deborah Roberson Address: 6304 Thorn St. San Diego 92115 Date: 10-5 1999

In thirty Dollars (\$ 30.00)
In part Payment of Pre-Need Lot

Lot 49 Grave 1 Row - Section 14 Division 7
Block 7

Invoice No. _____
Acct. No. _____
W.O. E-14607
BALANCE DUE 337.00

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

ISSUED BY J. Shelton

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	30	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	30	00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
4497

51658

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

From: Deborah Roberson Address: 6304 Thorn St. San Diego 92115 Date: 11-2, 1999

In Thirty Dollars (\$ 30.00)
In part Payment of Pre Need Lot

Lot 49 Grave 1 Row _____ Section 14 Division 7

Invoice No. _____
Acct. No. _____
W.O. E-14609
BALANCE DUE 307.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY D. Schellin

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	30	00
Opening/Closing	77184		
Burial Containers	100		
	77181		
	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	30	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51743



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Deborah Roberson Address: 6304 Thorn St, San Diego 92115 Date: 12-3, 1999

In thirty Dollars (\$ 30.00)

In part Payment of Pre-Need Lot

Lot 49 Grave 1 Row _____ Section 14 Division Block 7

(Invoice No. _____)

Acct. No. _____

W.O. E-14609

BALANCE DUE 277.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4580

AG-212 (Rev. 5-94)

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

ISSUED BY J. Mitchell

CREDIT	67007	
20% Sales Care	77184	<u>2 00</u>
80% Sales	100	<u>28 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>30 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51844



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400

Date: 1-6 2000

From: Deborah Roberson Address: 6304 Thorn St. SD 92115

thirty and 00/100 Dollars (\$ 30.00)

In part Payment of preneed lot and trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E14609

BALANCE DUE 247.00

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.

PAID

JAN 06 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Lyndy

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	\$		

30 00

30 00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52097

From: Deborah Roberson Address: 6304 Thorn St. San Diego 92115 Date: 2-4, 1900

In thirty Dollars (\$ 30.00)
 In part Payment of Pre-Need

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14609

BALANCE DUE 217.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4450

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

ISSUED BY J. Schellin

CREDIT	67007	Division	30	00
20% Sales Care	77184	Block		
80% Sales	100			
of Lots	77184			
Opening/ Closing	100			
Burial	77181			
Containers	100			
	77182			
Handling Fee	100			
Recording & Misc. Fees	77185			
Pre-Need Trust	100			
Sales Tax	77183			
	63033			
	9022			
	80101			
	78380			
TOTAL PAID	\$		30	00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52185

From: Deborah Roberson Address: 6304 Thorn St. San Diego 92115 Date: 3-7-90

In thirty Dollars (\$ 30.00)
 In part Payment of Pre-Need Lot

Lot 49 Grave 1 Row _____ Section 14 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14609

BALANCE DUE 187.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4634

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

ISSUED BY J. Schellin

CREDIT	67007		
20% Sales Care	77184	<u>30</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52301



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-7 90

From: Deborah Robinson Address: 6304 Thorn St San Diego 92115

thirty Dollars (\$ 30.00)

In part Payment of Pre-Need Lot

Lot 49 Grave 1 Row _____ Section 14 Division-Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14609

BALANCE DUE 157.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

4656

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

ISSUED BY D. Schubert

CREDIT	67007	30	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	\$	30	00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52378

From: Deborah Roberson Address: 630 4th St. San Diego 92115 Date: 5-2 ⁰⁰/₁₉

In part Payment of Pre-need Lot Dollars (\$ 30.00)

Lot 49 Grave 1 Row 1 Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14609

BALANCE DUE 127.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4688

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

ISSUED BY L. Shedd

CREDIT	87007		
20% Sales Care	77184	30	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	\$	30	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52662



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Deborah Roberson Address: 6304 Thorn St San Diego 92115 Date: 7-11 ⁰⁰
Thirty Dollars (\$ 30.00)

In part Payment of Pre-need lot

Lot 49 Grave 1 Row 1 Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14609

BALANCE DUE 97.00

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

AC-212 (Rev. 5-94)

4793

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

ISSUED BY J. Shicklin

CREDIT	67007		
20% Sales Com	77184	<u>30</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52749

From: Deborah Roberson Address: 6304 Thorn St. San Diego 92115 Date: 8-8 00

In thirty Dollars (\$ 30.00)
 In part Payment of Pre-need lot

Lot 49 Grave 1 Row _____ Section 14 Division 7
 Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-14609
 BALANCE DUE 67.00

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

CREDIT	87007		
20% Sales Care	77184	<u>30</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	80101		
TOTAL PAID	78390	<u>30</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 4814

ISSUED BY S. Shelton

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52854

MOUNT HOPE CEMETERY

(619) 527-3400

From: Deborah Roberson Date: 9-12 2000
 Address: 6304 Thorn St. San Diego 92115

In cash Payment of Pre-Need Lot Dollars (\$ 30.00)

Lot 49 Grave 1 Row 17 Section 14 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-14609
 BALANCE DUE 37.00

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

ISSUED BY S. Michelle

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$		<u>30 00</u>

Pre-Need Lot AI Need On Acct
 Pre-need Trust Cash Check
1859

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52954

MOUNT HOPE CEMETERY

(619) 527-3400

From: DEBORAH K. ROBERSON Address: 6304 THORN ST. S.D. CA 92115
 Date: Oct - 10 - 20 00
thirty dollars 00/100 Dollars (\$ 30.00)
 In _____ Payment of (Pre-NEED)

Lot 49 Grave 1 Row - Section 14 Division 7
 Block 7

Invoice No. _____

Acct. No. _____

W.O. E-14/09

BALANCE DUE 7.00

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

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
PAID
 OCT 10 2000
 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>30.00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30 00</u>

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-need~~ Lot E-14609

**Deborah Roberson
6304 Thorn Street
San Diego, CA 92115
Lot 49 Gr 1 Sec 14 Div 7**

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.



\$ 30.00

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



\$ _____

\$ _____

Amount Received

\$ 30.00

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-14609****Deborah Roberson
6304 Thorn Street
San Diego, CA 92115
Lot 49 Gr 1 Sec 14 Div 7****Month and Day Due Indicated Below**

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

Amount due when paid on, or before,
due date above.\$ 30.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14609**

Deborah Roberson

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

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.



\$ **30.00**

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



\$ _____

\$ _____

Amount Received

\$ **30.00**

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. **Pre-need Lot E-14609**

Deborah Roberson

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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



\$ 30.00

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



\$ _____

\$ _____

Amount Received \$ 30.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14609**

Deborah Roberson

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

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.



30.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ **30.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14609

Deborah Roberson

6304 Thorn Street,

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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



\$ 30.00

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



\$ _____

\$ _____

Amount Received

\$ 30.00

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK


Pre-need Lot E-14609


ACCOUNT No.

Leborah Roberson
6304 Thorn Street
San Diego, CA 92115
Lot 49 Gr 1 Sec 14 Div 7

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.  \$ 30.00

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

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14609

Deborah Roberson

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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



\$ **30.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON 18

DO NOT MAIL ENTIRE BOOK

Pre-need Lot E-14609

ACCOUNT No.

Deborah Roberson

6304 Thorn Street

San Diego, CA 92113

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

Amount due when paid on, or before, the date above.



30.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ **30.00**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14609**

Deborah Roberson

Mt. Hope Cem

6304 Thorn Street

3751 Market

San Diego, CA 92115

SD-92102

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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



30.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ 30.00

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

Pre-need Lot E-14609

ACCOUNT No.

Deborah Roberson

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

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.



\$ 30.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ 30.00

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 E-14609**

Deborah Roberson

E 14609

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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



\$ 30.00

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



\$ _____

\$ _____

Amount Received \$ 30.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14509**

**Deborah Roberson
6304 Thorn Street
San Diego, CA 92115
Lot 49 Gr 1 Sec 14 Div 7**

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.

▶ \$ 30.00

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

▶ \$ _____
\$ _____

Amount Received **\$ 30.00**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used, Lot E-14609**

Deborah Roberson

E14609

6304 Thorn Street

San Diego, CA 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

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

30.00
\$ _____

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

\$ _____

\$ _____

Amount Received \$ **30.00** _____

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

Pre-need Lot E-14809

ACCOUNT No.

Deborah Roberson

E 111669

6304 Thora Street

San Diego, CA, 92115

Lot 49 Gr 1 Sec 14 Div 7

Month and Day Due Indicated Below

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

Amount due when paid on or before, see this date.



~~30.00~~

\$

7.00

Amount due if paid days after due date above.



\$

\$

Amount Received

\$

7.60

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/29/98

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

of Carol Sargent

In a liner Funeral, date, time Mond, Oct 5th 10:00

Church, Chapel, Graveside delivery : Humphreys 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 277 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>45.00</u>
Recording and filing fee		<u>14.73</u>
Sales taxes		<u>1504.73</u>
	Total Due	<u>1504.73</u>
	Paid receipt number <u>mastercard</u>	<u>1504.73</u>
	Balance due	<u>0</u>

**PAID
IN FULL
SEP 29 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.

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

Signature of recorded holder of deed _____

X Carol Sargent
Signature
1107 LOCUST ST.
Address
SAN DIEGO, CA 92104
City Zip Code
226-1519
Telephone

Work Order # E 14610

Invoice # _____
Acct. # _____

E 14610
79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CAROL	1B. MIDDLE TULLOH	1C. LAST (FAMILY) SARGENT	2. DATE OF BIRTH MONTH, DAY, YEAR 01/16/1919	3. DATE OF DEATH MONTH, DAY, YEAR 09/28/1998	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gerald D. Sargent - Husband 1107 Locust Street San Diego CA 92106		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E. King</i>		8B. DATE SIGNED 10/01/1998

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED 10/01/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION 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 10-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-29-98

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

of Milton F. Morgan (X)
 in a ash vault Funeral, date, time Thur 10-8 2:00

Church, Chapel, Graveside graveside ; Leatheringill Mortuary.

All Funeral 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 4003 Grave _____ Row _____ Section pre need E 9301 Division/Block 10

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 _____

PAID
 SEP 29 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 2109.20

Paid receipt number 50422 2109.20

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 Milton F. Morgan
 Signature
689 Birchman
 Address
Escondido, CA 92029
 City Zip Code
619-442-1425
 Telephone

Work Order # E 14611

Invoice # _____
 Acct. # _____

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

have ashes buried
 before the 2:00pm
 graveside service
 family wants to
 see the burial
 completed before
 the arrival of
 the service

E 14611

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Milton	1B. MIDDLE F.	1C. LAST (FAMILY) Morgan (X)	2. DATE OF BIRTH MONTH DAY YEAR 01/16/1911	3. DATE OF DEATH MONTH DAY YEAR 09/30/1998	4. SEX M
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Patti Morebello, daughter 6808 Clara Lee Ave. San Diego, CA 92120		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
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.				8B. DATE SIGNED 10/01/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/02/1998 C. Maggard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814422
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92184-5222		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-8-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 571 J Crane St. Lakeview, CA 92530	12B. DATE CREMATED 10-6-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 9-30-98

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

of Ruth Etta Stogsdill
in a liner Funeral, date, time FRI. OCT. 2 1:00

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 934 Grave - Row - Section - Division/Block 10

Grave space & Care Fund pre need D3943 2

Additional spaces and care fund _____

Opening/Closing & Setup pre need E13524 2

Burial Container pre need E13524 2

Handling Fees pre need E13524 2

Flower vases - Marker setting fee _____

Recording and filing fee pre need E13524 2

Sales taxes pre need E13524 2

Total Due 2

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
City Zip Code
X _____
Telephone

Work Order # E 14612

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14612
85

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH	1B. MIDDLE ETTA	1C. LAST (FAMILY) STOGSDILL	2. DATE OF BIRTH MONTH, DAY, YEAR 11/29/1912	3. DATE OF DEATH MONTH, DAY, YEAR 09/30/1998	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ETHEL SAXTON - SISTER 2003 BAYVIEW HEIGHTS, #136 SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 <i>[Signature]</i>		
			8B. DATE SIGNED 09/30/1998		

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 \$7.00	9B. DATE PERMIT ISSUED 10/01/1998 F Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814359
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10-2-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

COMPLETE ALL APPLICABLE ITEMS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/1/98

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

of Viola Mahaffey MAHAFFEY

In a Liner Funeral, date, time Mon. Oct 5th 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside SD Memorial Mortuary MARK 50

All Funeral 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 91 Grave 3 Row _____ Section 3 Division/Block 1B

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund	PAID OCT 05 1998 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>45.00</u>
Recording and filing fee		<u>46.00</u>
Sales taxes		<u>14.73</u>

Total Due 1564.73

Paid receipt number 50437 1564.73

Balance due X

Mortuary to bring check for full amount

I hereby certify I am the X Mark Jenkins of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 Jenkins
Signature
2441 University Ave
Address
San Diego
City
692-3090
Telephone Zip Code

Work Order # **E 14613**

Invoice # _____
Acct. # _____

lot picked by cemetery staff
per Mark / San Diego Memorial

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14613
46

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Viola	1B. MIDDLE Ernestine	1C. LAST (FAMILY) Mahaffey	2. DATE OF BIRTH MONTH, DAY, YEAR 06/15/1952	3. DATE OF DEATH MONTH, DAY, YEAR 09/28/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Mahaffey - Father 6128 New Castle Place San Diego, CA. 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 10/01/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10876 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/01/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
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FOR CORONER'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; 3351 Market Street San Diego, CA. 92102	11B. DATE BURIED 10-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-1-98

Pre-need lot

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

of Juliana Delacruz

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 145 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID IN FULL
10-17-00

Total Due 895.00

Paid receipt number R-50427 447.00

Balance due 448.00

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 Juliana M. Delacruz
Signature
X 48.0 ave
Address
X National City 91950
City Zip Code
X 474-07-94
Telephone

Work Order # **E 14614**

Invoice # _____

Acct. # _____

DELA CRUZ, JULIANA 48 D Avenue, National City 91950

				DEBIT	CREDIT	BALANCE
10-01-98	Opened Pre-need Lot.					
	Lot 145 Gr 10 Sec 2 Div 12	20%	179	895.00		
10-01-98	Receipt 50427	80%	716		447.00	448.00
11-10-98	R-50554 Cpn #1				19.00	429.00
12-7-98	R 50617 Cpn #2				19.00	410.00
1-6-99	R 50713 Cpn #3				19.00	391.00
2-4-99	R 50810 Cpn #4				19.00	372.00
2-8-99	R-50915 1 5				19.00	353.00
4-1-99	R 50986 Cpn 6				19.00	334.00
5-6-99	R 51100 Cpn 7				19.00	315.00
6-2-99	R 51198 Cpn 8				19.00	296.00
7-7-99	R 51324 Cpn 9				19.00	277.00
8-2-99	R 51399 Cpn 10				19.00	258.00
9-2-99	R 51485 Cpn 11				19.00	239.00
10-4-99	R-51581 12				19.00	220.00
11-2-99	R-51655 13				19.00	201.00
12-3-99	R-51742 14				19.00	182.00
1-4-00	R-51837 15				19.00	163.00
2-2-00	R-52089 16				19.00	144.00
	DELA CRUZ, JULIANA					
	Pre-need Lot					
				E-14614		

				Debit	Credit	Balance
3-1-00	R-52170	coupon	17		19.00	144.00
4-4-00	R-52289		18		19.00	125.00
5-4-00	R-52380		19		19.00	106.00
6-6-00	R-52538		20		19.00	87.00
7-7-00	R-52642		21		19.00	68.00
8-2-00	R-52725		22		19.00	49.00
9-5-00	R-52823		23		19.00	30.00
10-17-00	R-52984		24		11.00	11.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
 527-3400

50986



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

From: Juliana Dela Cruz Address: 48 D Avenue National City 91950 Date: 4-1 1999

In Nine teen Dollars (\$ 19.00)
part Payment of pre need lot

Lot 145 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 14014

BALANCE DUE 334.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1146

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

Catrina Avallone

ISSUED BY _____

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>19</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	53033		
Sales Tax	80101		
	78390	<u>19</u>	<u>00</u>
TOTAL PAID	\$		

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51106



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

MOUNT HOPE CEMETERY

527-3400

From Juliana Dela Cruz Address: 48 D Avenue National City 91950 Date: 5-6-99
nineteen Dollars (\$ 19.00)
 In part Payment of pre need lot

Lot 145 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14014

BALANCE DUE 315.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1149

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

ISSUED BY Catrina Avallme

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>19</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>19</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51198



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Juliana Delacruz Address: 48D Avenue National City 91950 Date: 6-2-99

Nineteen Dollars (\$ 19.00)

In part Payment of pre need lot

Lot 145 Grave 10 Row 1 Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E 141014

BALANCE DUE 296.00

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>19</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID		\$ <u>19</u>	<u>00</u>

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

1156

ISSUED BY Cathy Avallone

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51581



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

MOUNT HOPE CEMETERY

527-3400

Date: 10-4, 1999

From: Juliana De La Cruz Address: 48 D Avenue National City 91950
Reingen Dollars (\$ 19.00)

In part Payment of Pre-Need Lot

Lot 146 Grave 10 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14614

BALANCE DUE 320.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1181

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

ISSUED BY D. Schellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	19	00
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	19	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51655

From: Juliana DeCruz Address: 48 D Ave National City 919 50¹⁹99
Nineteen Dollars (\$ 19.00)
 In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 201.00

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

AC-212 (Rev. 5-94)

1187

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

ISSUED BY S. Schubert

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	19	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	19	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51742



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Juliana De la Cruz Address: 48 W Avenue National City 91950 Date: 12-3-99, 19__
Thirteen Dollars (\$ 19.00)
In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division 12
Book _____

Invoice No. _____

Acct. No. _____

W.O. E-14614

BALANCE DUE 182.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1192

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

ISSUED BY

J. Schubert

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51837



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Juliana De la Cruz Address: 48 D Avenue National City 91950 Date: 1-4, 1900
Nineteen Dollars (\$ 19.00)
In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14614

BALANCE DUE 163.00

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 D. Sheldahl

CREDIT	67007		
20% Sales Care	77184	<u>16</u>	<u>00</u>
90% Sales of Lots	77184	<u>3</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77181		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>19</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52089

From: Juliana Dela Cruz Address: 48 D Avenue National City 91950 Date: 2-2, 1900
Nineteen Dollars (\$ 99.00)

In part Payment of Pre-need lot

Lot 145 Grave 10 Row _____ Section 2 Division 13
~~Block~~

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 144.00

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

ISSUED BY S. Mitchell

CREDIT	67007		
20% Sales Care	77184	<u>19</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>19</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1201

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52170

From: Juliana Dale Cruz Address: 48 D. Avenue National City 91950 Date: 3-1-80
Anteen Dollars (\$ 19.00)

In part Payment of Pre-need lot

Lot 145 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 125.00

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

ISSUED BY J. Shackleton

CREDIT	67007	
20% Sales Care	77184	<u>19.00</u>
80% Sales of Lots	100	
Opening/Closing	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	\$	<u>19.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1205

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52289

From: Juliana Dele Cruz Address: 48 D Avenue National City 91950 Date: 4-4 08
Nineteen Dollars (\$ 19.00)

In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-14614

BALANCE DUE 106.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1210

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

ISSUED BY

D. Scudellio

CREDIT	67007		
20% Sales Care	77184	<u>19</u>	<u>60</u>
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	53033		
Sales Tax	9022		
TOTAL PAID	60101		
	78390		
		<u>19</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52388



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-4 90

From: Juliana Dele Cruz Address: 48 D Avenue National City 91950
Monterey

In part Payment of Pre-Need Lot Dollars (\$ 19.00)

Lot 145 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-14614
BALANCE DUE 87.00

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

ISSUED BY J. Shultz

CREDIT	67007	
20% Sales Care	77184	<u>19.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>19.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
1217

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52538



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Juliana Dela Cruz Address: 48 D Avenue National City 91950 Date: 6-6 90
~~Nineteen~~ Dollars (\$ 19.00)
 In part Payment of Pre-Need Lot #1

Lot 145 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 68.00

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>19 00</u>
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>19 00</u>

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

1220

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52642

From: Juliana Delacruz Address: 48 D Avenue National City 91950
Nineteen Dollars (\$ 19.00)

In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14614

BALANCE DUE 49.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1226

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

ISSUED BY S. Schubert

CREDIT	67007	
20% Sales Care	77184	<u>19.00</u>
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	\$	<u>19.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52725

From: Juliana Delacruz Address: 48 D Avenue National City 91950
Seventeen Dollars (\$ 19.00)
 In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 3 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 30.00

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

ISSUED BY J. Shelton

1234

CREDIT	67007		
20% Sales Care	77184		19 00
80% Sales of Lots	100		
Opening/Closing	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	\$		19 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52823

MOUNT HOPE CEMETERY

(619) 527-3400

From: Juliana De la Cruz Address: 480 Avenue National City 91950 Date: 9-5-²⁰00
Nineteen Dollars (\$ 19.00)
 In part Payment of Pre-Need Lot

Lot 145 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14614
 BALANCE DUE 11.00

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

ISSUED BY J. Shekleton

CREDIT	67007		
20% Sales Care	77184	<u>19</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	69033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>19</u>	<u>00</u>

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52984

From: Juliana B. Dela Cruz Address: 48 D Avenue National City, CA. 91950 Date: Oct-17-2000

Eleven ~~100~~ Dollars (\$ 11.00)

In Part Payment of Pre-Need Lot For Juliana Dela Cruz

Lot 145 Grave 1D Row - Section 02 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-146H

BALANCE DUE 2

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

AC-212 (Rev. 5-94)

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

ISSUED BY Marie [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>11.00</u>
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>11.00</u>

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **19.00**

Amount due if paid more than _____ days
after due 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-14614**

Juliana Dela Cruz

48 D Avenue

National City, GA 91950

Lot 145 Gr 10 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

\$ **19.00**

Amount due if paid more than _____ days
after due 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-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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

\$ **19.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950 ~

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **19.00**

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



\$ **19.00**

\$ _____

Amount Received \$ _____

NAME Juliana D. Dela Cruz

ADDRESS 48 D. Ave

CITY National STATE ca ZIP 91950

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 E-14614**

Julinna Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **19.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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

▶ \$ 19.00

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

▶ \$ 19.00

\$ 19.00

Amount Received \$ _____

NAME Juliana D. Dela Cruz

ADDRESS 48 D, ave

CITY National City STATE Ca ZIP 91950

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14614

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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

\$ **19.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME Juliana D. Dela Cruz

ADDRESS 48 D Ave National

CITY City STATE Ca. ZIP 91950

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2-Div 12

Month and Day Due Indicated Below

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

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



\$ 19.00

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



\$ 19.00

\$ _____

NAME Juliana B. dela Cruz Amount Received \$ _____

ADDRESS 48 D. ave national

CITY city STATE Ca ZIP 91950

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-14614**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **19.00**

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



\$ _____

\$ _____

NAME *Juliana D. Delacruz* Amount Received \$ _____

ADDRESS *48 D. ave national*

CITY *city* 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 E-14614

Juliana Bela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 19.00

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



\$ 17.00

\$ 19.00

NAME Juliana B. Bela Cruz Amount Received \$ _____

ADDRESS 48 D. ave

CITY National City STATE Ca ZIP 91950

check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14614**

Julians Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 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



\$ 19.00

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



\$ 19.00

\$ _____

Amount Received \$ _____

NAME Juliana H. Dela Cruz

ADDRESS 48 D Avenue

CITY National City STATE Ca ZIP 91950

check if this is new address

or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

Pre-need LOT E-14614

ACCOUNT No.

