MT. HOPE CEMETERY INTERMENT ORDER

land to

REA-104 (7-95)

City of San Diego

San Diego Date 7-29-98

to there to	w
in a Could Type of Burner Comminger	Funeral, date, time Nov 8-3 11:00
Church, Chapel, Graveside Darch	Gransell Ragadale Monussy.
All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.	p.m. of regular work day or an extra charge of \$ 150.00
Lot 42 45 Grave GROW .	D Section Division/Block
Grave space & Care Fund	995.00
Additional spaces and care fund	1-11 onice =
Opening/Closing & Setup	REASURELS 370 375.00
Burial Container	20 SILVERS 320.00
Handling Fees	TON PAID OF 100 SRUIDE
Flower vases - Marker setting fee	ante and of
Recording and filing fee	1 200 100
Sales taxes	21.12
267	DUNT HOPE CEMETERY
So Xa	Paid receipt number
No * nuit	Balance due 1117177
and this is your authority to make dispos that I have the right to make this authorizati any liability on account of said authorizati	of the above named decedent sition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
I hereby authorize the interment in lot I hold under deed.	X Lula D. Porter
Signature of recorded heider of deed	Address an Diego El 92/0 City 1-6/9-262-6684
Work Order # E 14500	Invoice #303 199 Acct. # 090148

This information is available in alternation to trivial in recorded paper

NOTE

	.,0,-		
\$ 1144.45	San Diego, California	7-30-98	19
Thirty days after date for value recei	ved, the undersigned maker promises to p	ay San Diego City Trea	surer, or orde
	92101, the sum of On Unescal On	Externation	DOLLARS TO
with interest from	N 41 1710	on the	unpaid principal
at the rate of 12 percent per annum	, payable on demand.		
Should this note not be paid wh	en due, it shall thereafter bear interest on	the principal. Interest a	after maturity will

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 Y LULA D.	Porter	SIGNATURE & Lula	D. Porter
	oftendo.	Dan Riego,	Caly 42/02
CALIFORNIA DRIVER LICENSE NUMBER	NB0298641	\$ ssn # \\ 5	67-26-8967

OFFICIAL RECEIPT

WHITE TO GUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HODE CEMETERY

PINKAUDITOR	527-3400				
		Date: 7-	30		1998
From: Tula Inter	Address: 4090 tates &	In I	Duj	ं १२।	01
One Thousand -		D	ollars (\$	1,000,01	0
In Part Payment of	Terment of Meryl Vot	ile			
	1 1			72	
Lot 43 11 5 Grave	Row Se	ction		Division	
Invoice No	NOT VALID FOR PURPOS STAED UNLESS AMPED	CREDIT 20% Sales Care	57007 77184 —	199	90
Acct. No	INID	80% Sales of Lots	100 77184 —	176	00
WO E- 14500	JUL 3 0 1998	Opening/ Closing Burial	77181 — 100		00
BALANCE DUE 1144 45		Containers	77182 — 100		
	MT. HOPE CEMETERY CITY of SAN DIEGO. CALIF	Handling Fee Recording & Misc. Fees	77185 — 100 77183 —		
Pre-Need Lot At Need On Acct	Gia sassing and all the	Pre-Need Trust	63033 9022 —		
Pre-need Trust D Cash D Check D	-11:11	Sales Tax	80101 78390 —		100
AC-212 (Rev. 5-94)	ISSUED BY 3 SACCOURN	TOTAL PAID	5_	1000	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