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 19.00

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



\$ 19.00

\$ _____

Amount Received \$ _____

NAME Juliana Dela Cruz

ADDRESS 48 D Ave

CITY National City STATE Ca, ZIP 91950

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 E-14616**

Juliana Bela Cruz

48 D Avenue

National City, CA 91950*

Lot 145 Gr 10 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.



\$ 19.00

Amount due if paid more than 10 days
after due date above.



\$ 19.00

\$ _____

Amount Received \$ _____

NAME Juliana B. delacruz

ADDRESS 48 D ave

CITY National City STATE ca ZIP 91950

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-14614

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 19.00

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



\$ 19.00

\$ _____

Amount Received \$ _____

NAME Juliana S. Dela Cruz

ADDRESS 48 D Ave

CITY National City STATE Ca ZIP 91950

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lot E-14616**

Juliana Dela Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ **19.00**

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



\$ 19.00

\$ _____

Amount Received

\$ _____

NAME Juliana H. dela Cruz

ADDRESS 48 D ave

CITY National STATE Ca ZIP 91950

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-14614

Juliana Dele Cruz

48 D Avenue

National City, CA 91950

Lot 145 Gr 10 Sec 2 Div 12

Month and Day Due Indicated Below

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

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

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

~~\$ 19.00~~
\$ _____
\$ 11.00
\$ _____

NAME Juliana Dele Cruz Amount Received \$ _____

ADDRESS 48 D. ave

CITY National city STATE ca, ZIP 91950

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-2-98

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

of GLADYS DENHAM ~~X~~

In a ASH VAULT Funeral, date, time Friday, Oct 2, 1998

Church, Chapel, Graveside GRAVESIDE : 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 71 Grave 5 Row _____ Section 2 Division/Block 7

Grave space & Care Fund PRE-NEED A-4015 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 filling fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number 50439 269.26

Balance due 0

Need more chairs

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 Georgia Streeter
Signature
X 52 Bonita Rd.
Address
X Chula Vista, Ca 91910
City Zip Code
X 619 426 1286
Telephone

Work Order # E 14615

Invoice # _____
Accl. # _____

E14615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT—FIRST (GIVEN) GLADYS	1B. MIDDLE KATHLEEN	1C. LAST (FAMILY) SEIDENBECKER	2. DATE OF BIRTH MONTH, DAY, YEAR 03/04/1908	3. DATE OF DEATH MONTH, DAY, YEAR 10/02/1998	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA STREETER:DTR 52 BONITA RD. CHULA VISTA, CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY 310 THIRD AVE., STE.B-3 CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1605	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mara Guzman</i>		8B. DATE SIGNED 10/07/1998
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/07/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. GUZMAN ▶ 9814685
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	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		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY 2299 S. MANCHESTER AVE ANAHEIM, CA 92802	12B. DATE CREMATED 10/12/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Bill Course</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-2-98

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

of Martha Merrill
in a liner Funeral, date, time TUES. OCT. 6 11:00

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

Lot 214 Grave 2 Row _____ Section 3 Division/Block 6
Grave space & Care Fund pre need

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 56445 769.73
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 _____

Signature Christopher
Address 3115 Cento St
City Santa Ana Zip Code 92704
Telephone 949-871-5815

Will bring check on day of service.

Work Order # E 14616

Invoice # _____
Acct. # _____

6

Forest Lawn

714 236-8813

FAX 720 1369

E14616

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARTHA		1B. MIDDLE L.	1C. LAST (FAMILY) MERRILL	2. DATE OF BIRTH MONTH, DAY, YEAR 06/03/1911	3. DATE OF DEATH MONTH, DAY, YEAR 10/01/1998	4. SEX F
5A. CITY OF DEATH WESTMINSTER			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ORANGE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT STANLEY CHRISTOPHER - SON 3113 SO. CENTER STREET SANTA ANA, CA 92704		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOREST LAWN MORTUARY 4471 LINCOLN AVENUE CYPRESS, CA 90630				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1051		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Cherie Lopez</i>
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.				8B. DATE SIGNED 10/05/98
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED S. EVANS 10/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9912 HUGH F. STALLWORTH, M.D. <i>SC</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 234 SANTA ANA, CA 92702-0234		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3151 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-6-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-5-98

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

of Helena Thomas

In a Inter Funeral, date, time Wed 10-7 1:00

Church, Chapel, Graveside Church/Graveside, Rosedale Mortuary.

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

✓ Lot 134 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 13 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees Paid in 145.00

Flower vases - Marker setting fee _____

Recording and filing fee F-11 45.00

Sales taxes 1-22-99 14.73

30 day note Total Due 1564.73

Paid receipt number A-50436 782.00

Balance due 782.73

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 Janice Marie Grant
Signature 849 Lincoln Rd #53
X Address YUBA CITY, CA 95991
X City 530-673-6402 Zip Code
Telephone

Work Order # E 14617

Invoice # 305513
Acct. # 0910737

MT. HOPE CEMETERY

W.O.# E-14617

NOTE

\$ 782.73 San Diego, California October 5 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 Seven hundred eighty two & $\frac{73}{100}$ DOLLARS with interest from November 8, 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 1, 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 JANICE MARIE GRANT

SIGNATURE

X Janice M. Grant

ADDRESS

X 849 LINCOLN RD #53, YUBA CITY, CA 95991

CALIFORNIA DRIVER LICENSE NUMBER

X C4153301

SSN #

X 558-11-0151

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14617
60

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Helen	1B. MIDDLE Marie	1C. LAST (FAMILY) Thomas	2. DATE OF BIRTH MONTH, DAY, YEAR 01/10/1938	3. DATE OF DEATH MONTH, DAY, YEAR 10/01/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Janice Grant, Daughter 849 Lincoln Rd. #53 Yuba City, CA 95991	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Andersson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **10/05/1998**

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00
	9B. DATE PERMIT ISSUED 10/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814524
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

ACR07I

INVOICE INQUIRY

E14617

INVOICE: 305513

INV TOTAL:

782.73

ACCOUNT: 096737

NAME: JANICE MARIE GRANT

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
PAID	01/22/99	782.73

COLLECTION ACTIONS

LATE NOTICE - 1ST:	REFERRED TO - TREAS COLLECTION:	11/23/98
- 2ND:	- CITY ATTORNEY :	
- 3RD:	- COLLECTION AGENCY:	

LATE CHGS BILLED

DATE	INVOICE	AMOUNT
LATE CHG-1:		
-2:		

DEPRESS PA1 KEY FOR NEXT SCREEN

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/5/98

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

of Masashi Kariya
 in a Double Death Funeral, date, time Wednesday Oct 7 2:30
Type of Burial Container

Church, Chapel, Graveside Graveside; Alhiser Wilson Mortuary.
Amber

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

Lot 4730 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Fire Need 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 29.45

PAID
OCT 07 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1149.45

Paid receipt number R-50453 1149.45

Balance due 0

760-745-2126
 FAX 745-5254

Mortuary to bring check

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

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

Signature of recorded holder of deed _____

Signature
 Address see attached
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 14618**

Invoice # _____

Acct. # _____

E 14618

MT WIFE NEAR

MT 01667

ACT-05-95 M/D/05-2

Year 1995
 of - *ME*
 in *4*
 On *1/20/95*
 at *1000*
 in *1000*
 of *473*
 City
 Address
 District
 Street
 State
 Zip
 Phone
 School

~~760~~ *760*
~~FAX~~
 MD *1000*
 Date
 and
 Not
 any
 Family
 Mid

Work Order E 14618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14618
78

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Masashi	1B. MIDDLE -	1C. LAST (FAMILY) Kariya	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1920	3. DATE OF DEATH MONTH, DAY, YEAR 10/03/1998	4. SEX M
5A. CITY OF DEATH Pauma Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kayoko Kariya - wife 15725 Highway 76 Pauma Valley, CA 92061		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Alhiser-Wilson Mortuary 225 So. Broadway Escondido, CA 92025		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 297	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>K. Wilson</i> 10/1-1998		

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 \$7.00	9B. DATE PERMIT ISSUED K. Pontillo	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>K. Pontillo</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.o. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 10-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-5-98

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

of Walter Red Huff
in a liner Funeral, date, time Tue Oct 6 1:30

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

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

✓ Lot 99 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>PAID</u>	<u>63</u>	<u>895.00</u>
Additional spaces and care fund			<u>—</u>
Opening/Closing & Setup	<u>3-17-99</u>		<u>375.00</u>
Burial Container			<u>190.00</u>
Handling Fees			<u>145.00</u>
Flower vases - Marker setting fee	<u>late service fee</u>		<u>50.00</u>
Recording and filing fee	<u>(see reverse)</u>		<u>45.00</u>
Sales taxes			<u>14.73</u>

30 day note

Total Due 1664.73
Paid receipt number 50438 832.00
Balance due 150.00 + 832.73 = 982.73

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.

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

Floyd W. Huff
Signature
821 QUAIL STREET
Address
San Diego, CA. 92102
City Zip Code
264-6330
Telephone

Signature of recorded holder of deed _____

Work Order # **E 14619**

Invoice # 305514
Acct. # 090738

10-5 Oliver asked me to pick Lot.
Son will be in to pay after 12:00.

Lloyd Huff
821 Quail St
Box 92102

late service arrived at 3:34pm
\$ 150.00 additional fee.

Catrina M. Jurgens-Fralloni
for Matus
Kemp Baker

MT. HOPE CEMETERY

W.O.# E - 14619

NOTE

\$ 832.73 San Diego, California October 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 eight hundred thirty two & 73/100 DOLLARS with interest from November 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 1, 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 Floyd W. HUFF

SIGNATURE

X Floyd W. Huff

ADDRESS

X 821 QUAIL STREET

CALIFORNIA DRIVER LICENSE NUMBER

X M0146422 CA

SSN #

X 429-66-6589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14619
101

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Walter	1B. MIDDLE Red	1C. LAST (FAMILY) Huff	2. DATE OF BIRTH MONTH, DAY, YEAR 04/22/1897	3. DATE OF DEATH MONTH, DAY, YEAR 09/29/1998	4. SEX M	
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Floyd W. Huff, Son 821 Quail St. San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Walter Red Huff</i>			8B. DATE SIGNED 10/05/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Walter</i>	9814549
AUTHORIZATION OF LOCAL REGISTRAR	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-6-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-5-98

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

of Lynn White

in a Urn Funeral, date, time WED 10-7 12:00

Church, Chapel, Graveside GRAVESIDE: RAYDALE Mortuary.

All Funeral 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 1 Row _____ Section 2 Division/Block R

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 - Market _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number VISA 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Lucille White

Signature _____

X 356 54th Street

Address _____

X

City SAN DIEGO Ca. Zip Code 92114

Telephone _____

Invoice # _____

Work Order # E 14620

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14620
47

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lynn	1B. MIDDLE A.	1C. LAST (FAMILY) White	2. DATE OF BIRTH MONTH, DAY, YEAR 03/30/1951	3. DATE OF DEATH MONTH, DAY, YEAR 09/28/1998	4. SEX M
5A. CITY OF DEATH Peterburg		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Virginia	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lucille White, Wife 356 54th St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED 10/06/1998		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9814603
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

50981



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

MOUNT HOPE CEMETERY
527-3400

Date: 3-30, 1999

From: Lucille White Address: 2524 Narrow St. Apt A Chesapeake
One Hundred Forty Eight & 1/100 Dollars (\$148.78 VA, 23324)

In full Payment of Marker Setting Fee & advanced flower vase, Lynn White

Lot 88 Grave 1 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14620

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1555

AC-212 (Rev. 5-04)

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

ISSUED BY

J. Shields

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77181	10	00
Handling Fee	100	13	00
Recording & Misc. Fees	77183	125	00
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		78
	76390		
TOTAL PAID	\$	148	78

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/5/98

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

of Felix Rodriguez PA 123 7926 Tues. Oct. 20 ^{10:30}

in a Liner Funeral, date, time MON. OCT. 19 10:30

Church, Chapel, Graveside Delivery Only: Guadalupe Mortuary: Nancy

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

_____ will be applied and billed to undersigned.

40 Lot 38 Grave 9 Row 2 Section 1 Division/Block 12

Grave space & Care Fund	<u>120.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container <u>P.D.</u>	<u>50.00</u>
Handling Fees	_____
Flower vases - Marker setting fee <u>12-16-98</u>	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	_____
Total Due	<u>386.00</u>

*Rebecca Barr
P.A.*

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 _____

Work Order # **E 14621**

Telephone 305911
Invoice # _____
Acct. # 000952

10-21-98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14621

54

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

1A. NAME OF DECEDENT—FIRST (GIVEN) FELIX		1B. MIDDLE J	1C. LAST (FAMILY) RODRIGUEZ	2. DATE OF BIRTH MONTH DAY YEAR 12/29/1943	3. DATE OF DEATH MONTH DAY YEAR 07/31/1998	4. SEX M.
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 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 GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>		
ACKNOWLEDGMENT OF APPLICANT			8B. DATE SIGNED 10/08/1998			

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.
9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 10/08/1998
9C. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10/20/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jan L...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/6/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Roger Williams

In a Double Death Crypt Funeral, date, time Thur Oct 8, 11:00

Church, Chapel, Graveside Chapel Graveside, Ragsdale Mortuary. St. Peter

All Funeral 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 2 Division/Block 11

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>380.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	<u>29.45</u>
Sales taxes	<u>1944.45</u>
Total Due	<u>1944.45</u>
Paid receipt number <u>R-50452</u>	<u>1944.45</u>
Balance due	<u>0</u>

PAID
OCT. 07 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Ragsdale to bring check full amount

I hereby certify I am the X ER 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 Jamie M. Williams
Signature
3227 Commercial St
Address
San Diego
6192544858
Telephone Zip Code

Work Order # **E 14622**

Invoice # _____
Acct. # _____

E 14622

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Räger	1B. MIDDLE Lee	1C. LAST (FAMILY) Williams	2. DATE OF BIRTH MONTH, DAY, YEAR 04/14/1921	3. DATE OF DEATH MONTH, DAY, YEAR 10/01/1998	4. SEX M	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Fannie M. Williams, Wife 3227 Commercial St. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mont.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE *SIGNED 10/06/1998

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9814601
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Record; 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-8-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/6/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joyce Robinson

in a Ciner Funeral, date, time THURS Oct 8, 1998

Church, Chapel, Graveside Delivery Only, Mayer 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 130 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

*Bill
P.A. office
John Edwards*

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 _____
C
City _____ Zip Code _____
X
Telephone _____

Work Order # **E 14623**

Invoice # 305542
Acct. # 000962

10-13-98

E14623

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Joyce		1B. MIDDLE -	1C. LAST (FAMILY) Robinson	2. DATE OF BIRTH MONTH, DAY, YEAR 01/26/1927	3. DATE OF DEATH MONTH, DAY, YEAR 09/18/1998	4. SEX F
5A. CITY OF DEATH El Cajon			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards-P. A. 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT— <i>James Hale</i>
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.				8B. DATE SIGNED 10/06/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/06/1998 <i>James Hale</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814621
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-8-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/16/98

88^L
40
23 1/2
W
11

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Le Gary Kellough

in a Double-Depth Crypt Funeral, date, time Friday Oct 9 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

will be applied and billed to undersigned. * Mary Kellough

Lot 104 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 380.00

Handling Fees 300.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1944.45

Paid receipt number 50451 972.00

Balance due 972.45

I hereby certify I am the Katherine of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

* Mary Kellough
Signature
18475 Avenida Arroyo #59
Address
Escondido, Valley
City 92077 Zip Code
619 267-0875
Telephone

Work Order # **E 14624**

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # 14624

NOTE

\$ 972.45 San Diego, California October 7 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 Nine hundred seventy two ^{45/100} DOLLARS with interest from November 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 1, 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 MARY BULLOUGH SIGNATURE X Mary Bullough

ADDRESS 8475 Avenida Angeles #9 Spring Valley

CALIFORNIA DRIVER LICENSE NUMBER X 8818069 SSN # X 546-62-8712

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN GORELY
in a LINER Funeral, date, time MON 10-12 10:30

Church, Chapel, Graveside CHURCH/GRAVESIDE CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ steve
will be applied and billed to undersigned.

Lot	Grave	Row	Section	Division/Block
✓	27	1	3	2
Grave space & Care Fund <u>PRE-NEED C-5436</u> ⊖				
Additional spaces and care fund <u>—</u>				
Opening/Closing & Setup <u>PRE-NEED D-6036</u> ⊖				
Burial Container <u>1975</u> " " ⊖				
Handling Fees ⊖				
Flower vases - Marker setting fee <u>—</u>				
Recording and filing fee ⊖				
Sales taxes ⊖				
Total Due				⊖

Paid receipt number _____

Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

see attached

Work Order # **E 14625**

Invoice # _____
Acct. # _____

E 14625

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN GORELY

In a LINER Funeral date, time MON 10-12 10:30

Church, Chapel, Graveside CHURCH/GRAVESIDE CONRAD Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or on extra charge of \$

will be applied and billed to undersigned.

Lot	Grave <u>27</u>	Row <u>1</u>	Section <u>3</u>	Division/Block <u>2</u>
Grave space & Care Fund	<u>PRE-NEED C-5V36</u>			<u>0</u>
Additional spaces and care fund				<u>1</u>
Opening/Closing & Setup	<u>PRE-NEED D-6036</u>			<u>0</u>
Burial Container	<u>"</u>			<u>0</u>
Handling Fee				<u>0</u>
Flower vases - Marker setting fee				<u>1</u>
Recording and filing fee				<u>5</u>
Sales taxes				<u>0</u>
Total Due				<u>0</u>

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 attended holder of deed

X George Gull
X 218 ADAMS DR.
X COLORADO SPRINGS, 80904
X 719-633-1173

Work Order # E 14625

Invoice # _____
Acct. # _____

E 14625

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) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) GORELY	2. DATE OF BIRTH MONTH, DAY, YEAR 08/20/1906	3. DATE OF DEATH MONTH, DAY, YEAR 10/07/1998	4. SEX M
5A. CITY OF DEATH COLORADO SPRINGS			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE CO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GEORGE GORELY - SON 1218 ADAMS STREET COLORADO SPRINGS, CO 80906		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		8. DATE SIGNED 10/12/1998
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.				BA. SIGNATURE OF APPLICANT—Person taking permit <i>Conrad Lemon</i>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/12/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814830
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/9/98

Pre Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John A Credman Sr.

In a Urn Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Home _____; Mortuary: _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$15
will be applied and billed to undersigned.

Lot 6 Grave 1 Row _____ Section 100F Division/Block 16

Grave space & Care Fund	<u>1595.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>2364.73</u>

714 581 1130 996 Paid receipt number _____

I hereby certify I am the X 10/9/98 Visa paid overtime 600.00 Balance due
of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 1961 EAST POINTE AVE
CANESBORO CA. 92003
City _____
X 619-453-8799 EX
Telephone _____

Signature of recorded holder of deed _____

*(also see E 14042)
E 14626*

Work Order # E 14626

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/98

*D.I.P.
 2nd burial
 must be the
 same lines*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Le Gary McLaugh

In a liner (special order) Funeral, date, time Frid, Oct 9th 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

will be applied and billed to undersigned. X May Kelly

✓ Lot 138 Grava 546 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 192.50

Additional spaces and care fund

Opening/Closing & Setup 237.50 375.00

Burial Container 85.00

Handling Fees 55.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 69.36

Total Due 2661.86

aid receipt number 56459 358.00

56451 972.00

Balance due 1331.86

11-9-98 AUX INV 6605.86

I hereby certify I am the F. Rand Mathis of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability 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 San Juan Valley 91977
 City _____ Zip Code _____
 Telephone 819-267-875

Invoice # 305541
 Accl. # 090749

Work Order # E 14627

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper

10-13-98

*30 days Note
 88-2 W ONLY 2nd
 10 W ONLY 2nd
 23 1/2 h.
 LINA STR
 48 x 96 x 31*

*PAID IN FULL
 NOV. 12, 1998*

*balance 6605.86
 Aux Inv 6605.86*

MT. HOPE CEMETERY

W.O. # E 14627

NOTE

\$ 1331.86 San Diego, California October 8 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 thirty one ^{86/100} DOLLARS with interest from November 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 MARY Telloch SIGNATURE Mary Telloch

ADDRESS 8475 Avenida Angeleno 29

CALIFORNIA DRIVER LICENSE NUMBER X170818069 SSN # + 546-62-8712

F14627

20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LEGARY		1B. MIDDLE DEVON	1C. LAST (FAMILY) KELLOUGH	2. DATE OF BIRTH MONTH, DAY, YEAR 06/29/1978	3. DATE OF DEATH MONTH, DAY, YEAR 10/06/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHERY KELLOUGH—MOTHER 4201 SPRING STREET #76 LA MESA, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAEPL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim Walker</i>
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.				8B. DATE SIGNED 10/08/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/08/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> H. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-9-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 14627

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/98

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 0916749

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leviary Kellough

in a Wood (burial case) Funeral date, time Tue, 10/9th 1:00

Church, Chapel, Graveside Chapel/Graveside - Mt Hope Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 100 will be applied and billed to undersigned.

✓ Lot 138 Grave 511 Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 231.50

Burial Container _____ 25.00

Handling Fees _____ 100.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 4.00

Sales taxes _____ 6.36

Total Due _____ 366.86

aid receipt number 50459 358.00

Balance due 50451 8.86

I hereby certify I am the J.P. Kellough of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 305541

Acct. # 0916749

Work Order # E 14627

RE-104 (7-86) This information is available in alternative formats upon request.

Printed on recycled paper

10-13-98

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11-9-98 CH.D. TO MT. Hope

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER 1831

AMOUNT PAID \$ 666.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Mary Kellough

PAYOR NAME Nicholas V. Kellough Sr.
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5021 Zircon St.
San Diego, CA
92114

REMARKS Catrina M.T. Avalone
MRS 72

CASHIER _____

INV. NO. 305541

TR-1001 (8-88)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Le Gary McLaugh

in a Linear (Special Order) Funeral, date, time FRID, Oct 9th 100

Church, Chapel, Graveside Chapel/Graveside; CN 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 Mary Kelly

Lot 138 Grave 516 Row _____ Section _____ Division/Block 12

Grave space & Care Fund 192.50

Additional spaces and care fund

Opening/Closing & Setup 237.50 370.00

Burial Container 85.00

Handling Fees 55.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 61.96

Total Due 766.86

aid receipt number 56459 358.00

Balance due 133.86

PAID IN FULL
NOV. 12, 1998

11-9-98 AUX INV 605.86

11-12-98 balance 605.86

Signature [Signature]

Address 8475 Avenida Angulia

City Spring Valley 91977

Zip Code 91977

Telephone 819-267-875

Invoice # 305541

Accl. # 096749

Work Order # E 14627

This information is available in alternative formats upon request.

Printed on recycled paper

10-13-98

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 096749

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE November 12, 1998

PAID BY (CIRCLE ONE): CA CH.D. to MT. HOPE CK NP

PAYMENT REFERENCE NUMBER 4851

AMOUNT PAID \$665.86

TREASURER VALUATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME MARY McLaugh

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) #29

CUSTOMER (PAYOR) ADDRESS 8475 Avenida Angulia
Spring Valley, CA
91977

REMARKS Catrina Agallone
MS 72

CASHIER _____

INV. No. 305541

TN-1861 (2-82)

E 14627

Booklet Note
88-4-17
40-17
23/1/14
Linear 377-2
48796x51

EW4627

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 096749

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/17/98 (H.D.TU)
PAID BY (CIRCLE ONE): CA **CK** MT. HOPE
PAYMENT REFERENCE NUMBER 6426

AMOUNT PAID \$6.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Mary Kellough
PAYOR NAME Karen Goss
(IF OTHER THAN CUSTOMER ACCOUNT NAME)
CUSTOMER (PAYOR) ADDRESS 4981 Lisc ave.
San Diego, CA
92102

REMARKS Latina M.T. Avallone
MS 72

CASHIER _____

INV. NO. 305541

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INDALECIA GARCIA

In a LINER Type of Burial Container Funeral, date, time Mon, Oct 12 11:00
 Church, Chapel, Graveside Graveside : GOOD BODY Mortuary 8:4

All Funeral cars must 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 95 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>PRE-NEED E-12164</u>	<u>0</u>
Additional spaces and care fund		<u>1</u>
Opening/Closing & Setup		<u>0</u>
Burial Container		<u>0</u>
Handling Fees		<u>0</u>
Flower vases - Marker setting fee		<u>1</u>
Recording and filing fee		<u>0</u>
Sales taxes		<u>0</u>
Total Due		<u>0</u>

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 1 hold under deed.

Signature of recorded holder of deed _____

X _____
X Signature
X Address
X City
X Telephone

See attached

Invoice # _____

Acct. # _____

Work Order # **E 14628**

E14628
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) INDALECIA	1B. MIDDLE -	1C. LAST (FAMILY) GARCIA	2. DATE OF BIRTH MONTH, DAY, YEAR 12/22/1906	3. DATE OF DEATH MONTH, DAY, YEAR 10/08/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA ROBLES - DAUGHTER 4177 WIGHTMAN STREET SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BLVD SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-790		

8A. SIGNATURE OF APPLICANT—Person taking permit: *Victoria Meza* 8B. DATE SIGNED: **10/09/1998**

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00
		9B. DATE PERMIT ISSUED 10/12/1998
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9814834	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA. P.O. BOX 85222 SAN DIEGO, CA 92186-5222
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) <i>[Signature]</i>
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-12-98	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/9/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Evelyn Hatchew

In a Ash Vault Funeral, date, time Mon 10-19 10:00

Church, Chapel, Graveside Graveside ; Markley Mitchell Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned.

Lot 6715 Grave _____ Row _____ Section Pre Need Division/Bloor 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 426

Total Due 26926

Paid receipt number 50464 26926

Balance due

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Alaud Juarez
Signature

X P.O. BOX 2068
Address

X ALPINE 91903
City City Zip Code

X (619) 443-7877
Telephone

Signature of recorded holder of deed _____

Work Order # **E 14629**

Invoice # _____

Acct. # _____

E14629

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EVELYN		1B. MIDDLE MARGARET	1C. LAST (FAMILY) IVERSON-WATCHER	2. DATE OF BIRTH MONTH, DAY, YEAR 05/12/1910	3. DATE OF DEATH MONTH, DAY, YEAR 10/09/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID IVERSON - SON P.O. BOX 2066 ALPINE, CA 91903		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HINDELEY-MITCHELL HURNARY 3635 FIFTH AVENUE, SAN DIEGO, CA 92108			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT			I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
			8B. DATE SIGNED 10/12/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 10/12/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814854 <i>T.C. MITCHELL</i>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92108-5222		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626	12B. DATE CREMATED 10/15/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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 10-12-98

family to witness burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Raymond Wallace Daniels
 in a Double Depth Crypt Funeral, date, time Wed. Oct. 14 10:30
Type of Burial Container

Church, Chapel, Graveside Graveside CA Burial 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.

✓ Lot <u>4505</u> Grave	Row	Section	Division/Block	<u>10</u>
Grave space & Care Fund	<u>preneed E 10383</u>			<u>2</u>
Additional spaces and care fund				
Opening/Closing & Setup				<u>375.00</u>
Burial Container				<u>180</u> <u>380.00</u>
Handling Fees				<u>320.00</u>
Flower vases - Marker setting fee				
Recording and filing fee	<u>PAID IN FULL</u>			<u>45.00</u>
Sales taxes	<u>11-23-98</u>			<u>29.45</u>
<u>30 day note</u>	Total Due			<u>1149.45</u>
	Paid receipt number <u>R-50467</u>			<u>575.00</u>
	Balance due			<u>574.45</u>

I hereby certify I am the X WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Vina V. Daniels
 Signature
X 7355-186 Calle Cristobal
 Address
X San Diego CA 92126
 City Zip Code
X 619-566 7689
 Telephone

Signature of recorded holder of deed

Work Order # E 14630

Invoice # 305908
 Acct. # 0910842

10-21-98

MT. HOPE CEMETERY

W.O. # E 14630

NOTE

\$ 574.45 San Diego, California October 12 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 five hundred seventy four + 45/100 DOLLARS with interest from November 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 1, 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 TINA T LEE-DANIELS SIGNATURE Tina T Lee Daniels
ADDRESS 7355-186 Calle Cristobal SD CA 92126
CALIFORNIA DRIVER LICENSE NUMBER V9042727 SSN # 586-44-8077



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E14630

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2269
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

TINA LEE DANIELS
7355-186 CALLE CRISTOBAL
SAN DIEGO CA 92126

ACCT NO
096842

-----TREASURERS USE ONLY-----EDI INVOICE NUMBER-----

PAYMENT

DATE: 11-23-98

BY: CA CK IF ED

PAYMENT REF NO E-14630

AMT PAID: 574.45

INVOICE DATE
10/21/98

PAYMENT DUE
11/20/98

PERIOD COVERED
SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA M.T. AVALLONE REF NO: 072
DEPT: R.E.A.-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

RAYMOND WALLACE DANIELS SVC	
LOT 4505 DIV 10 (E10383)	
OPENING/CLOSING	375.00
DOUBLE DEPTH CRYPT	380.00
HANDLING FEE	320.00
TAX ON DOUBLE DEPTH CRYPT	29.45
RECORDING FEE	45.00
LESS PAYMENT R-50467	575.00-

TOTAL DUE 574.45

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 305908

E14630

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

34

1A. NAME OF DECEDENT—FIRST (GIVEN) Raymond	1B. MIDDLE Wallace	1C. LAST (FAMILY) Daniels	2. DATE OF BIRTH MONTH, DAY, YEAR 05/16/1944	3. DATE OF DEATH MONTH, DAY, YEAR 10/10/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Tina Lee Daniels-wife 7355-186 Calle Cristobal San Diego, CA 92126		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/14/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/14/1998 M. Mitchell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814978
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10/14/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

03-27-98

FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
305908	10/21/98	096842	TINA LEE DANIELS		11/23/98	CK	E-14630	574.45	574.45	0.00
			100 072					180.00		PAID IN FULL
			100 072					45.00		
			100 072					320.00		
			60101					29.45		
			77182		000072					
			77183		000072					
			77185		000072					
			78390							

E-10383

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/12/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Carol F. Parker

In a Ash Vault Type of Burial Container Funeral, date, time THU 10, 15th Oct 10:30

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 13 Grave 20 Row _____ Section T00F Division/Block 15

Grave space & Care Fund	_____	<u>0</u>
Additional spaces and care fund	_____	_____
Opening/Closing & Setup	_____	<u>105.00</u>
Burial Container	_____	<u>55.00</u>
Handling Fees	_____	<u>60.00</u>
Flower vases - Marker setting fee	_____	<u>45.00</u>
Recording and filing fee	_____	<u>4.26</u>
Sales taxes	_____	<u>269.26</u>
Total Due	_____	<u>269.26</u>
Paid receipt number <u>50466</u>	_____	<u>269.26</u>
Balance due	_____	<u>0</u>

PAID
OCT 12 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 Darlene F. Parker
Signature
X 3478 ARTHUR AVE.
Address
X SAN DIEGO, CA 92116-1920
City Zip Code
X (619) 282-1638
Telephone

Work Order # **E 14631**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14631
90

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Carol	1B. MIDDLE Frances	1C. LAST (FAMILY) Parker	2. DATE OF BIRTH MONTH, DAY, YEAR 12/25/1907	3. DATE OF DEATH MONTH, DAY, YEAR 09/23/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darlene F. Parker - Daughter 3478 Arthur Ave. San Diego, CA 92116	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Darlene F. Parker</i>
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8B. DATE SIGNED 09/24/1998		

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/24/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem
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 PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 9-27-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-12-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ishmael Abdullah

in a liner Funeral, date, time Fri Oct. 16 1:00

Church Chapel Graveside Chapel + graveside Ragsdale Mortuary 150.00

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ TT
will be applied and billed to undersigned.

✓ Lot 133 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 504.73

Paid receipt number Mastercard 1504.73

Balance due 0

PAID
OCT 14 1998
IN FULL
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 Mendore O. Taylor

Signature _____

X 416 SOUTHLOOK AVE

Address _____

X SAN DIEGO 92113

City _____ Zip Code _____

X 619 527 0825

Telephone _____

Work Order # E 14632

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/12/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rilan Tan Liu

In a TS Vault Type of Burial Container Funeral, date, time Frid. Oct 16, 1998 2:00pm

Church, Chapel, Graveside Graveside ; Mrs. K. W. Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. X SHI JU LIU

Lot _____ Grave 293 Row _____ Section Chincoe Division/Block _____

Grave space & Care Fund Pre Need 8

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 50470 874.38

Balance due 0

PAID
OCT 12 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X SHI JU LIU 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 SHI JU LIU
Signature
1448 E 8th St #5
Address
National City 91950
City Zip Code
X 474-0913
Telephone

Work Order # **E 14633**

Invoice # _____

Acct. # _____

E 14633

MOUNT HOPE CEMETERY

11 Oct 19

The undersigned hereby requests and authorizes the interment of the remains of

MRS. TAN, RI LAN in Lot # 293 Row CHINESE BUA Sec. # 2

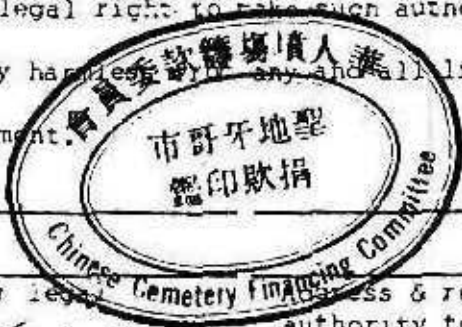
CHINESE in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to take such authorization and agrees to

hold Mount Hope Cemetery harmless in any and all liability on account of said

authorization and interment.



國美
山姐姑
中華會館

Signature of relative or legal representative Albert Wong address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

[Signature]
Witness

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14633

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RI	1B. MIDDLE LAW	1C. LAST (FAMILY) TAN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/05/1919	3. DATE OF DEATH MONTH, DAY, YEAR 10/10/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHI JU LIU - SON 1448 E. 8TH AVENUE, #5 NATIONAL CITY, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
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.			8B. DATE SIGNED 10/15/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 10/15/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T.C. MITCHELL
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/12/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles M. Fleming

In a WPF Funeral, date, time FRI Oct 16th 11:00

Church, Chapel, Graveside Church/Graveside CA Burial Mortuary Jeanette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ X 150

will be applied and billed to undersigned.

Lot 52 Grave 10 Row _____ Section 2 Division Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.73

Total Due 1564.73

Paid receipt number _____

Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # **E 14634** Invoice # _____
Acct. # _____

BEA-104 (7-96) This information is available in alternative formats upon request.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/12/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lola Callow Mon. Oct 19 10:30

In a DS Vault Funeral, date, time Fr. Oct 15 2002

Church, Chapel, Graveside Delivery Starkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 200

will be applied and billed to undersigned.

✓ Lot 4 Grave 7 Row _____ Section T00T ~~Block~~ 11

Grave space & Care Fund 1988 Pre Need E-1283 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Anticipated transfer 10-20-98

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
Y _____
Address
X _____
City Zip Code
X _____
Telephone

Work Order # **E 14635**

Invoice # _____
Acct. # _____

2:50 pm
10-15-98

Werkley - michell / Scott
had delivery date for
10-16-98 on his paperwork
moved date to 10-19-98.

E14635

99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LOLA	1B. MIDDLE LILLIAN	1C. LAST (FAMILY) CALLON	2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1898	3. DATE OF DEATH MONTH, DAY, YEAR 10/11/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHIRLEY LEESCH - DAUGHTER P.O. BOX 22068 SAN DIEGO, CA 92192		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MENKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	6A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/15/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 10/15/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T.C. MITCHELL
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

put in grave
w/ father
Pearson H. Van Meter

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby Maxine Gessell (X) 27

In a Ash Vault Funeral, date, time TUES. OCT 27 AM

Church, Chapel, Graveside deliven 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 1060 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund preneed C 3389 \$ _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 4.20

Sales taxes _____

Total Due 2109.20

Paid receipt number 50477 2109.20

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 _____ hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 14636**

Invoice # _____

Acct. # _____

10-13-98

received burial permit from Greenwood for Ruby Gemell's interment of a phes.

aphes & check for payment are in the mail to us, along with further details of the burial and location.

Victoria - Greenwood 527-3041

original montlany in Portland handling burial arrangements

Gateway little chapel of chimes
(503) 256-0606

E 14636

3:04 3:00

(503) 250-
0404

head phone

247111
I.D. TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

COPY E14636

Local File Number

State File Number

1. DECEDENT'S NAME First: Ruby Middle: Maxine Last: GESSELL			2. SEX Female	3. DATE OF DEATH (Month Day Year) September 28, 1998	
4. SOCIAL SECURITY NUMBER 559-30-0631	5a. AGE-Last Birthday (Years) 75	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Pueblo, CO	7. DATE OF BIRTH (Month Day Year) June 18, 1922
8. WAS DECEDENT EVER IN ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Adult Foster Care			
9c. FACILITY NAME (if not institution, give street and number) 1143 NE 157		9b. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired.) LVN		10b. KIND OF BUSINESS/INDUSTRY Hospital Surgery		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) George Gessell		13a. RESIDENCE - STATE Oregon			
13b. COUNTY Multnomah		13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 1143 NE 157	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97230		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5-) 2			
17. FATHER - NAME first middle last Pearson Hobson VanMeter		18. MOTHER - NAME first middle maiden Pearl Victoria Kniesley		19. INFORMANT - NAME and relationship to deceased Donna Schull - Daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Killingsworth Chimes Crematory		20c. LOCATION - City or Town, State Portland, OR	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Peri Bryant</i>		21b. OREGON LICENSE NO. (Of Licensee) 0324		22. NAME, ADDRESS AND ZIP OF FACILITY Gateway Little Chapel of the Chimes 1515 NE 106th Ave. Portland, OR 97220	
23. DATE FILED (Month Day Year)		24. REGISTRAR'S SIGNATURE			

RESERVED FOR REGISTRAR'S USE

COPY

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 1310 M	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month Day Year Hour)
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month Day Year)		33. DATE SIGNED (Month Day Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Rebecca Crowell, MD 5050 NE Hoyt #256 Portland, Or 97213			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

CHECK APPROPRIATE BOX BELOW ... COMPLETE BOTH YELLOW AND GREEN DISPOSITION COPIES

AUTHORIZATION FOR FINAL DISPOSITION

*This form when signed above by the funeral service licensee (21a) and by the certifying physician (29 or 32) shall serve as a disposal-transit permit for the remains of the decedent named hereon.

ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form when completed and signed below by the funeral service licensee shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Dr. Rebecca Crowell on date 9-28-98 and time 3:30 pm and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE [Signature] License # 3276

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN BOTH THE YELLOW AND GREEN COPY OF THE DISPOSITION FORM. FORWARD THE YELLOW COPY TO THE REGISTRAR OF THE COUNTY WHERE DEATH OCCURRED WITHIN 10 DAYS AFTER THE DATE OF FINAL DISPOSITION. THE GREEN COPY WILL BE RETAINED BY THE CEMETERY OR CREMATORY.

DATE OF DISPOSITION 10-3-98 SEXTON'S SIGNATURE W. Clay Wilhelm

RETURN THIS FORM TO THE REGISTRAR OF COUNTY OF DEATH
ADDRESSES ON REVERSE SIDE

Donna Schull
362 West Mission, Suite 206
Escondido, CA 92025

1 (760) 747-8882

E14636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

760

1A. NAME OF DECEDENT—FIRST (GIVEN) RUBY	1B. MIDDLE MAXINE	1C. LAST (FAMILY) GESSKILL	2. DATE OF BIRTH MONTH, DAY, YEAR 06/18/1922	3. DATE OF DEATH MONTH, DAY, YEAR 09/28/1998	4. SEX F
5A. CITY OF DEATH PORTLAND	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE OREGON		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DONNA SCHULL - DAUGHTER 1143 NE 157 PORTLAND, OR 97230		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
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.		8B. DATE SIGNED 10/09/1998			

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 7.00	9B. DATE PERMIT ISSUED 10/09/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9814803
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles M. Fleming

in a liner Funeral, date, time Fri. Oct. 16 11:00

Church, Chapel, Graveside church/graveside CA Burial Mortuary. Jeannette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X L.K.F.

✓ Lot 123 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 11004.73

Sales taxes 1004.73

mortuary to bring
check for full
amount X

Total Due 50483 11004.73
Paid receipt number 1004.73

Balance due 2

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Lillian K Fleming
Signature
X 4853 Bunnell St
Address
X San Diego Cal
City Zip Code
X 264-2835
Telephone

Signature of recorded holder of deed

Work Order # E 14637

Invoice # _____
Acct. # _____

286-2674

10-13-98

OK per martin to change
the lot price and location.

(see E 14634
previous)



E14637

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 10-13-98

To Martin

Telephone _____

Fax 286-2674

Subject Charles Fleming

From Catina

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

here is the revised interment order with the new location of grave and the new cost of burial.

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400



E14637

73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLES		1B. MIDDLE M.	1C. LAST (FAMILY) FLEMING	2. DATE OF BIRTH MONTH, DAY, YEAR 09/05/1925	3. DATE OF DEATH MONTH, DAY, YEAR 10/11/1998	4. SEX M	
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LILLIAN K. FLEMING—WIFE 4853 BUNNELL STREET SAN DIEGO, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 10/14/1998

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/14/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/98

*The Need
Lot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wade G. Holcomb

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 8 Grave 9 Row _____ Section 1 Division/Block 11

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.....

*PAID IN
FULL
9-21-99*

Total Due 895.00

Paid receipt number visa 447.00

Balance due 448.00

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 Wade G. Holcomb
Signature
X 125 LINDEN ST
Address
X NEW HAVEN, CT 06511
City
X 203-624-6905 Zip Code
Telephone

Work Order # **E 14638**

Invoice # _____

Acct. # _____



HOLCOMB, MOLLY

Born Mary Louise Raigne Boynton in Los Angeles in 1918, passed away August 9. The cause was cancer. A resident of New Haven for twenty-eight years, Mrs. Holcomb was descended from original New Haven settler Thomas Munson. She was a graduate of Pomona College, class of 1941, and received her Master's Degree in Art History from UCLA. She worked in the Art and Architecture Library at Yale for eighteen years and belonged to Trinity Church on the Green. A member of the League of Women Voters for over 60 years, she was a long-term officer on the Board of Directors of the local League. She joined the Girl Scouts in 1931 and was a lifetime member, serving as a leader and program consultant. Mrs. Holcomb was predeceased by a brother, Frederic King Boynton III, in 1947. She is survived by her husband of fifty-four years, LCDR Wade G. Holcomb (USNR ret.), whom she met in 1944 while volunteering in the USO in Carmel, California. She also leaves two daughters, Anne Holcomb Paradise of Miller, Indiana, and Julia Holcomb Jarvis of Fairfax, Virginia, a son, Derek Wade Holcomb, a foster son, Thomas Robert Dans, both of New Haven, and four grandchildren. Funeral arrangements will be private. Friends will be invited to a celebration of her life at a later date. Everyone who knew her will miss her. In lieu of flowers, please send contributions to: OXFAM AMERICA, 26 West St., Boston, Ma 02111.

			DEBIT	CREDIT	BALANCE
10-14-98	Opened Pre-need Lot				
	Lot 8, Gr 9, Sec 1, Div 11		895.00		895.00
10-14-98	Visa			447.00	448.00
11-23-98	R-50588 Cpn #1			19.00	429.00
12-24-98	R 50070 Cpn #2			19.00	410.00
1-25-99	R 50781 Cpn #3			19.00	391.00
2-26-99	R 50884 4			19.00	372.00
3-25-99	R-50973 5			19.00	353.00
4-29-99	R 51080 NO Cpn			19.00	334.00
5-27-99	R 51185 NO Cpn			19.00	315.00
6-17-99	R 51250 NO Cpn			19.00	296.00
7-19-99	R 51357 NO Cpn			19.00	277.00
7-26-99	R-51379 Cpn #9			19.00	258.00
8-24-99	Cpn #10			19.00	239.00
9-21-99	R 51552			239.00	0

PAID IN FULL

51379

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-26 1999

From: Wade Holcomb Address: 185 Linden St. New Haven Ct 06511

Nineteen Dollars (\$ 19.00)

In part Payment of Pre-Need Lot

Lot 8 Grave 9 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-14638

BALANCE DUE 258.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	19 00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	69033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	19 00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51468



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 8-24 1999

From: Wade G. Holcomb Address: 185 Linden St. New Haven Ct 06511

Nineteen Dollars (\$ 19.00)

In part Payment of Pre-Need Lot

Lot 8 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14638

BALANCE DUE 239.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1647

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Shultz

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	19	00
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	50101		
78390			
TOTAL PAID	\$	19	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50972



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

- 527,3400

Date: 3-25, 1999

From: Wade Holcomb Address: 185 Linden St. New Haven Ct 06511

Nineteen Dollars (\$ 19.00)

In part Payment of Pre-need lot

Lot 8 Grave 9 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-14638

BALANCE DUE 353.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1477

NOT VALID FOR PURCHASES UNLESS STAMPED
"PAID BY THE CASH"
PAID
MAR 25 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
ISSUED BY S. Schmitt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	19	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	19	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51185



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Wade Holcomb Address: 185 Linden St. New Haven CT 06511
Nineteen Dollars (\$ 19.00)
 In part Payment of pre need lot

Date: 5-27, 1999

Lot 8 Grave 9 Row _____ Section _____ Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E14638
 BALANCE DUE 315.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

Catrina Avallone
 ISSUED BY _____
1500

CREDIT	67007		
20% Sales Care	77184	<u>19</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78990		
TOTAL PAID	\$	<u>19</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51086



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-29-99

From: Mary Holcomb Address: 185 Linden Pt. New Haven Ct 511
nineteen Dollars (\$ 19.00)

In part Payment of pre need lot

Lot 8 Grave 9 Row _____ Section 1 Division 11
Block _____

Invoice No. _____
Acct. No. _____
W.O. E 14438
BALANCE DUE 334.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Santina Avalos
1516

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>19</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78380	<u>19</u>	<u>00</u>
TOTAL PAID	\$		

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14638**

Wade G. Holcomb

185 Linden Street

New Haven, CT 06511

Lot 8, Gr 9, Sec 1, Div 11

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										25	

Amount due when paid on, or before,
due date above.

\$ 19.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14638**

Wade G. Holcomb

185 Linden Street

New Haven, CT 06511

Lot 8, Gr 9, Sec 1, Div 11

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										25	

Amount due when paid on, or before,
due date above.

\$ 19.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14638**

Wade G. Holcomb

185 Linden St.

New Haven, CT 06511

Lot 8, Gr 9 Sec 1 Div 11

4-19

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										25	

Amount due when paid on, or before
due date above

AT



\$ 19.00

Amount due if paid more than _____ days
after due date above,



\$ ~~19.00~~

\$ _____

99

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY

Disinterment INTERMENT ORDER

City of San Diego

Date 10-14-98

family
to take marker

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ashley Danielle Tobias Thur. Oct. 15

In a (child liner) Funeral, date, time MON. Oct. 19

Church, Chapel, Graveside _____; Featheringill Mortuary, Steve

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 925 Grave _____ Row _____ Section 2 Division/Block 9

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vessel, Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
Disinterment Fee
IN FULL
OCT 14 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Disinterment Fee 500.00

Total Due 500.00

paid receipt number 50472 500.00

Balance due 0

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X C.C. This
Signature
1440 Gallegos rd. S.W.
Address
Albuquerque N.M. 87104
City Zip Code
299-2292 EX 1750
Telephone

Invoice # _____

Acct. # _____

Work Order # **E 14639**

E 14639

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ashley		1B. MIDDLE Danielle		1C. LAST (FAMILY) Tobias		2. DATE OF BIRTH MONTH DAY YEAR 01/01/1990		3. DATE OF DEATH MONTH DAY YEAR 06/15/1991		4. SEX F
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT Timothy Tobias, father 1440 Gallegos Rd. SW Albuquerque, NM 87104				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 10/14/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103275 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.										

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/14/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D. SCIENTIFIC USE	<input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Timothy Tobias, 1440 Gallegos Rd. SW Albuquerque, NM 87104	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/81)



E14639

PAID
OCT 14 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

E14039

10-14-98
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Ashley Danielle Tobias

from Lot 925 Grave - Section 2 Row - Block -

Division 9 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery moving to Albuquerque, New Mexico

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>X</u> <u>R.C. [Signature]</u>	<u>X</u> <u>FATHER</u>	<u>X</u> <u>1440 Gallegos Rd. SW.</u>
<u>Caterina Tobias</u>	<u>X</u> <u>Mother</u>	<u>Albuquerque, N.M.</u>
_____	_____	<u>87104</u>
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

X R.C. [Signature] X 14 OCT 98
(Lot owner must sign if not legal custodian) Date

(This form must be notarized, if not signed in presence of cemetery staff.)

Caterina Fallme



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frances Clark

in a liner Funeral, date, time Mon. Oct. 19 11:00

Church, ~~Chapel~~ Chapel + graveside Humphrey Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50.00

will be applied and billed to undersigned. X / HW

Lot 275 Grave 9 Row Section 2 Division/Block 12
Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 370 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 15104.73

30 day note

Total Due 800.00
Paid receipt number 50471
Balance due 764.73

I hereby certify I am the X Patricia New of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 New
Signature _____
Address 1141 W. San Ysidro
San Diego 92123
Telephone 428-2494

Work Order # E 14640

Invoice # 305910
Acct. # 0910844

10-21-98

MT. HOPE CEMETERY

W.O. # E 14640

NOTE

\$ 764.73 San Diego, California October 14 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 Seven hundred sixty-four & 13/100 DOLLARS with interest from November 19, 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 1, 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 Ritchie W. Houston SIGNATURE Ritchie W. Houston

ADDRESS 1191 W. San Ysidro Blvd

CALIFORNIA DRIVER LICENSE NUMBER 50831982 SSN # 46-68-8844

E14640

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) FRANCES		1B. MIDDLE -	1C. LAST (FAMILY) CLARK		2. DATE OF BIRTH MONTH, DAY, YEAR 12/12/1921	3. DATE OF DEATH MONTH, DAY, YEAR 10/13/1998	4. SEX F	
5A. CITY OF DEATH Chula Vista			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ritchie W. Houston - Son 1191 West San Ysidro Blvd. San Ysidro CA 92173			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Rumphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>Judith Clark</i>		8B. DATE SIGNED 10/16/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/16/1998 J.E. King	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815101
		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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 10/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>TOM EV</i>
	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

COPY 2 IS RETAINED BY 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**

83438 City of San Diego

Date 10/14/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Billie George Bishop
in a TS Vault Funeral, date, time Sat. Oct. 17 11:00

Church, Chapel, Graveside Chapel / Grand Rapids 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 Florie Jean Bishop

Lot 17 Grave 10 Row Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup. paid in full 12-14-98 335 375.00

Burial Container 250.00

Handling Fees per ROY at Treas. 185.00

Flower vases - Marker setting fee Sat. SIC fee P 50476 600.00

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1669.38

Paid receipt number 50443 835.00

Balance due 834.38 835.38

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Florie Jean Bishop
Signature
X 8346 El Paso Street
Address
X La Mesa, CA 91942
City
X 619-698-3469
Telephone Zip Code

Work Order # E 14641

Invoice # 305909
Acct. # 0910843

10-20-98

MT. HOPE CEMETERY

834.38

W.O. #

E-14641

NOTE

\$ 835.38

San Diego, California

October 14

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 Eight hundred thirty five ^{30/100} DOLLARS with interest from November 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 1, 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 Storia Jean Bishop

SIGNATURE

X Storia Jean Bishop

ADDRESS

X 8346 El Paso Street La Mesa, Ca 91942

CALIFORNIA DRIVER LICENSE NUMBER

X N69 41621

SSN #

X 095-44-0063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14641
55

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Billie	1B. MIDDLE George	1C. LAST (FAMILY) Bishop	2. DATE OF BIRTH MONTH, DAY, YEAR 07/18/1943	3. DATE OF DEATH MONTH, DAY, YEAR 10/12/1998	4. SEX M
5A. CITY OF DEATH La Jolla		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gloria J. Bishop, Wife 8346 El Paso St. La Mesa, CA 91942	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

▶ *[Signature]* **10/14/1998**

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/15/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815074
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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY
 I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Makket St. San Diego, CA 92102	11B. DATE BURIED 10/17/98	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 096843

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-30-98

PAID BY (CIRCLE ONE): CA **CK** MF

PAYMENT REFERENCE NUMBER # 3264

AMOUNT PAID 200.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Gloria Bishop

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS
072

REMARKS

CASHIER _____

INV. NO. 305909

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/14/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Creelman

In a Liner Funeral, date, time Sat. 11:00 Oct 17, 98
Type of Burial Container
 Church, Chapel, Graveside Graveside : Creaner Mortuary.
Graveside Hills

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 4 Grave 1 Row _____ Section 100F Division/Block 16

Grave space & Care Fund Pre Need 8

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee Sat. overtime 600.00

Sales taxes

Total Due 600.00

Paid receipt number visa 600.00

Balance due 8

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 14642 Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

E14642

City of San Diego

Date 10/9/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John A. Creelman Sr

In a Linier 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 6 Grave 1 Row _____ Section JUF Division/Block 16

Grave space & Care Fund	<u>1545.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filling fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>2364.73</u>

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
X _____
Telephone

Zip Code

Work Order # **E 14626**

Invoice # _____
Acct. # _____

E 14642

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/9/98

Pre Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John A Credman Sr

in a Linere Funeral, date, time _____

Church, Chapel, Graveside _____; Canner Mortuary:

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$100.00

will be applied and billed to undersigned.

Lot 6 Grave 1 Row _____ Section 700F Division/Block 16

Grave space & Care Fund	<u>1595.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

Total Due 2364.73

714581

430.00

Paid receipt number 50461 2364.73

Y 10/9/98 Visa paid overtime 600.00

Balance due 600.00

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.

[Signature]

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Address: 1961 EAST POINTE AVE
CANONCA CA. 92008
City: _____
Telephone: 619-453-8799 EXT 116

Work Order # **E 14626**

Invoice # _____
Acct. # _____



E 14642

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 10/9/98

To John A Crellman Jr

Telephone 453 8799 x146

Fax 453 1028

Subject John Crellman Jr

From Karen Baker

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet

COMMENTS

Mr. Crellman, please sign at the X's. If you know which mortuary you will use please fill that in also. You can mail this back with your check. I will return your receipt through the mail if you would like. Or you could pick it up when you come for the service. Sincerely, Karen

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400



E14642
68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE A.	1C. LAST (FAMILY) Creelman	2. DATE OF BIRTH MONTH, DAY, YEAR 01/27/1930	3. DATE OF DEATH MONTH, DAY, YEAR 10/13/1998	4. SEX Male
5A. CITY OF DEATH Rancho Santa Margarita		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Orange	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John A. Creelman, Jr. - Son 1961 East Pointe Avenue Carlsbad, California 92008		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH O'Connor Laguna Hills Mortuary 25301 Alicia Parkway, Laguna Hills, California 92653		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1293	8A. SIGNATURE OF APPLICANT—Person taking permit <i>A. Collins</i>		8B. DATE SIGNED 10/14/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A Collins 7574
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Orange: P.O. Box 234 Santa Ana, CA 92702-0234	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		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

I. DISPOSITION 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 10/17/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>TCM-4/11</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY None	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS None	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED None	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION None	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-15-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Enrique Potino PA # 1999230
in a liner Funeral, date, time Fri. Oct 23 10:30

Church, Chapel, Graveside delivery only: Berge Roberts Mortuary.
Andrea

All Funeral 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 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 67007 120.00

Additional spaces and care fund -

Opening/Closing & Setup 105.00

Burial Container 50.00

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes -

Total Due 380.00

K. Howard

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 14643 ✓

Invoice # 300239

Acct. # 000952

10-28-98

14643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

43

1A. NAME OF DECEDENT—FIRST (GIVEN) ENRIQUE		1B. MIDDLE -	1C. LAST (FAMILY) PATINO	2. DATE OF BIRTH MONTH, DAY, YEAR 05/09/1955	3. DATE OF DEATH MONTH, DAY, YEAR 10/02/1998	4. SEX M
5A. CITY OF DEATH NATIONAL CITY			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR 5201-A RUFFIN RD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD., NATIONAL CITY, CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Pauvette Valente</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/15/1998			

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 \$7.00	9B. DATE PERMIT ISSUED 10/21/1998 P Valente	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815315
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10-23-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-15-98

23" L
11" W
5" H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paloma Asor

In a _____ Type of Burial Container _____ Funeral, date, time MON. OCT 19 10:30

Church, Chapel, Graveside Graveside CA Burial Mortuary. Jeanette

All Funeral 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 2902 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 paid in full

Flower vases - Marker setting fee 10-19-98

Recording and filing fee 45.00

Sales taxes _____

mortuary to bring check for full amount Total Due 270.00
Paid receipt number 50485 270.00
Balance due 0

I hereby certify I am the X SERGIO LUNA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Sergio Luna
Signature
5880 EL CASON
Address
S.D. CA 9245
City Zip Code
X
Telephone

Work Order # **E 14644**

Invoice # _____
Acct. # _____

280-2074

Date _____ Time _____ AM
P.M.

While You Were Out

M California Bureau

of _____

Phone 234-3272

Area Code

Number

Extension

URGENT!	TELEPHONED
CAME TO SEE YOU	RETURNED YOUR CALL
WANTS TO SEE YOU	PLEASE CALL
RUSH	WILL CALL AGAIN

MESSAGE

need measurements
to Baby Casket



Palma
SIGNED
ASOR

Reorder No. 01325

23" long 11" wide

5" deep

E14644

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) Paloma	1B. MIDDLE S.	1C. LAST (FAMILY) Asor	2. DATE OF BIRTH MONTH, DAY, YEAR 10/08/1998	3. DATE OF DEATH MONTH, DAY, YEAR 10/09/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darlene Asor-mother 3175 Cauby St., #41 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i>		8B. DATE SIGNED 10/16/1998

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 7109 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 \$8000	9B. DATE PERMIT ISSUED 10/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Mitchell
		99. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom E W</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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**

family requested extra chairs

City of San Diego

Date 10-15-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FLOYD K. WINKLER
in a Double Depth Crypt Funeral, date, time FR. OCT 23 10:00

Church, Chapel, Graveside Chapel + graveside Clairemont Mortuary 150.00

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ X 150.00 will be applied and billed to undersigned. X JKW

Lot 44 Grave 10 Row _____ Section 116 Division/Block 7

Grave space & Care Fund pre need 2003

Additional spaces and care fund _____

*Opening/Closing & Setup		375.00
Burial Container	<u>77182</u>	180.55
- Handling Fees		320.00
Flower vases - Marker setting fee	<u>PAID IN</u>	-
Recording and filing fee	<u>FULL 11-10-98</u>	45.00
Sales taxes		29.45
		1149.45
	Total Due	574.45
	Paid receipt number <u>R 50495</u>	575.00
	Balance due	575.00

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 Heialoha Winklers
Signature
454 Delaware St.
Address
Imperial Bch 91932
City Zip Code
(619) 429-3358
Telephone

Work Order # E 14645 ✓ Invoice # 300238
Acct. # 0916902

10-28-98

MT. HOPE CEMETERY

W.O.# E 14045

NOTE

\$ 575.00 San Diego, California October 22 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 five hundred seventy five DOLLARS with interest from November 23, 1998 on the unpaid principal 20/100 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 LEI ALOHA WINKLER SIGNATURE Leialoha Winkler

ADDRESS 454 Delaware St Imperial Bch., Ca. 91932

CALIFORNIA DRIVER LICENSE NUMBER K0997159 SSN # 575-24-7826

E14645

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Floyd	1B. MIDDLE K.	1C. LAST (FAMILY) Winkler	2. DATE OF BIRTH MONTH DAY YEAR 09/20/1963	3. DATE OF DEATH MONTH DAY YEAR 10/13/1998	4. SEX M	
5A. CITY OF DEATH Imperial Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Leialoha K. Winkler: Mother 454 Delaware Street Imperial Beach, CA 91932			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Clairemont Mortuary 4266 Mt. Abernathy Avenue, San Diego, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1126	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Mesa</i>			8B. DATE SIGNED 10/16/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/22/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Mesa 9815402
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Hope Cemetery: 4700 Highway 16 San Diego, CA 92102	11B. DATE BURIED 10-23-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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F14645

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
306238	10/28/98	096902	LEIALOHA WINKLER			11/10/98	CA		575.00	575.00	0.00
			100 072	77182	000072				180.55		
			100 072	77183	000072				45.00		
			100 072	77185	000072				320.00		
			60101	78390					29.45		
NUMBER OF INVOICES PAID			1								
TOTAL AMOUNT PAID			575.00								

PAID IN FULL

husband
Leonard
KOSIAK (X)
already in grave

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-10-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arnold J. KOSIAK (X)

in a ash vault

Funeral, date, time Thur. Oct. 22 2:00

Church, Chapel, Graveside graveside ; 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 31 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund preneed D 2031

Additional spaces and care fund _____

Opening/Closing & Setup preneed E9557

Burial Container preneed E9557

Handling Fees preneed E9557

Flower vases - Marker setting fee _____

Recording and filing fee preneed E9657

Sales taxes preneed E9557

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Constance V. Ostrowski
Signature
X 5219 Dry Creek Rd
Address
X Boise ID 83703
City Zip Code
X 208-939-6221
Telephone

Work Order # E 14646 ✓

Invoice # _____

Acct. # _____

E14646

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ARMOL		1B. MIDDLE ROY	1C. LAST (FAMILY) KOSIAK		2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1902	3. DATE OF DEATH MONTH, DAY, YEAR 10/08/1998	4. SEX F	
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CONSTANCE OSTOLASA (DPOAH) 5219 DRY CREEK RD BOISE, ID 83703			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY, 7851 MISSION CENTER COURT, #104, SAN DIEGO, CA 92108				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1272		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kevin Minke</i>		8B. DATE SIGNED 10/16/98

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/19/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT KEVIN MINKE		9815185
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 10/22/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY, 2299 S. MANCHESTER AVENUE, ANAHEIM, CA 92802	12B. DATE CREMATED 10/21/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Bill Gause</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

GLEN WILCOX
1ST BURIAL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-19-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rebecca Wilcox
in a Double Death Funeral, date, time Thurs 10-22 11:00

Church, Chapel, Graveside Chapel/Graveside: Sabuda/Santa Mortuary RON

All Funeral 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 1844 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid E-12227 0

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee —

Recording and filling fee 45.00

Sales taxes 0

Total Due 420.00

Paid receipt number R50490 420.00

Balance due 0

MORTUARY TO
BRING CHECK

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X
Signature _____
X
Address _____
X
City _____ Zip Code _____
X
Telephone _____

See
attached

Work Order # E 14647

Invoice # _____

Acct. # _____

E 14847

Handing Party

Handing Party

Handing Party

Handing Party

100 00

100 00

100 00

100 00

14647

[Faint handwritten text]

TO: Sue
FROM: LAKESIDE: Judge F. ...
RE: ...

- 1. ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...
- 6. ...
- 7. ...
- 8. ...
- 9. ...
- 10. ...

NOTE: If you did not receive ...
443-7512 (miles s.s.)

E14647
76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rebecca		1B. MIDDLE Ann	1C. LAST (FAMILY) Wilcox	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1922	3. DATE OF DEATH MONTH, DAY, YEAR 10/18/1998	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carrie Haverly: Daughter 9233 Maranda Drive Santee, CA 92071		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lakeside-Santea Funeral Chapel 9840 Main Street, Lakeside, CA 92040				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD997		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>
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.				8B. DATE SIGNED 10/21/1998		

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 \$7.00	9B. DATE PERMIT ISSUED 10/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Meza 9815370
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/22/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

William Guerber
already buried

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-19-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothea Phillips
in a ash vault Funeral, date, time Thur 10-22 AFD
Church, Chapel, Graveside Lewis Colonial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Bayme
will be applied and billed to undersigned.

Lot 409 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Paid C-4297 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees PAID IN FULL 60.00

Flower vases - Marker setting fee 11/12/98 45.00

Recording and filing fee 4.26

Sales taxes 4.26

Bill - Lewis Colonial Total Due 269.26

Paid receipt number INVOICE 209.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 14648**

Invoice # 306236

Acct. # 091901

10-28-98

BR CV ECM EA LCB PB ENC

ARRANGER: Max

E14648

NAME OF DECEASED: Dorothea Panules PLACE OF SERVICE: _____

SERVICE DAY: MON TUE WED THU FRI SAT SUN CAMP # 135E

SERVICE DATE: 10 12 1978

SERVICE HOUR: 11:30 AM TELEPHONE: _____

DESTINATION: _____ TYPE OF SERVICE: () MASS () CHAPEL () GRAVESIDE

LOCATION: _____ () TRISAGION () ROSARY () BUDDHIST () GREEK

RESPONSIBLE RELATIVE: _____ RELATION: _____ () OTHER _____

*SPECIAL INSTRUCTIONS: plu urn from CV + deliver

to MA. Hope

Check up Carlos as to when ready for plu

DRIVERS: _____ WESCORTS: _____

CALL TIME: _____ AM _____ PM () CALIFORNIA MOTOR PATROL

ADDRESS: _____ 972-6256 PAGER: 494-9035

CITY/ZIP: _____ () STATE MOTOR PATROL

RELATION: _____ 1 800 748-5807

PHONE #: _____ () STERLING MOTOR PATROL

COACH: _____ DRIVER/DIRECTOR: _____ TIME: _____

UTILITY CAR: _____ DRIVER/USHER: FLOYD JOHNSON TIME: _____

OFFICIANT/PHONE #: _____ HONORARIUM: WE FAMILY MILITARY

ORGANIST/PHONE #: _____ HONORARIUM: WE FAMILY MILITARY

SOLOIST/PHONE #: _____ HONORARIUM: WE FAMILY MILITARY

MUSICAL SELECTIONS: _____

CASKET: OPEN CLOSED WHEN/WHERE: _____ URN

PALLBEARERS: WE FAMILY MILITARY NONE GLOVES: YES NO VETERAN: YES NO

FLAG: YES NO DRAPED FOLDED PRESENT TO: _____ HONOR GUARD FULL DETAIL

JEWELRY: REMOVE LEAVE DESCRIPTION: _____

CRUCIFIX TO: _____ MEMORIALS: YES NO DESCRIPTION: _____

BOOK: YES NO TYPE: _____ ACKNOWLEDGMENTS: YES NO TYPE: _____

FAMILY SEATING: CHAPEL _____ FAMILY ROOM _____ OTHER _____

SPECIAL INSTRUCTIONS: Take Check for payment

CALL DISPATCH BEFORE FAXING YOUR DRIVE SHEET. COMPLETE ALL INFORMATION REQUESTED INCLUDING ZIP CODES AND AREA CODES.

MAKE SURE YOUR WRITING IS LEGIBLE. CIRCLE ONLY WHAT YOU NEED. DO NOT WRITE IN THE SPACE NEXT TO YOUR CIRCLED REQUESTS.

ENTER "N/A" OR A LINE IF NOT APPLICABLE. INCOMPLETE OR OBVIOUSLY INCORRECT FORMS WILL BE RETURNED FOR CORRECTION.

*HELP US HELP YOU. USE THIS SPACE TO PROVIDE AS MUCH ADDITIONAL INFORMATION AS POSSIBLE.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHEA		1B. MIDDLE COLTON		1C. LAST (FAMILY) GUERKER-PHILLIPS		2. DATE OF BIRTH MONTH DAY YEAR 04/06/1911		3. DATE OF DEATH MONTH DAY YEAR 10/16/1998		4. SEX F	
5A. CITY OF DEATH EL CAJON				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORIE JEAN BOWMAN - DAUGHTER 6651 ARCHWOOD AVE SAN DIEGO, CA 92120					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit				8B. DATE SIGNED 10/19/1998	
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		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 10/20/1998 P Valentine		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815262			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY				
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> F. DISINTERMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
<input checked="" type="checkbox"/> B. CREMATION		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY											
<input type="checkbox"/> D. SCIENTIFIC USE											
COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102		11B. DATE BURIED 10-22-98		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>				
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113		12B. DATE CREMATED 10/20/98		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>				
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		16D. 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.

NOT VARY
to Bring
ashes &
permit

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HOWARD COWHICK

In a ASH VAULT Funeral, date, time Fri 10-30 9:00

Church, Chapel, Graveside Graveside : ERICKSON/ANDERSON Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 9 Grave 7 Row _____ Section 4 Division/Block 6

Grave space & Care Fund 1978 PRE-NEED D-4659 0

Additional spaces and care fund _____ 1

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 150.00

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due 150.00

Paid receipt number R-50498 150.00

Balance due 0

PAID
OCT 23 1998
Overtime Charge
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

See attached

Work Order # **E 14649**

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

mortuary to
confirm burial
date as
Oct. 30, 98
10: 9: 00A
E 14649

E 14649

Handwritten text, possibly "Handwritten text"

Handwritten text, possibly "Handwritten text"

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Handwritten text, possibly "Handwritten text"

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HOWARD	1B. MIDDLE ELWOOD	1C. LAST (FAMILY) COWHICK	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1909	3. DATE OF DEATH MONTH DAY YEAR 10/17/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LYNNE MEADE - DAUGHTER 5172 VALLECITO WESTMINISTER, CA 92683		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE., LA MESA, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-296	8A. SIGNATURE OF APPLICANT—Person taking permit		

8B. DATE SIGNED
10/20/1998

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 \$7.00	9B. DATE PERMIT ISSUED 10/21/1998 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815316
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10-30-98	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 10/22/98	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

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 10-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gin Po Lee 1:30 to

In a T.S. Vault Funeral, date, time Sat. 10-24 2:00

Church, Chapel, Graveside Graveside; Claremont Mortuary.

All Funeral 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 11 Row 7 Section 1 Division/Block Chinese

Grave space & Care Fund Pre-Need D-8554 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 250.00

Handling Fees OCT 20 1998 185.00

Flower vases - Marker setting fee lot overtime 600.00

Recording and filing fee MT HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO, CALIF. 19.38

Total Due 1474.38

Paid receipt number R-50488 1474.38

Balance due 0

I hereby certify I am the X [Signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X [Signature]
 X 4326 Stacy Pl.
 X SAN DIEGO, CA 92117
 X 581-2920

Invoice # _____

Work Order # **E 14650**

Acct. # _____

E14650

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) GIMBO	1B. MIDDLE -	1C. LAST (FAMILY) LEE	2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1917	3. DATE OF DEATH MONTH, DAY, YEAR 10/19/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BOCI LI - SON 4326 STACY PLACE SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE. SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/23/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/23/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9815510
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 24 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/20/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elizabeth Rogers

in a liner
Type of Burial Container

Funeral, date, time Tues. Oct. 27 11:00

Church, Chapel, Graveside _____; Neptune Mortuary.
Vince

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	<u>1666.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	
Sales taxes	
Total Due	<u>921.00</u>

*mortuary to sign
 30 day note
 and be invoiced for total due*

*NO ID
 1418 588*

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 _____

Nancy Hobbs
P.A.

Work Order # E 14651

X _____
Signature
X _____
Address
X _____
City
X _____
Telephone

Zip Code _____

Invoice # _____

Acct. # _____

390-8024
FAX

10/20/98
1:00 pm

Vince from Neptune called
to make arrangements.

Nancy Hobbs PA handling
case.

Invoice mortuary for \$921.00
and sign 30 day note.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-22-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Laura Deavers

in a T.S. Vault Funeral, date, time Mon. Oct 26 11:00

Church, Chapel, Graveside Chapel + Grueside 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 100 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre need E 7953

Additional spaces and care fund _____

Opening/Closing & Setup Pre need E 8266

Burial Container 1989 Pre need E 8266

Handling Fees Pre need E 8266

Flower vases - Marker setting fee _____

Recording and filing fee Pre need E 8266

Sales taxes Pre need E 8266

Total Due

interment transfer 11-5-98

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 _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # **E 14652** ✓

203-1507

E14652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Laura	1B. MIDDLE Dell	1C. LAST (FAMILY) Beavers	2. DATE OF BIRTH MONTH, DAY, YEAR 03/26/1920	3. DATE OF DEATH MONTH, DAY, YEAR 10/20/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Wanda Stevenson, Daughter 3862 Palm Dr. Bonita, CA 91902		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED: **10/22/1998**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/22/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815426
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-26-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY.
INTERMENT ORDER

City of San Diego

Date 10-22-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bong Lewandowski
 in a ash vault Funeral, date, time THUR, 11-5 2:30
 Church, Chapel, Graveside ADD witness Humphrey Mortuary sett

All Funeral 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 7 Grave 5 Row _____ Section 2 Division/Block 3

Grave space & Care Fund Pre-need B-7383 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number VISA 210924

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Wanda A Kauta
 Signature 719-B ORMOND CT
 Address SAN DIEGO, CA 92109
 City 488-7386 Zip Code
 Telephone

Invoice # _____

Work Order # **E 14653**

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14653

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RENA	1B. MIDDLE -	1C. LAST (FAMILY) LEWANDOWSKI	2. DATE OF BIRTH MONTH DAY YEAR 09/22/1906	3. DATE OF DEATH MONTH DAY YEAR 10/21/1998	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ursula Kantor - Daughter 719 Ormond Court, Apt. B San Diego CA 92109	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964		
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit; Judith King		
			8B. DATE SIGNED 10/23/1998		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/23/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

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 11-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554	12B. DATE CREMATED 10/27/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/22/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Scottie Alexander
 in a liner Funeral, date, time June 10-27 11:00
Type of Burial Container
 Church, Chapel, Graveside chapel & graveside Humphrey Monastery

All Funeral cars must 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 274 Grave 6 Row _____ Section 2 Division/Block 12
20-13 795.00

Grave space & Care Fund	PAID	<u>795.00</u>
Additional spaces and care fund	NOV 09 1998	<u>375.00</u>
Opening/Closing & Setup	IN FULL	<u>190.00</u>
Burial Container	MT. HOPE CEMETERY	<u>145.00</u>
Handling Fees	CITY OF SAN DIEGO, CALIF.	<u>45.00</u>
Flower vases - Marker setting fee		<u>14.73</u>
Recording and filing fee		<u>1504.73</u>
Sales taxes		<u>782.00</u>

30 day note

Total Due 1504.73
 Paid receipt number R 50496 782.00
 Balance due 782.73

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 Isabel Alvarado
 Signature 11351 Hollister St. Apt B
 Address San Diego, CA 92154
 City (619) 575-0767 Zip Code _____
 Telephone

Work Order # **E 14654**

Invoice # 3010235
 Acct. # 096900

MT. HOPE CEMETERY

W.O. # E 14054

NOTE

\$ 782.73 San Diego, California October 22 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 eighty two & 13/100 DOLLARS with interest from November 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 Isabel Alexander SIGNATURE Isabel Alexander

ADDRESS 1351 Hollister St. Apt #B San Diego, CA. 92154

CALIFORNIA DRIVER LICENSE NUMBER B3741365 SSN # 550-23-3774

E14654

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/22/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Scottie Alexander

in a liner Funeral, date, time Wed 10-27 11:00

Church, Chapel, Graveside Chapel + graveside Humphrey Modularity

All Funeral cars must 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 274 Grave 6 Row _____ Section 2 Division/Block 12
20 = 13 795.00

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 14.73

Sales taxes _____ 1504.73

Total Due 782.00

Paid receipt number 250496 782.00

Balance due 782.73

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 X hold under deed. -

Signature of recorded holder of deed _____

Signature X Isabel Alexander
1351 Hollister St. Apt B
San Diego, CA 92154
(619) 575-0767 Zip Code

Telephone _____

Invoice # 300235

Acct. # 096900

Work Order # E 14654

REX-104 (7-98) This information is available in alternative formats upon request. 10-28-98

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 096900

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11-9-98 (HD to Mt. Hope)

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID \$ 782.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Isabel Alexander

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) _____

CUSTOMER (PAYOR) ADDRESS 1351 Hollister St. # B
San Diego, CA
92154

REMARKS Catrina Avallone

MS 72

CASHIER _____

INV. NO. 300235

E 14654

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) SCOTTIE		1B. MIDDLE -	1C. LAST (FAMILY) ALEXANDER	2. DATE OF BIRTH MONTH, DAY, YEAR 01/21/1908	3. DATE OF DEATH MONTH, DAY, YEAR 10/20/1998	4. SEX M.
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Isabel R. Alexander - Wife P.O. Box 50193 San Diego CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/26/1998			

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/26/1998 J.E. King	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815530
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 10-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/22/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Danilo M. Rodriguez
in a liner Funeral, date, time Sat. Oct. 24 10:00

Church, Chapel, Graveside chapel + grvside, CA Burial Mortuary Jeanette

All Funeral cars must 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 135 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PAID E 14455

Additional spaces and care fund _____

Opening/Closing & Setup OCT 26 1998 375.00

Burial Container 190.00

Handling Fees 45.00

Flower vases - MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. 300.00
Sat. overtime

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 13109.73

paid receipt number R-50502 1369.73
Balance due 0

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 _____

Signature _____
Address _____
City _____
Telephone _____

See attached

Work Order # E 14655

Invoice # _____

Acct. # _____

E 14655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

42

1A. NAME OF DECEDENT—FIRST (GIVEN) DANILO	1B. MIDDLE MANGANTI	1C. LAST (FAMILY) RODRIGUEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 01/25/1956	3. DATE OF DEATH MONTH, DAY, YEAR 10/21/1998	4. SEX M	
5A. CITY OF DEATH POWAY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RITA M. RODRIGUEZ—MOTHER 681 KINGSWOOD STREET SAN DIEGO, CA 92114-7165			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Kim Walker</i>			8B. DATE SIGNED, 10/23/1998
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 7109 of the Health and Safety Code.						
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/23/1998 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815470		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT
- B. CREMATION F. DISINTERMENT
- C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA
- D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- I. DISPOSITION 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 10-24-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

D. I. P.

RUSUS CARLTON
BURIED there
VAULT will be
Delivered on MON!

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-22-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TOMMIE CARLTON

In a T.S. VAULT Funeral, date, time TUE. 10-27 10:00

Church, Chapel, Graveside CHAPEL GRAVESIDE PARIS FREDERICKS Mortuary.

All Funeral 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 205 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund Pre-Paid E-881 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container _____ 77185

Handling Fees 185.00

Flower vases - Marker setting fee PAID IN FULL 45.00

Recording and filing fee 11/11/98

Sales taxes 605.00

Total Due 420.00

Paid receipt number 50507

Balance due 185.00

mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

Signature of recorded holder of deed _____

X
Signature _____
X
Address _____
X
City _____ Zip Code _____
X
Telephone _____

see attached

Work Order # E 14656

Invoice # 300234
Acct. # 090899

10-28-98

Bill: Nancy Spantley E14656
15788 Lyons Valley
Januel Rd
91935

185.00

10-23
called David
left message 111656
still with me
185 pending
Total 185.00

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-22-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOAMIE CARLTON

Funeral date time TOE - 10-27 10:00
Church / Chapel / Gravesite CHAPEL GRAMPSIDE PARIS FREDERICKS

All funeral services must be held before 4:30 pm on regular work day or on extra charge of \$
will be applied and billed as indicated

Lot <u>385</u>	Row	Section <u>11</u>	Gravesite <u>7</u>
Grave space & Care Fund		<u>Pre-Nat E-881</u>	<u>⊕</u>
Additional spaces and care fund			
Opening, Closing & Enting			<u>375.00</u>
Burial Container			
Handling Fees			
Flower / roses - Marked setting fee			<u>45.00</u>
Recording and filing fee			
Sales taxes			
		Total Due	<u>420.00</u>

Pay to the order of _____ Balance due _____

I hereby certify that I am the _____ of the above named decedent and this is my own free will and choice and I have the right to make this arrangement and assume any liability in addition to said authorization.

I, _____ of the above named decedent's _____ as above indicated, hereby and request you to hold Mt. Hope Cemetery harmless from _____

I hereby authorize the payment in full held indicated.

Joamie Carlton
15786 Lyons Valley Rd
Jamul, Ca 91935
619-669-4878

Signature of authorized person

Invoice # _____
Acct # _____

Book Code # E 14656

Additional information available in alternative formats upon request

Modern Stairways Inc.

14656

DELIVERY / ORDER

3239 Bancroft Dr.
Spring Valley, CA 91977
(619) 466-1484 FAX 466-8920
(888) 842-6525

DATE	INVOICE #
10/26/98	2067

BILL TO
Paris Frederick 374 No. Magnolia El Cajon, CA 92020

SHIP TO
MT Hope Cemetery Carlton

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
Harold			10/26/98	Our Truck		

QUANTITY	ITEM CODE	DESCRIPTION
1	#5 Caliph	Top Seal Asphalt Coated
1	Delivery Chg	Delivery Charge resale

We appreciate Your Business!

E14656

84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) TOMMIE	1B. MIDDLE ESTELLE	1C. LAST (FAMILY) CARLTON	2. DATE OF BIRTH MONTH, DAY, YEAR 05/08/1914	3. DATE OF DEATH MONTH, DAY, YEAR 10/21/1998	4. SEX F
5A. CITY OF DEATH WEST PLAINS		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY SPRATLEY - DAUGHTER 15788 LYONS VALLEY ROAD JAMUL, CA 91935		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVENUE - EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795		8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mittlehause</i>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/26/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815543
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10 27 98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nancy J. Shelby

in a liner Funeral, date, time FRI. OCT. 30 2:00

Church, Chapel, Graveside Church of Jesus Christ of Latter-day Saints Mortuary 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 [Signature]

Lot 23 Grave 1 Row _____ Section 14 Division/Block 7

Grave space & Care Fund preneed C-10135 7183 2

Additional spaces and care fund late service fee 150.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 709.73

Paid receipt number 50510 709.73

Balance due 150.00

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X [Signature]
1505 Guven St.
San Diego, CA 92114
(619) 262-6900 Zip Code

Telephone 306694
Invoice # _____
Acct. # 096947

Work Order # E 14657

114-98

243-1507

10/30/98

service arrived at 3:47pm
late fee \$125.00 due

CA

Catrina M. T. Avallone

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO.

090947

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

12/8/98 (A.D. to
MT HOPE)

PAID BY (CIRCLE ONE)

CA 3090

CK

NP

PAYMENT REFERENCE NUMBER

3090

AMOUNT PAID

\$150.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

douise Jackson

PAYOR NAME

anderson-ragdale

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

5050 Federal Blvd.
San Diego, CA
92102

REMARKS

Cabina Avallone
MS # 72

CASHIER

INV. NO.

300694

E 14657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Nancy	1B. MIDDLE Jane	1C. LAST (FAMILY) Logan Shelby	2. DATE OF BIRTH MONTH, DAY, YEAR 07/07/1902	3. DATE OF DEATH MONTH, DAY, YEAR 10/22/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ruthie Shelby-Anderson, Daughter 6563 Osler St. San Diego, CA 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 10/22/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/27/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9815676
	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-30-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

Thur. 10/29
Date 10/23/98

mortuary to
sign 30 day note
invoice mortuary

for full amount of burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elizabeth Rogers Wed 28 27

in a liner Funeral, date, time THUR Oct 29 11:00

Church, Chapel, Graveside delivery; Nephew Mortuary. vince

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 146 Grave 3 Row _____ Section 3 Division 12

Grave space & Care Fund 07007 77184 166.00

Additional spaces and care fund _____

Opening/Closing & Setup 77181 375.00

Burial Container 77182 190.00

Handling Fees 77185 145.00

Flower vases - Marker setting fee 77183

Recording and filing fee 45.00

Sales taxes _____

Total Due 921.00

30 day note

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

Nancy Hobbs
PA

Work Order # E 14658

REA-104 (7-95)

X Signature
X Address
X City
X Telephone

Invoice # 306692

Acct. # 0910951

This information is available in alternative formats upon request.

Printed on recycled paper

11-4-98

10-26-98 12:20 pm

OK per Vince to change
delivery date to 10/28/98

E 14658

MORTGAGE TO REFERENCE ORDER

30 day note

INVOICE MORTGAGE for full amount of principal

Elizabeth Rogers

10/22/98
TUES OCT 21 11:00
DEPHONE
LIBRARY

delivery

1440 3 3 12

1000.00

375.00

190.00

145.00

45.00

921.00

30 day note

Rod Hildebrand

Should this note not be paid when due, it shall thereafter bear interest on the principal interest 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 maker of a note who signs this note agrees that recourse may be had against his/her separate property for the obligations contained herein, if any action be instituted on this note, the undersigned agrees to pay such sum as the Court may fix as attorney's fees.

Should this note not be paid when due, it shall thereafter bear interest on the principal interest 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 maker of a note who signs this note agrees that recourse may be had against his/her separate property for the obligations contained herein, if any action be instituted on this note, the undersigned agrees to pay such sum as the Court may fix as attorney's fees.

NANCY HOBBS
PA

Nancy Hobbs

E 14658

PA

Should this note not be paid when due, it shall thereafter bear interest on the principal interest 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 maker of a note who signs this note agrees that recourse may be had against his/her separate property for the obligations contained herein, if any action be instituted on this note, the undersigned agrees to pay such sum as the Court may fix as attorney's fees.

MT HOPE CEMETERY

NOTE

W.O. E 14658

\$ 921.00

San Diego, California October 23 1998

Thirty days after date for value received. The undersigned hereby promises to pay San Diego City Treasurer 3761 Market Street, San Diego, CA 92101, the sum of Nine hundred twenty one and no/100 with interest from November 27, 1998 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 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 maker of a note who signs this note agrees that recourse may be had against his/her separate property for the obligations contained herein, if any action be instituted on this note, the undersigned agrees to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7526 of the State of California Health and Safety Code authorizes the removal of any remains from a casket for which the purchaser has not paid in full.

PRINT NAME ROD HILDEBRAND

SIGNATURE

ADDRESS PO BOX 2306 EL CAJON, CA 92021

CALIFORNIA DRIVER LICENSE NUMBER

SSN

E14658

Authorization to Release

This is my Authorization to Release the Body of

BARBARA ROGERS

To The Neptune Society

Public HONORARIUM

Relationship (if authorizing yourself, write "Self")

10/23/98

3501 Ruffin Rd San Diego

Dated

Address

Authority to Inter

The undersigned hereby requests and authorizes Neptune Society or its assigns in accordance with and subject to its rules and regulations to inter the remains of:

Elizabeth Rogers

and certifies and represents that he or she has the right to make such authorization and agrees to hold Neptune Society and assigns harmless from any liability on account of said authorization:

Disposition as Follows:

No arrangements as yet:

Deliver body to cemetery located at:

MT HOPE CEMETERY SAN DIEGO, CA

(Our costs do not include any cemetery charges)

Other:

Charges:

I understand that the charge for all the above services shall be paid in full when the services are rendered.

Dated:

10/23/98

Signature:

[Signature]

Relationship:

Public

E14658

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH	1B. MIDDLE -	1C. LAST (FAMILY) ROGERS	2. DATE OF BIRTH MONTH, DAY, YEAR 03-02-1903	3. DATE OF DEATH MONTH, DAY, YEAR 10/04/1998	4. SEX F
5A. CITY OF DEATH EL CAJON	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR—NANCY HOBBS 5201—A RUFFIN RD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 10/20/1998			

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 7.00	9B. DATE PERMIT ISSUED 10/20/1998 VINCE ALARI	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815295
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 10-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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 10-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HOWARD WILLIAM ZILER PA 1999139

In a liner Type of Burial Container Funeral, date, time Tue MON NOV. 3 10:30

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 31 Grave 7 Row _____ Section 1 Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund —

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees —

Flower vases - Marker setting fee 45.00

Recording and filing fee —

Sales taxes —

Katherine Howard
P.A. Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # **E 14659**

Invoice # 306895

Accl. # 000952

11-10-98

E 14659

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) Howard	1B. MIDDLE William	1C. LAST (FAMILY) Ziler	2. DATE OF BIRTH MONTH, DAY, YEAR 04/06/1940	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/1998	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Katherine Howard-P. A. 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person with permit; <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/28/1998

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11-3-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dawn P. Grady
 in a liner Type of Burial Container Funeral, date, time Fri 10-30 11:00

Church, Chapel, Graveside Church/Graveside Co Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X F.E.

Lot 85 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 77181 370 375.00

Burial Container 77182 190.00

Handling Fees 77185 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 77183 45.00

Sales taxes 60101 78390 14.73

30 day note Total Due 1564.73

Paid receipt number 50508 800.00

Balance due 764.73

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 dead _____
X Gnestene Eden
Signature

X 3826 Winona St. #A
Address
X SAN DIEGO CA. 92105
City Zip Code

X 619-624-9076
Telephone

Work Order # E 14660 Invoice # 306089
 Acct. # 096949

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper 114-98

MT. HOPE CEMETERY

W.O. # E 14660

NOTE

\$ 764.73 San Diego, California October 26 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 seven hundred sixty four + 73/100 DOLLARS with interest from November 30, 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 ERNESTINE EDEN SIGNATURE X Ernestine Eden

ADDRESS X 3826 WINDOR ST. #A

CALIFORNIA DRIVER LICENSE NUMBER X ID # N7915987 SSN # X 205-40-8321

E14660

26

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DAWN		1B. MIDDLE PATRICE	1C. LAST (FAMILY) GRADY	2. DATE OF BIRTH MONTH, DAY, YEAR 10/01/1972	3. DATE OF DEATH MONTH, DAY, YEAR 10/21/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERNESTINE R. EDEN—MOTHER 3826 WINONA STREET #A SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>		
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.			8B. DATE SIGNED 10/28/1998			

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 \$7.00	9B. DATE PERMIT ISSUED 10/27/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9815638	
	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 10-30-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

do not cover
grave of Munni
Gann

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joseph Gann

in a liner Funeral, date, time Wed 10-28 1:00

Church, Chapel, Graveside Chapel/Graveside/Claremont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. (Signature)

Lot 1280 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need C-9058 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee _____

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-50503 769.73

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

(Signature)
Signature
6463 - 5th Ave
Address
Darlington, WA 98233
City Zip Code
(360) 757-3480
Telephone
G.S.D. (619) 715-8496

Work Order # **E 14661**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F14661
71

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Joseph	1B. MIDDLE -	1C. LAST (FAMILY) Gann	2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1927	3. DATE OF DEATH MONTH, DAY, YEAR 10/22/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Ferguson: Daughter 5220 Channing Street San Diego, CA 92117	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE. SAN DIEGO, CA 92117			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED 10/27/1998	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/28/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA: 9815706
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA. P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA.		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helene Galustyan
in a double death crypt Funeral, date, time Wed. 10-28 11:00
Type of Burial Container

Church, Chapel, Graveside Church / Graveside: Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X D. G

✓ Lot 4871 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 390.00

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-50505 2244.45

Balance due 0

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 [Signature]
Signature
X 1415 E. Lexington #253
Address
X El Cajon CA 92019
City
X (619) 579-1812 Zip Code
Telephone

Work Order # **E 14662**

Invoice # _____

Acct. # _____

E14662

602

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Feliks		1B. MIDDLE -	1C. LAST (FAMILY) Galustyan	2. DATE OF BIRTH MONTH, DAY, YEAR 02/06/1936	3. DATE OF DEATH MONTH, DAY, YEAR 10/23/1998	4. SEX M
5A. CITY OF DEATH San Diego			6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dzhuliyetta Garibova-Niece 1415 E. Lexington Ave., #253, El Cajon, CA 92019		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11376 of the Health and Safety Code, and was authorized pursuant to Section 7103 of the Health and Safety Code.			8B. DATE SIGNED 10/26/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/26/1998 <i>James Hale</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815577
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-26-98

*Pre-need
lot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Minnie Williams

in a liner 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 78 Grave 9 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-50506 1664.73

Balance due 0

PAID
OCT 26 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 _____

Minnie Williams
Signature
X 668 Kirtright ST
Address
X San Diego 92114
City
X 619 527-0793 Zip Code
Telephone

Invoice # _____

Work Order # **E 14663**

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jacqueline Price

In a liner Funeral, date, time Tues. Oct. 27 11:00

Church, Chapel, Graveside Chapel + inside Pagsdale 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.

Lot 117 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	PAID	<u>795.00</u>
Additional spaces and care fund	OCT 27 1998	<u>375.00</u>
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>190.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<u>145.00</u>
Handling Fees		<u>45.00</u>
Flower vases - Marker setting fee		<u>14.73</u>
Recording and filing fee		<u>1504.73</u>
Sales taxes		<u>1504.73</u>

Total Due 1504.73
 Paid receipt number 50511
 Balance due 0

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 _____

see attached
 Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 14664**

Invoice # _____
 Acct. # _____

263-1507

10-26-98 11:00am
per Peblow / Ragsdale
requested that we pick
lot for family and
mortuary will bring check
for full amount.

E 14664

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

10-210-98

For the burial, interment and cremation of the remains of the deceased and disposition of the remains

of Jacqueline Price
a liner

Chapel, Chapel Services chapel + onside Pagsdale Tues. Oct 27 11:00

All forms of data must show nothing 2 or 3 years ago, unless you are an extra charge of 150.00

and all applicable and previous orders X Shelley Williams

Lot 117 Grave 7 Row 3 Section 12

Crypt, Vault & Case Fee	795.00
Additional crypts and vaultage	—
Crypting, Dosing & Setup	375.00
Basic Container	190.00
Handling Fee	145.00
Power used - Main Building Area	—
Recording and Indexing	45.00
Shipping	14.73
Total Due	1504.73

mortuary to bring
check for full
amount. X

Balance due 1504.73

Family notified on the following date: X Shelley Williams

Address: X 1030 Federal Blvd.

City: X San Diego, CA

Phone: X 619 263 2101

Order # E 14664

Invoice # _____
App # _____

This order is a contract. It is subject to the terms and conditions of the order.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14664
59

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Jacqueline	1B. MIDDLE Rose	1C. LAST (FAMILY) Price	2. DATE OF BIRTH MONTH, DAY, YEAR 04/10/1939	3. DATE OF DEATH MONTH, DAY, YEAR 10/20/1998	4. SEX F
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eugenia L. Price-Apple, Daughter 4456 College Ave. San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mont.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108726 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 <i>[Signature]</i>		8B. DATE SIGNED 10/22/1998

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/26/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9815560
AUTHORIZATION OF LOCAL REGISTRAR	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-26-92

*Pre-Paid
lots*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeffie Sajona & Cheryl Howard

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 124 Grave 829 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895 each 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 _____

PAID

SEP 06 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1790.00
Paid receipt number 250044 895.00
Balance due 895.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Jeffie G. Sajona
Signature
X 3524 Los Reyes Rd
Address
X San Diego CA 92114
City
X 619-262-2942
Zip Code
X Telephone

Work Order # **E 14665**

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14665 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.

\$ 37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-need Lots****Catherine Gunningham****354 Los Reyes Dr.****San Diego, CA 92114****Lot 124, Gr 8 & 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.\$ 37.00Amount due if paid more than _____ days
after due 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-14605 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.



\$ 37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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,



\$ 37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.



\$ **37.00**

Amount due if paid more than _____ days
after due 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-14665 Pre-used Lots

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.



\$ 37.00

Amount due if paid more than _____ days
after due 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-14695 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.



\$.37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-need Lots**

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 9, Sac 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.



\$ 37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-need Lots**Catherine Cunningham****354 Los Reyes Dr.****San Diego, CA 92114****Lot 124, Gr 8 & 9, Sec 2 Div 12****E14665****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.\$ **37.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

ENTIRE BOOK

ACCOUNT No. E-14665 Pre-used Lots
Catherine Cunningham
354 Los Reyes Dr.
San Diego, CA 92114
Lot 124, Gr 8 & 9, Sec 2 Div 12

E 14665

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	10

Amount due when paid on, or before,
due date above.

▶ \$ 37.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring ~~your~~ coupon with each remittance**COUPON****18****DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-14665 Pre-need Lots

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 9, Sec 2 Div 12

E14665

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											19

Amount due when paid on, or before,
due date above.\$ 37.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14665 Pre-need Lots

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 9, Sec 2 Blk 12

E 14665

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.



37.00

\$ _____

Amount due if paid more than _____ days
after due 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.

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 9, Sec 2 Div 12

E146651

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.

▶ \$ 37.00

Amount due if paid more than _____ days after due 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-14665 Pre-used Lots

Catherine Cunningham

E-14665

354 Los Keyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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

37.00
\$ _____

Amount due if paid more than _____ days
after due 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.

Catherine Cunningham

E 14665

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 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.



\$ 37.00

Amount due if paid more than _____ days
after due 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-14665 Pre-sold Lots

Catherine Cunningham

354 Los Reyes Dr.

San Diego, CA 92114

Lot 124, Gr 8 & 9, Sec 2 Div 12

E 14665

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.



37.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring gas coupon with each remittance **COUPON**

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-14665 FEE-NEED LOGS

Catherine Cunningham

354 Los Reyes Dr.

E-14665

San Diego, CA 92114

Lot 124, Gr 8 & 9, Ssc 2 Div 12

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											10

Amount due, amount paid, or balance

due this date

Amount due, amount paid, or balance

due this date

days

\$

~~37.00~~

44.00

\$

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51855



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 1-7 2000

From: Catherine Cunningham Address: 354 Los Reyes Dr. SD 92114

Seventy Four and 09/100 Dollars (\$ 74.00)

In part Payment of opened lots for Jeffie Sajona & Cheryl Howard

Lot 124 Grave 819 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14665

BALANCE DUE 350.00

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.

PAID

JAN 07 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

3490 ISSUED BY Lynch

CREDIT	67007	
20% Sales Care	77184	<u>8 00</u>
80% Sales of Lots	100	<u>66 00</u>
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	\$	<u>74 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51654



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 11-2-99, 1999

From: Catherine Cunningham Address: 354 Los Reyes Dr. San Diego 92119

Seventy Four Dollars (\$ 74.00)

In part Payment of Pre-Need Lots

Lot 124 Grave 8, 9 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

w.o. E-14665

BALANCE DUE 424.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3456

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY D. Shelton

CREDIT	87007		
20% Sales Care	77184		
50% Sales of Lots	100	74	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	74	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52319



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Catherine Cunningham Address: 354 Los Reyes Dr San Diego 92114 Date: 4-11 .00
One hundred eighty five Dollars (\$ 185.00)
 In part Payment of Pre-Need Lots

Lot 124 Grave 8 x 9 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14665
 BALANCE DUE 175.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>181</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>185</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 3549

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52740

From: Katherine Cunningham Address: 354 Los Reyes Dr San Diego 92114 Date: 8-7-90
Security Loan
In part Payment of Pre-Need Lots Dollars (\$ 74.00)

Lot 124 Grave 8 x 9 Row _____ Section 2 Division 12
~~Block~~

Invoice No. _____
Acct. No. _____
w.o. E-14665
BALANCE DUE 101.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY J. Sheddell

CREDIT	67007		
20% Sales Care	77184	-74	00
80% Sales of Lots	100		
Opening/Closing	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	\$	74	00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AC-212 (Rev. 5-94) 3609

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52830

MOUNT HOPE CEMETERY

(619) 527-3400

From: Catherine Cunningham Address: 354 Los Reyes Dr. San Diego 92114 Date: 9-6, 2000
Eighty One Dollars (\$ 81.00)
 In full Payment of Pre-Need Lot

Lot 124 Grave 829 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14665
 BALANCE DUE 0

NOT VALID FOR PURCHASE UNTIL BUSINESS STAMPED
 "PAID" IN THIS SPACE. **PAID**
 SEP 06 2000
 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
 ISSUED BY J. Schellin

CREDIT	67007		
20% Sales Care	77184	81	00
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Mic. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	81	00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 3625

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51226



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Catherine Cunningham Address: 354 Poppye Dr. SD 92114 Date: 6-9 ¹⁹99

In part Payment of pre need lots Dollars (\$ 74.00)

Lot 124 Grave B49 Row _____ Section 2 Division 12

Invoice No. _____
Acct. No. _____
W.O. E14665
BALANCE DUE 599.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Catrina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>74</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>74</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

3616

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50995



WRITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Catherine Cunningham 354 Lopekey P DR. SD 92114 Date: 4-5 99
Address: 354 Lopekey P DR. SD 92114

In part Payment of seventy four pre need lots Dollars (\$ 74.00)

Lot 124 Grave 849 Row _____ Section 2 Division 2
Block 12

Invoice No. _____

Acct. No. _____

W.O. E14065

BALANCE DUE 673.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

3570

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

Citina Avallone

ISSUED BY _____

CREDIT	87007		
20% Sales Care	77184	<u>74</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	8022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>74</u>	<u>00</u>

CUNNINGHAM, CATHERINE 354 Los Reyes Dr. San Diego 92114

(Jeffie Sajona & Cheryl Howard)

			DEBIT	CREDIT	BALANCE
10-26-98	Opened Pre-need Lots	20010358 809101432			
	Lot 124, Gr 8 & 9, Sec 2 Div 12		1790.00		1790.00
10-26-98	R-50544			895.00	895.00
12-3-98	R-50602	Coupon 1 2 3		74.00 ✓	821.00
2-3-99	R-50809	Cpn 3 & 4		74.00 ✓	747.00
4-5-99	R-50995	Cpn 5 & 6 ✓		74.00 ✓	673.00
10-9-99	R-51226	Cpn 7 & 8 ✓		74.00 ✓	599.00
8-20-99	51401	" 9, 10 & 11		101.00	498.00
11-2-98	R-51654	12 & 13 ✓		74.00 ✓	424.00
1-7-00	51855	14 & 15 ✓		74.00 ✓	350.00
4-11-00	R-52319	16 to 20 ✓		185.00	165.00
8-7-00	R-52740	21 & 22 ✓		74.00	89.00
9-6-00	R-52830	23 & 24		81.00	

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Likhovits
in a Double Death Funeral, date, time 10-28 Wed 1:00

Church, Chapel, Graveside Church/Graveside: Clairmont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. M/C R

Lot 49 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing/Setu **PAID** at 375.00 750.00

Burial Container 380.00

Handling Fees **OCT 26 1998** 320.00

Flower vases - Marker setting fee

Recording and filing fee **MT. HOPE CEMETERY** 45.00 90.00
CITY OF SAN DIEGO, CALIF.

Sales taxes 29.45

Total Due 2364.45

Paid receipt number M/C 2364.45

Balance due 0

I hereby certify I am the X HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

M/C R
X Signature
X Address 2562 BURNLEY WAY
X City SAN DIEGO, CA 92110 Zip Code
X Telephone 619 276 2840

Work Order # **E 14666**

Invoice # _____
Acct. # _____

E 14666

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) Mary	1B. MIDDLE Bess	1C. LAST (FAMILY) Nikovits	2. DATE OF BIRTH MONTH DAY YEAR 02/17/1915	3. DATE OF DEATH MONTH DAY YEAR 10/25/1998	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William C. Nikovits: Husband 2562 Cowley Way San Diego, CA 92110		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Clairemont Mortuary 4266 Mt. Abernathy Avenue, San Diego, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1126	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Mesa</i>		
NONKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED 10/27/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/27/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Mesa 9815645
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-8222	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-27-98

**PRE-NEED
LOT & TRUST**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLOYD RIGGS

In a LINER Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 254 Grave 7 Row _____ Section 2 Division/Block 17

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases — Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
GREG - PUBLIC GUARDIAN	Total Due
694-3508	1564.73
FAX 694-3987	Paid receipt number <u>R-50531</u>
	Balance due <u>—</u>

PAID
NOV 5 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
X _____
Telephone

Work Order # **E 14667**

Invoice # _____
Acct. # _____



E14667

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 10-27-98

To GREG | PUBLIC GUARDIAN

Telephone 694-3508

Fax 694-3987

Subject FLOYD RIGGS

From SUC

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

PLEASE SIGN AT THE X'S. PLEASE

MAIL A CHECK FOR 1564.73 TO MT.

HOPE CEMETERY ATTN: SUC.

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

PRE-NEED
LOT & TRUST

Date 10-27-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FLOYD RIGGS

In a LINER Funeral, date, time _____
Type of Burial Container

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 254 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	—
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	—
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

GREG - PUBLIC GUARDIAN
694-3508
FAX 694-3987

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 dead _____

X
Signature _____
X
Address _____
X
City _____ Zip Code _____
Y
Telephone _____

Work Order # E 14667

Invoice # _____
Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Blandine Dillard

in a liner

Type of Burial Container

Funeral, date, time

Mon Nov. 27 11:00

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 \$ Debbie

will be applied and billed to undersigned.

✓ Lot 28 Grave 5 Row _____ Section 17 Division/Block 7

Grave space & Care Fund preneed D 0933

Additional spaces and care fund _____

Opening/Closing & Setup preneed D 0933

Burial Container preneed D 0933

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 14668**

Invoice # _____

Acct. # _____

E14668

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Blandine	1B. MIDDLE J.	1C. LAST (FAMILY) Dillard	2. DATE OF BIRTH MONTH, DAY, YEAR 09/14/1902	3. DATE OF DEATH MONTH, DAY, YEAR 10/27/1998	4. SEX F
5A. CITY OF DEATH Lemon Grove		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Karen Shell, Public Guardian 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

10/30/1998

KNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	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 -
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Makket St. San Diego, CA 92102	11B. DATE BURIED 11-2-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-28-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BOBBY KAUFFMAN PA # 1999 265

in a LINER Funeral, date, time Wed. NOV. 4 10:30

Church, Chapel, Graveside DELIVERY ONLY: 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 35 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

REBECCA BARR
P. A.

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 # 306695

Acct. # 000952

Work Order # E 14669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14669
64

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Robby	1B. MIDDLE -	1C. LAST (FAMILY) Kauffman	2. DATE OF BIRTH MONTH, DAY, YEAR 03/22/1934	3. DATE OF DEATH MONTH, DAY, YEAR 10/19/1998	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carmelita Humphrey - Friend 5627 Shaw St. San Diego, CA. 92138		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/29/1998		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/02/1998 M. Legaspi	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815883
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 11-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aiko Tachiki

In a DOUBLE DEPTH CRYPT Funeral, date, time MON 11-2 2:00

Church, Chapel, Graveside CHURCH GRAVESIDE Mortuary LEWIS COLONIAL MAX

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$150.00 will be applied and billed to undersigned. X DA

Lot 1 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund Pre-Paid E-5545 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 10-29-98 77181 375.00

Burial Container 11-16-98 77182 380.00

Handling Fees 11-16-98 77185 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 77183 45.00

Sales taxes 00101 78390 29.45

Total Due 1149.45

*Invoice Lewis Colonial
for total amount
per Max. X Daughter*

Paid receipt number _____

Balance due _____

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X DA
Signature
X 1261 - Garrett Ave
Address
X Chula Vista 91911
City Zip Code
X (619) 422-8253
Telephone

Work Order # E 14670

Invoice # 306691
Acct. # 0910950

11-4-98

E114670

82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) AIKO	1B. MIDDLE ENDO	1C. LAST (FAMILY) TACHIKI	2. DATE OF BIRTH MONTH, DAY, YEAR 01/02/1916	3. DATE OF DEATH MONTH, DAY, YEAR 10/28/1998	4. SEX F
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DIANE HUTCHISON - DAUGHTER 2410 HILLROSE PL OXNARD, CA 93030		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valente</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/29/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/29/1998 P Valente	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815769
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 11-2-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

MOCK-SET UP

INTERMENT ORDER

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLES BROWN SR.

In a _____ Funeral, date, time FRI-10-30 11:30
Type of Burial Container
 Church, 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 \$ MARK will be applied and billed to undersigned.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup MOCK SET-UP

Burial Container VETERANS AREA

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 50.00

Sales taxes _____

MORTUARY to BRING check

Total Due 50.00

Paid receipt number R 50514 50.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # E 14671

outside measurements
38 W X 95 L

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALLAN TURK

in a #7 liner Funeral, date, time 10-31 FRI 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 13U Grave 10+11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 2 @ 195.00 1590.00

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 2392.05

30-DAY NOTE
NOTE
MORTUARY TO
BRING CHECK
FOR HALF.

Paid receipt number 1196.00

Balance due 1196.05

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 14672**

Acct. # _____

692-0896
Fax

10-30-98

Mark from SD Memorial
Chapel requested that
we pick the lot for over
sized casket burial

33" W X 88" L X 23" H

mortuary to sign thirty day
note and bring check for
50% down payment on day
of service.

MT. HOPE CEMETERY

W.O. # E-14673

NOTE

\$ 1,196.00 San Diego, California 10-29 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 ninety six DOLLARS with interest from DECEMBER 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 1, 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

NEXT TO
RAYMOND PEABODY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LYDIA PEABODY

in a LINER Funeral, date, time FRI 11-6 3:00

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 9520 Grave _____ Row _____ Section _____ Division/Block 10

Graves space & Care Fund PRE-NEED C-8441 ⊖

Additional spaces and care fund —

Opening/Closing & Setup PRE-NEED C-9640 ⊖

Burial Container 1 ⊖

Handling Fees 11 ⊖

Flower vases - Marker setting fee —

Recording and filing fee ⊖

Sales taxes ⊖

Total Due ⊖

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14673**

E 14673

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lydia		1B. MIDDLE -	1C. LAST (FAMILY) Peabody	2. DATE OF BIRTH MONTH, DAY, YEAR 07/03/1904	3. DATE OF DEATH MONTH, DAY, YEAR 10/28/1998	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Raymond I. Peabody—Son 1720 Catalina Ave. Seal Beach, CA. 90740		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial; Chapel. 2441 University Ave. San Diego, CA. 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED 10/29/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/02/1998 M. Legaspi	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815885
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 11-6-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Allan Turk

in a # 7 liner

Funeral, date, time Fri. Oct. 30, 11:00

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 \$ 150.00

will be applied and billed to undersigned. X

Lot 130 Grave 10411 Row _____ Section 3 Division/Block 12

Grave space & Care Fund (2 at 795.00) 1590.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 220.00

Handling Fees 145.00

Flower vases - Marker setting fee PAID IN FULL

Recording and filing fee 12/10/98 45.00

Sales taxes \$210.05 17.05

Total Due 2392.05

Paid receipt number R 50514 1196.00

Balance due 1196.05

Aux Inv. 1310.05

Mortuary to bring check for \$1196.00 downpayment

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

OVERSIZE CASKET

33X88X23

Work Order # E 14674

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____
Invoice # 306087
Acct. # 0910948

11-4-98

MT. HOPE CEMETERY

W.O. # E14074

NOTE

1196.05

San Diego, California October 29 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 NINETY SIX + 05/10 DOLLARS

with interest from December 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 1, 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

E14674

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Allan	1B. MIDDLE M	1C. LAST (FAMILY) Turk	2. DATE OF BIRTH MONTH, DAY, YEAR 01/08/1948	3. DATE OF DEATH MONTH, DAY, YEAR 10/10/1998	4. SEX M
5A. CITY OF DEATH Longansport		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Indiana	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Johnny Mae Brown—Mother 2617 E. Plaza #204 National City CA. 91950		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		98. DATE SIGNED 10/30/1998		
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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102	11B. DATE BURIED 10-30-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E14674

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 096948

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE December 16, 1998

PAID BY (CIRCLE ONE) CA 3401 CK CH.D. to MF. (top)

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID 1,316.05

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Johnny Mae Brown

PAYOR NAME San Diego Memorial Chapel
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 2441 University Ave
San Diego, CA 92104

REMARKS Catman Vallone
MS 72

CASHIER _____

INV. NO. 306687

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51175



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 5-25, 1999

From: SD Memorial Chapel Address: 2441 University Ave. SD 92104

One Hundred Twenty Five and 00/100 Dollars (\$ 125.00)

In full Payment of Setting fee for Alon Turk

Lot 136 Grave 1011 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F 14674

BALANCE DUE A

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Lynde

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	<u>125</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51183



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 527, 19 99

From: Johnnie Mae Brown Address: 2617 E Plaza Manac Blvd. #204

thirty and 09/100 Dollars (\$ 30.00)

In full Payment of flower container

Lot 136 Grave 10311 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14674

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	<u>18</u>	<u>57</u>
	77182		
Handling Fee	100	<u>10</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>1</u>	<u>43</u>
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

ISSUED BY Lynda

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Christopher Frazer

in a liner Funeral, date, time Tues. NOV. 3 11:00

Church, Chapel, Graveside church & graveside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned

Lot 69 Grave 16 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 45.00

Recording and filing fee 14.73

Sales taxes 504.73

Total Due 50516 1504.73

Paid receipt number 50516 1504.73

Balance due 0

I hereby certify I am the X Stepmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 16 hold under deed.

Signature of recorded holder of deed _____

Jacqueline L. Frazer
 Signature 714 melrose pl
 Address San Diego CA 92114
 City (619) 263-1420 Zip Code
 Telephone

Work Order # E 14675

Invoice # _____
 Acct. # _____

E14675

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

34

1A. NAME OF DECEDENT—FIRST (GIVEN) Christopher	1B. MIDDLE Edward	1C. LAST (FAMILY) Frazer	2. DATE OF BIRTH MONTH, DAY, YEAR 12/18/1963	3. DATE OF DEATH MONTH, DAY, YEAR 10/27/1998	4. SEX M
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Irene Frazer, Mother 3030 Suncrest Dr. San Diego, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

10/29/1998

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.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/30/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9D. DATE SIGNED 10/29/1998
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-3-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

BURIED with
LOUIS PRUNIER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-30-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of REGINA PRUNIER *Century Flight*

in a ASH VAULT Type of Burial Container Funeral, date, time TUE 11-3

Church, Chapel, Graveside AND : ERICKSON ANDERSON Mortuary 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 97 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid D-5338 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container PAID 55.00

Handling Fees OCT 30 1998 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY 45.00
CITY OF SAN DIEGO, CALIF

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number R-50513 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14676**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) REGINA	1B. MIDDLE MARY	1C. LAST (FAMILY) PRUNIER	2. DATE OF BIRTH MONTH DAY YEAR 11/21/1901	3. DATE OF DEATH MONTH DAY YEAR 10/07/1998	4. SEX F	
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DIANE KUTNER - CONSERVATOR 5173 WARING RD, #33 SAN DIEGO, CA 92120			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE., LA MESA, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-296	8A. SIGNATURE OF APPLICANT—Person taking permit P. Valentine			8B. DATE SIGNED 10/11/1998
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/12/1998 P. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9814889
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 11-3-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3955 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 10/14/98	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.

FULL BODY GRAVE
of MINKIE BACON

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-30-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IONE CAROL ROBBINS Tues 11-17

in a ASH VAULT Funeral, date, time THUR 11-17
Type of Burial Container

Church, Chapel, Graveside AYD : Dunbar Mortuary.
L.P. Hall

All Funeral 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 4 Row 7 Section 9 Division/Block 7

Grave space & Care Fund PRE-NEED B-3457 0

Additional spaces and care fund PAID -

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting 45.00

Recording and filing fee 4.26

Sales taxes 269.26

Total Due 269.26

KIM 541-476-6868

GRANTS PASS

Paid receipt number R. 50537 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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 14677

Invoice # _____

Acct. # _____

E14677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

66

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ione	1B. MIDDLE Carol	1C. LAST (FAMILY) Robbins	2. DATE OF BIRTH MONTH, DAY, YEAR 12/05/1931	3. DATE OF DEATH MONTH, DAY, YEAR 10/24/1998	4. SEX F
5A. CITY OF DEATH Grants Pass		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Josephine, OR	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William F. Robbins 710 N.E Piedmont Ave. Grants Pass, OR 97526		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Kim J. Godfrey 141 N.W. C St., Grants Pass, OR 97526		7B. CALIF. LICENSE NUMBER —IF APPLICABLE -	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim J. Godfrey</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10-30-1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>David J. Herfendahl, MD</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County, P.O. Box 85222 San Diego, CA 92122		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input checked="" type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 11-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY JANE DUMLER
 in a ASH VAULT Funeral, date, time WED 11-4 2:30
Type of Burial Container
 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 _____ Grave 42 Row 5 Section 6 Division/Block 7

Grave space & Care Fund Re-need 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower ~~_____~~ - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 4.26

PAID
 NOV 4 1998
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 394.26

Paid receipt number M/C 394.26

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 _____

M. Dumler
 Signature
 # 214 1221 HOWAY ST
 Address
New Westminster BC CANADA
 City
604-526-2344
 Telephone
 Zip Code _____

Work Order # **E 14678**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14678
7111-A
75

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Jane	1C. LAST (FAMILY) Crawford	2. DATE OF BIRTH MONTH, DAY, YEAR 05/19/1923	3. DATE OF DEATH MONTH, DAY, YEAR 05/28/1998	4. SEX F
5A. CITY OF DEATH Watsonville		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Santa Cruz	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael G. Dumlér, son 1020 Howay St., Apt. 214 New Westminister, BC, CN		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Davis Memorial Chapel 609 Main St., Watsonville, CA 95076		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-438	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 11/02/1998
ACKNOWLEDGEMENT 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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/02/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX auth. 001345
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 962 Santa Cruz, CA 95060	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 Rosecrans St. San Diego, CA 9211-		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Marston St., San Diego, CA 92102	11B. DATE BURIED 11-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Soquel Cemetery Soquel, CA	12B. DATE CREMATED 11 2 98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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.

13 mo.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-2-98

44 1/2 L
19 1/2 W
20 1/2 H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSUE MARTINEZ

In a _____ Funeral date, time SAT. 11-7 10:00

Church, Chapel Graveside ; Graveside Mortuary. NANCY

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned _____

964

PAID
NOV 04 1998
INFULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Lot <u>963</u>	Grave _____	Row _____	Section <u>1</u>	Division/Block <u>9</u>	
Grave space & Care Fund					<u>100.00</u>
Additional spaces and care fund					<u>—</u>
Opening/Closing & _____					<u>125.00</u>
Burial Container					<u>—</u>
Handling Fees					<u>—</u>
Flower vases - Marker setting fee <u>SAT. OVERTIME</u>					<u>250.00</u>
Recording and filling fee					<u>45.00</u>
Sales taxes					<u>—</u>
Total Due					520.00

Paid receipt number R 50527 520.00

Balance due 0

I hereby certify I am the Judith Carrillo 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 record holder of deed _____

Judith Carrillo Tubal
 Signature
4320 Delta St. Apt # 1
 Address
SAN DIEGO CA. 92113
 City Zip Code
(619) 266-2466
 Telephone
OK 267-6764 Richard
Brother

Work Order # **E 14679**

Invoice # _____
Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

11/6/98 E14679
 4:23 pm OK
 per mother
 Spoke to family
 regarding 963
 is unusable
 change to 964

Sat. SVC OK E14679
PER Norman

963 - 1 - 9

AT

~~211-211~~

Richard

266-2466

818 - 762-1205

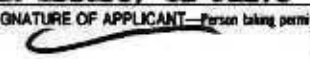
44 $\frac{1}{2}$ outside
19 $\frac{1}{2}$ W
20 $\frac{1}{2}$ S

10:00

E14679

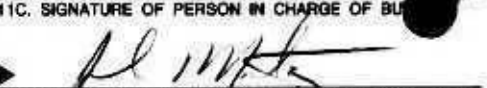
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Josue	1B. MIDDLE -	1C. LAST (FAMILY) Martinez	2. DATE OF BIRTH MONTH DAY YEAR 09/18/1997	3. DATE OF DEATH MONTH DAY YEAR 10/31/1998	4. SEX M	
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE L.A.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Judith Carrillo-Mother 184 West Calle Primera #j San Isidro, Ca 92173			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Guadalupe Funeral Home 2601 Imperial Ave., San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit 			8B. DATE SIGNED 11-3-98
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 \$ 7.00	9B. DATE PERMIT ISSUED 11/03/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa St Rm L-1 Los Angeles, CA 90012		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., CA San Diego, CA	11B. DATE BURIED 11-7-98	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN L. MENEILLY
 in a DOUBLE DEPTH CAPT Funeral, date, time WED 11-4 11:00
Type of Burial Container
 Church, Chapel, Graveside GRAVESIDE : PARIS FREDERICK Mortuary.

All Funeral 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 <u>2376</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund <u>PRE-NEED E-11323</u>				<u>0</u>
Additional spaces and care fund _____				<u>1</u>
Opening/Closing & Setup <u>Pre-Need E-11608</u>				<u>0</u>
Burial Container <u>19911</u> " " " "				<u>0</u>
Handling Fees " " " "				<u>0</u>
Flower vases - Marker setting fee _____				<u>1</u>
Recording and filing fee " " " "				<u>0</u>
Sales taxes " " " "				<u>0</u>
Total Due _____				<u>0</u>

*Interfund
Transfer
11-18-98*

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
 hold under deed.

 Signature of recorded holder of deed

 Signature

 Address

 City Zip Code

 Telephone

Work Order # **E 14680**

Invoice # _____

Acct. # _____

E 14680

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE LEWIS	1C. LAST (FAMILY) MENEILLY	2. DATE OF BIRTH MONTH DAY YEAR 10/31/1916	3. DATE OF DEATH MONTH DAY YEAR 10/30/1998	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JANET MENEILLY - WIFE 1285 E. WASHINGTON AVE., SP. #114 EL CAJON, CA 92019		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE. - EL CAJON, CA 92020-3908		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Grant K. Conrad</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 11/02/1998	

PERMIT AUTHORITY OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/04/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad	9D. SIGNATURE OF LOCAL REGISTRAR <i>Grant K. Conrad</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-3222		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/2/98

MON. 11-16

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kenneth Swayze PA 1999/84

In a liner Funeral, date, time FR NOV 13 10:30

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 300 Grave 2 Row _____ Section 1 Division Block 12

Grave space & Care Fund 120.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 380.00

K. Howard
PA

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 14681

Invoice # 307113

Acct. # 000952


11-20-98

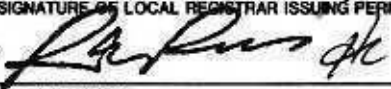
E 14681

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) Kenneth	1B. MIDDLE	1C. LAST (FAMILY) Swayze	2. DATE OF BIRTH MONTH, DAY, YEAR 08/03/1925	3. DATE OF DEATH MONTH, DAY, YEAR 09/14/1998	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Katherine Howard-P. A. 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit 		
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 7109 of the Health and Safety Code.		8B. DATE SIGNED 11/02/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/16/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11-16-98	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/2/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anthony MOSS
in a liner Funeral, date, time THURS. NOV. 5 11:00

Church, ^{Type of Burial Container} Chapel + graveside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 100 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	PAID	<u>995.00</u>
Additional spaces and care fund	NOV 04 1998	<u>375.00</u>
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>190.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<u>145.00</u>
Handling Fees		<u>45.00</u>
Flower vases - Marker setting fee		<u>14.73</u>
Recording and filing fee		<u>1704.73</u>
Sales taxes		<u>1704.73</u>

*mortuary to bring check
for full amount.*

Total Due 1704.73
Paid receipt number 50529 1704.73
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 _____

see attached
 Signature
 Address
 City
 Telephone

Work Order # **E 14682** ✓

Invoice # _____
Acct. # _____

Skinner / Ragsdale
11/2/98 11:15am

called to schedule burial
arrangements. Requested lot
be close to the relative in
100-7-1-11 last name is also
mom. Mortuary will bring
check for full amount of
service.

243-1507

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/2/98

ANTHONY

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ~~ANTHONY~~ MOSS

in a liner Funeral date, time THURS. NOV. 5 11:

Church Chapel + graveside Knightsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 50.00

will be applied and billed to undersigned. X Debbi Williams

Lot 100 Grave 9 Row _____ Section 1 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

mortuary to bring check Total Due 1764.73

for full amount. Paid receipt number 50529 1704.73

Balance due 80

I hereby certify I am the X Funeral Home of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recipient holder of deed _____
X Debbi Williams
5050 FEDERAL Blvd
San Diego, Ca 92102
619 263 3141 Zip Code _____
 Telephone _____

Work Order # E 14682 ✓ Invoice # _____
 Acct. # _____

E14682

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony		1B. MIDDLE -	1C. LAST (FAMILY) Moss		2. DATE OF BIRTH MONTH, DAY, YEAR 01/30/1927	3. DATE OF DEATH MONTH, DAY, YEAR 10/31/1998	4. SEX M	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Martin Moss, Son 1947 LaCorta St. Lemon Grove, CA 91945			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson@Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 11/02/1998
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 \$7.00	9B. DATE PERMIT ISSUED 11/04/1998 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9816067
		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON 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

51031



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: MARTIN MOSS Address: 1947 La CORTEA ST. LEMONGIE 91948 Date: 4-12 1999

one hundred twenty five Dollars (\$ 125.00)

In full Payment of marker setting fee for
ANTHONY MOSS

Lot 100 Grave 9 Row _____ Section _____ Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 14682

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1217

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY _____

Salma Avalone

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185	<u>125</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	8022		
	60101		
	78390		
TOTAL PAID		\$ <u>125</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/2/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ennya Maisheff

in a T.S. Vault Funeral, date, time Fri. NOV. 12 10:00

Chapel Graveside Chapel + inside : LOUIS COLONIAL Mortuary STEVE

All Funeral cars must arrive before 10 p.m. of regular work day or an extra charge of \$ 50.00

will be applied and billed to undersigned. X 2A

Lot - Grave 28 Row 6 Section 3 Division/Block 2

Grave space & Care Fund Preneed E 0078

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 <u>50517</u>	874.38
Balance due	<u>0</u>

PAID
 NOV 02 1998
IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Victoria Adams
 Signature
6490 Cowles Mtn Blvd
 Address
San Diego CA 92119
 City
463-2771 Zip Code
 Telephone

Work Order # E 14683

Invoice # _____
 Acct. # _____

E 14683

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ENNYA	1B. MIDDLE -	1C. LAST (FAMILY) MAISHEFF	2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1903	3. DATE OF DEATH MONTH, DAY, YEAR 11/02/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VICTORIA ADSIT - DAUGHTER 6490 COWLES MOUNTAIN BLVD SAN DIEGO, CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paulette Valentine</i>		8B. DATE SIGNED 11/02/1998
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108775 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/02/1998 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9815931
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 11-1-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ZULEIKA YDE

in a Senior Funeral, date, time Thur 11-5 12:00

Church, Chapel, Graveside Graveside : ACCU-CARE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 269 Grave 11 Row 13 Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container PAID IN 190.00

Handling Fees Full 12-14-98 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number VISA 782.00

Balance due 782.73

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

Signature X [Signature]

Address X 4812 DEL MONTE AVE AP2 SD 92107

City X SAN DIEGO Zip Code 92107

Telephone X 619-223 4204

Invoice # 307021

Accl. # 097026

11-18-98

30-day note


David 1-800-323-1342

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14684


31

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ZILKA	1B. MIDDLE O.	1C. LAST (FAMILY) YUE	2. DATE OF BIRTH MONTH, DAY, YEAR 07/03/1967	3. DATE OF DEATH MONTH, DAY, YEAR 10/31/1996	4. SEX FEMALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCIO ZOUVI HUSBAND 4812 DEL MONTE BL. #2 SAN DIEGO, CA. 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ACCU-CARE CREMATION CENTER 2562 STATE STREET STE. E CARLSBAD, CA. 92008		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1528	8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 11/02/1998

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 11/03/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOHN TOLBERT
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		99. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA. 92186-5222	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOSE CEMETERY 3751 MARKET STREET SAN DIEGO, CA. 92102	11B. DATE BURIED 11-5-98	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

COPY 2 IS RETAINED BY 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-14684

NOTE

\$ 782.73 San Diego, California November 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 seven hundred eighty two & ⁷³/₁₀₀ DOLLARS with interest from December 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 MARCIO ZOUJ SIGNATURE X [Signature]

ADDRESS X 4812 DE MONTE AVE APT 2 SAN DIEGO CA 92107

CALIFORNIA DRIVER LICENSE NUMBER X A6436176 SSN # X 610-28-8121

E 14684

72

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/17/98

DATE: 12/17/98
TIME: 215155
PAGE: 6

DEPARTMENT 072 R.E.A.-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
307021	11/18/98	097026	MARCIO ZOUVI				12/14/98	CK	1114	782.73	782.73	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		77185		000072			145.00		
			60101		78390					14.73		
			67007		77184					13.00		

E-14684

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALFONZO L. LEWIS
in a urn Funeral, date, time Thur 11-5 1:00

Church, Chapel, Graveside Church/Graveside: Daysdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X L.L.

Lot 241 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

PAID IN FULL
11-9-98

Total Due 1664.73
Paid receipt number 50553 11014.73

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Lynn Lewis
Signature 4022 Logan Ave.
Address San Diego CA 92113
City 619 266 2284 Zip Code
Telephone

Invoice # _____

Work Order # E 14685

REA-104 (7-96)

This information request.

Printed on

11-4-98 11-6-98
Per Debbie will
mortuary to bring
bring check for
full amount.
263-1501 ext E14685

MT. HOPE CEMETERY

W.O. # E-14685

NOTE

\$ 664.73 San Diego, California November 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 Six Hundred Sixty Four & 73/100 DOLLARS with interest from December 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 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Lynn Lewis SIGNATURE X Lynn Lewis

ADDRESS X 4022 Logan Ave.

CALIFORNIA DRIVER LICENSE NUMBER X 06247600 SSN # X 364-58-6369

E 14685

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Alfonzo	1B. MIDDLE Latel	1C. LAST (FAMILY) Lewis	2. DATE OF BIRTH MONTH, DAY, YEAR 12/17/1974	3. DATE OF DEATH MONTH, DAY, YEAR 10/30/1998	4. SEX M
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lynn R. Lewis, Mother 4022 Logan Ave. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>		

11/04/1998

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.		8B. DATE SIGNED			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/04/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 89222 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-5-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

asked
office

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan Gaden (X) TUES 3-2
In a Ash Vault Funeral, date, time AYD
Church, Chapel, Graveside delivery Greenwood Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot <u>16</u>	Grave <u>6</u>	Row	Section <u>100F</u>	Division/Block <u>22</u>
Grave space & Care Fund		<u>Preneed 10011</u>		<u>X</u>
Additional spaces and care fund		<u>Preneed E 11923</u>		<u>X</u>
Opening/Closing & Setup		<u>Preneed E 11923</u>		<u>X</u>
Burial Container ¹⁹⁹⁴		<u>Preneed E 11923</u>		<u>X</u>
Handling Fees		<u>Preneed E 11923</u>		<u>X</u>
Flower vases - Marker setting fee		<u>Preneed E 11923</u>		<u>X</u>
Recording and filing fee		<u>Preneed E 11923</u>		<u>X</u>
Sales taxes		<u>Preneed E 11923</u>		<u>X</u>
Total Due				<u>X</u>

Paid receipt number _____
Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 14686**

Invoice # _____

Acct. # _____

~~ashes are being mailed to LPA~~ 527 3041

Permit is coming to us from Greenwood. E-14686

- ashes are in the office
- 11-23-98 11m w/ Victoria to call me regarding permit.

**ABBEY****Memory Gardens & Funeral Home**

November 6, 1998

This letter is to inform you that the enclosed cremains are those of Ivan Gaden. They are to be placed in his location there per his families request. I was informed that all arraignments were taken care of already. If this is not so or you need further paperwork or payments please contact me at the funeral home.

I have hired Greenwood Funeral Home to secure a Burial Permit for me to allow the placement of Mr. Gaden's cremains. They assured me that the permit would be forwarded to you. If this is not completed already please contact me.

Again, thank you for your assistance in this matter and let me know right away if anything is incomplete in this matter..

Michael P. Walsh
Michael P. Walsh, LFD

2-1-99
CALLED MICHAEL ≠ HE IS CHECKING WITH
G/W.

E14686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) IVAN	1B. MIDDLE F.	1C. LAST (FAMILY) GADEN	2. DATE OF BIRTH MONTH, DAY, YEAR 01/10/1901	3. DATE OF DEATH MONTH, DAY, YEAR 09/07/1998	4. SEX M
5A. CITY OF DEATH TALLAHASSEE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE FLORIDA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KRITH GADEN - SON 418 STONEHOUSE ROAD TALLAHASSEE, FL 32301		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-905 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED 02/24/1999

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 02/24/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9903210
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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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 3-2-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Keybridge</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

David Harvey in grave already

MT. HOPE CEMETERY

2nd burial INTERMENT ORDER
Double Depth Crypt

City of San Diego

Date 11/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charlesetta Harvey

12:00

In a Double Depth Crypt

Funeral, date, time Mon. Nov. 9 1:00

Church, Chapel, Graveside graveside

Rucker's Jim Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot	31	Grave	9	Row		Section	2	Division/Block	11
Grave space & Care Fund	Preneed			E13913			11		
Additional spaces and care fund	Preneed			E13913			11		
Opening/Closing & Setup	Pre need			E13913			11		
Burial Container	Pre need			E13913			11		
Handling Fees	Pre need			E13913			11		
Flower vases - Marker setting fee	Pre need			E13913			11		
Recording and filing fee	Pre need			E13913			11		
Sales taxes	Pre need			E13913			11		
	Total Due								11

805-322-2001

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

Address

Signature of recorded holder of deed

City Zip Code

Telephone

Invoice #

Work Order # E 14687

Acct. #

E14687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLESETTA	1B. MIDDLE ANN	1C. LAST (FAMILY) HARVEY	2. DATE OF BIRTH MONTH, DAY, YEAR 06/12/1936	3. DATE OF DEATH MONTH, DAY, YEAR 10/29/1998	4. SEX F
5A. CITY OF DEATH BAKERSFIELD		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE KERN	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LA WANDA HOLMES - COUSIN 3409 OLIVER STREET BAKERSFIELD, CA 93307		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH RUCKER'S MORTUARY 301 BAKER ST., BAKERSFIELD, CALIFORNIA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-820		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Edward D. Leano</i>

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 7109 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF BURIAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 3004728 el
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 KERN COUNTY HEALTH DEPT 1700 FLOWER ST. BAKERSFIELD, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. 3851 ROSECRANS ST, SAN DIEGO, CA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-9-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Chandroo

In a liner Funeral date/time Fri NOV. 6 1:00

Church, Chapel, Graveside church + grist roadsdale Mortuary SKIPPER

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 104 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 11204.73

PAID
NOV 04 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

mortuary to bring check for full amount. X

Total Due 16059

Paid receipt number 50590 16059

Balance due 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.

I hereby authorize the interment in lot I hold under deed.

X SEE ATTACHED

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Signature of recorded holder of deed _____

Work Order # E 14688 ✓

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Chandrod
in a liner Funeral date, time Fri NOV. 6 1:00

Church, Chapel, Graveside church & graveside Mortuary SKIPPY

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. Debbie Williams

Lot 104 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund..... _____

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting fee..... _____

Recording and filing fee..... 45.00

Sales taxes..... 14.73

mortuary to bring
check for full
amount

Total Due..... 1604.73

Paid receipt number 50530 1604.73

Balance Due..... 0

I hereby certify I am the X Funeral Home of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of essential factor of deed

Debbie Williams
5050 FEDERAL BLVD
SAN DIEGO, CA 92102
619 263-3141

Work Order # E 14688 ✓

Invoice # _____

Acct. # _____

E14688

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Dorothy	1B. MIDDLE -	1C. LAST (FAMILY) Chandros	2. DATE OF BIRTH MONTH, DAY, YEAR 03/02/1926	3. DATE OF DEATH MONTH, DAY, YEAR 11/04/1998	4. SEX F
5A. CITY OF DEATH Lemon Grove		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Teddy Chandros, Son 1727 Nilo Way San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>		

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 \$7.00	9B. DATE PERMIT ISSUED 11/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9816182
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11/06/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E14689

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/4/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Velma Johnson
in a Double Depth Funeral date, time TUES. NOV. 10 11:00
Church, Chapel, Gravesite Schapel + inside Ragsdale Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 100.00
will be applied and billed to undersigned.

Lot 178 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund pre need E2151 2

Additional spaces and care fund		
Opening/Closing & Setup	<u>(240.00 + 375.00)</u>	<u>615.00</u>
Burial Container		<u>108.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker selling fee		
Recording and filing fee	<u>(2 at 45.00)</u>	<u>90.00</u>
Sales taxes		<u>29.45</u>
Total Due		<u>1222.45</u>

Family of Velma Johnson
changing about 11/10/98

Paid receipt number _____

Balance due _____

I hereby certify on 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 _____
_____ under deed _____

Signature of recorded holder of deed _____

Albert Williams
Signature
 427 n 47th Street
Address
 San Diego
City
 964-8671
Telephone

Work Order # 14689

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/4/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Velma Johnson
 in a Double Depth Funeral date, time TUES. NOV. 10 11:00
 Church, Chapel, graveside Chapel + inside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 100.00
 will be applied and billed to undersigned. X

Lot 178 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund pre need E2151 2

Additional spaces and care fund		
Opening/Closing & Setup	<u>(240.00 + 375.00)</u>	<u>615.00</u>
Burial Container		<u>108.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		
Recording and filing fee	<u>(2 at 45.00)</u>	<u>90.00</u>
Sales taxes		<u>29.45</u>
Total Due		<u>1222.45</u>

Paid receipt number _____ Balance due _____

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Albert Williams
 Signature
427 n 47th Street
 Address
San Diego
 City
264-8671
 Telephone

Work Order # E 14689

Invoice # _____
 Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/4/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Reed Jenkins

In a liner * Funeral, date, time MON. NOV. 9. 1:30

Church, Chapel, Graveside graveside : LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ Max

will be applied and billed to undersigned. _____

Lot 439 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund preneed B3430

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 109.73

Paid receipt number 50526 109.73

Balance due 0

PAID
NOV 04 1998
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Virginia L. Shade
Signature
4411 Beloy Law Dr
Address
La Mesa Ca 91941
City Zip Code
619-466-5129
Telephone

Work Order # **E 14690**

Invoice # _____
Acct. # _____

E 14690

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) REID	1B. MIDDLE RUSSELL	1C. LAST (FAMILY) JENKINS	2. DATE OF BIRTH MONTH, DAY, YEAR 05/23/1941	3. DATE OF DEATH MONTH, DAY, YEAR 11/04/1998	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VIRGINIA SHADE - AUNT 4411 BELLFLOWER DR LA MESA, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BEDBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	6A. SIGNATURE OF APPLICANT—Person taking permit <i>Barbara Jenkins</i>		

11/05/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103725 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 11-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-5-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joe Lewis Owens Jr.

In a Double Death Funeral, date, time Fri 11-6 11:00

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 50.00

will be applied and billed to undersigned. X/O/J/O

Lot 10 Grave 11 Row _____ Section 1 Division/Block 17

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container PAID IN FULL 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 11-12-98

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2144.45

Paid receipt number 50542 214445

Balance due X

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/O/J/O/W/E
Signature _____
X 9120 Laurel St
Address _____
X San Diego CA 92117
City _____ Zip Code _____
X 262-7859
Telephone _____

Work Order # **E 14691**

Invoice # _____
Acct. # _____

E14691

39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Joe	1B. MIDDLE Louis	1C. LAST (FAMILY) Owens, Jr.	2. DATE OF BIRTH MONTH, DAY, YEAR 06/16/1959	3. DATE OF DEATH MONTH, DAY, YEAR 10/21/1998	4. SEX M
5A. CITY OF DEATH Pontiac		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Michigan	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vera Owens, Mother 812 Quail St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federak.Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

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 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/05/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9D. DATE SIGNED 11/05/1998
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-6-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-5-98

family request to witness burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Velma Johnson

In a liner Funeral, date, time TUES, NOV. 10 11:00

Church Chapel Graveside Chapel - Inland Parkside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X A W.

Lot 252 Grave 7 Row - Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee NOV. 5 1998 14.73

Recording and filing fee 1504.73

Sales taxes 1504.73

PAID
 NOV. 5 1998
 IN FULL
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 1504.73

Paid receipt number 50530 Balance due 0

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

X Albert Williams
 Signature 427 N. 47th ST.
 Address SAN DIEGO CA 92102
 City (619) 264-8671 Zip Code
 Telephone

Work Order # E 14692

Invoice # _____

Acct. # _____

E 14692

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Velma	1B. MIDDLE J.	1C. LAST (FAMILY) Johnson	2. DATE OF BIRTH MONTH, DAY, YEAR 10/09/1916	3. DATE OF DEATH MONTH, DAY, YEAR 11/02/1998	4. SEX F
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mayfran Johnson, daughter 3013 Clay Ave. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Velma Johnson</i>		

8B. DATE SIGNED
11/06/1998

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 2100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 11/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Michelle</i>	9D. DATE SIGNED 11/06/1998
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 05222 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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-10-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-6-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY B. BELL

In a LINER Funeral, date, time TUE 11-10 1:00

Church, Chapel, Graveside CHAPEL / GRAVESIDE RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 34 Grave 0 Row 2 Section 11 Division/Block 11

Grave space & Care Fund PRE-NEED 0-8942 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 _____

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 14693**

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

11-6-98 Debbie to let us know about check.
11-9 Per Debbie - cancelled
12-9-98 Per Debbie cremated and ashes taken to St. Rosecrans.
E14693

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-6-98

DISINTERMENT / REINTERMENT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANN NGO3 LUU

in a _____ Funeral, date, time Thur 11-12

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

FROM 145 7 2 11
TO Lot 144 Grave 13 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

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 # _____

Acct. # _____

Work Order # **E 14694**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA
 County of San Diego
 On Nov. 6. 1998 before me, Maryann Quevedo ^{notary public}
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared Albert Wong
Name(s) of Signer(s)

personally known to me – OR – approved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.
[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: San Diego Authority to Disinter
Remove or Reinter
 Document Date: Nov. 2. 1998 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Albert Wong

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

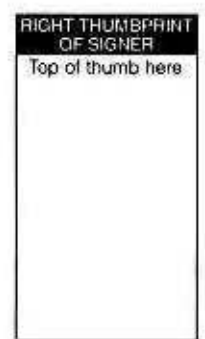
Signer Is Representing: _____



Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/10/98

*pre need
trust
2nd burial*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Edith Kehry
in a DOUBLE DEPTH crypt Type of Burial Container Funeral date, time

Church, Chapel, Graveside ; Mortuary,

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 383 Grave Row Section 1 Division 8 Block 8
Grave space & Care Fund *pre need B3210*

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container

Handling Fees

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 420.00

PAID
NOV 16 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number 50539 420.00

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

Edith R. Kehry
Signature
5240 ORANGE AVE
Address
SAN DIEGO, CA 92115
City 619 582-9648 Zip Code
Telephone

Work Order # **E 14695**

Invoice #
Acct. #

Preneed Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/6/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Agnes Dallmer

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 309 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund preneed C5884 Q

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
NOV 06 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

375.00
250.00
185.00
—
45.00
19.38
874.38
874.38
Q

Total Due _____

Paid receipt number 50540

Balance due Q

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 14696**

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

preneed
lots

Date 11/6/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeffie Sajona + Cheryl Howard

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 124 Grave 8+9 Row _____ Section 2 Division/BLOCK 12

Grave space & Care Fund 120

Additional spaces and care fund

Opening/Closing & Setup.....

Burial Container.....

Handling Fees

Flower vases - Marker selling fee

Recording and filing fee

Sales taxes.....

Total Due.....

Paid receipt number

Balance due

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # **E 14697**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/10/98

family
to bring
50% down

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Antonia Sanchez

In a liner Funeral date time Mon. Nov. 9 2:00

Church, Chapel, Graveside witness only: Guddalupano Mortuary Nancy

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 112 Grave 9 Row _____ Section 3 Division/Block 12
795.00

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-50543 795.00

Balance due 769.73

I hereby certify I am the Antonia Sanchez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

YR
Signature _____
Address 1912 KST
City San Diego CA 92102 Zip Code _____
Telephone 595-0783

Work Order # **E 14698**

Invoice # 307114
Acct. # 097039

11-20-98

MT. HOPE CEMETERY

W.O. # E-14698

NOTE

769.73

San Diego, California

11-9-98

19

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Sixty Nine and ⁷³/₁₀₀ DOLLARS with interest from December 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 Yolanda Robles

SIGNATURE

X Yolanda Robles

ADDRESS

X 1912 K St San Diego CA 92102

CALIFORNIA DRIVER LICENSE NUMBER

X

SSN #

X 530.62.2583.

E14698

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ANTONIA		1B. MIDDLE -	1C. LAST (FAMILY) SANCHEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 07/05/1929	3. DATE OF DEATH MONTH, DAY, YEAR 11/03/1998	4. SEX F.
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT YOLANDA ROBLES—DAUGHTER 1912 "K" ST. SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>		
ACKNOWLEDGMENT OF APPLICANT			I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
			8B. DATE SIGNED 11/06/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 11/06/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NANCY LOPEZ 9816223
		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-9-98

50% = \$782.00
 Mortuary to
 bring check

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of **CECIL SMITH**

In a **LINER** Funeral, date, time **FRI. NOV. 13 11:00**

Church, Chapel, Graveside **GRAVESIDE** : **CA BURIAL** Mortuary.
JEANETTE

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot **53** 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**

30 DAY NOTE

Total Due **1504.73**

Paid receipt number **R-30562** **782.00**

Balance due **782.73**

I hereby certify I am the **X** **OVER** of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 _____

Work Order # **E 14699**

Invoice # **307115**
 Acct. # **097041**

11-20-98

1-12-99

700.00 amt

Bal Due 82.73

286-2474

MT. HOPE CEMETERY

W.O. # E 14099

NOTE

\$ 782.73 San Diego, California NOVEMBER 9 1999

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 SEVEN HUNDRED EIGHT TWO + 73/100 DOLLARS with interest from DECEMBER 14, 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 1, 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

P. 01
E14690

50% = \$782.73 INTERMENT ORDER
City of San Diego

Date: 11-9-98

You are hereby authorized and authorized, subject to your title and regulations, to enter the remains of **CECILE SMITH**

via **LINER** Typical date line **FRI. NOV. 13 11:00**
to **GRAVESIDE CA BURIAL** Monday
JEANETTE

As the undersigned have before me the original of your work order, I hereby certify that the above information is correct and true.

LA **53** Grave **9** Price **3** Inscriptions **12**
Total **795.00**

Funeral Home & Care Unit **375.00**

Additional services and charges **190.00**

Embalming **145.00**

Additional fees **14.73**

Gravestone - Marker - oblong top **504.73**

Shipping and handling **14.73**

Other items **14.73**

30 DAY NOTE

Funeral home initials **14.73**

Balance due **782.73**

Work Order # **E 14699**

This information is made available to the public pursuant to the California Public Information Act.

W.O. # **E 14699**

NOTE

NOVEMBER 9 1998

MT. HOPE CEMETERY

\$ **782.73**

San Diego, California

Thirty days after date for value received, the undersigned, maker, promises to pay San Diego City Treasurer or fiscal, 3251 Market Street, San Diego, CA 92101, the sum of **SEVEN HUNDRED EIGHT TWO + 73/100** with interest from **DECEMBER 14, 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 shall 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 named 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 promises to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 732e of the State of California Health and Safety Code authorizes the removal of any remains from a casket if the purchaser provides a demand and a paid receipt.

Signature: **X Dorothy W. Smith** **X Dorothy W. Smith**
Address: **X 312 San Jacinto Blvd San Diego, CA 92114**
California Driver License Number: **X NA** SSN: **X 426-06-1099**

E14699

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 097041

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 1-12-99
PAID BY (CIRCLE ONE): CA **CK** NF
PAYMENT REFERENCE NUMBER # 419

AMOUNT PAID 700.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Cecil Smith E-14699
PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)
CUSTOMER (PAYOR) ADDRESS Dorothy Smith
317 S. San Jacinto Dr.
San Diego 92114

REMARKS _____

CASHIER _____

INV. NO. 307115

F 14699

45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CECIL		1B. MIDDLE JEWEL	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1953	3. DATE OF DEATH MONTH, DAY, YEAR 11/06/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY WILLIAMS—SMITH—WIFE 312 SOUTH SAN JACINTO SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i>		
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 7109 of the Health and Safety Code.			8B. DATE SIGNED 11/10/1998			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/10/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-13-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.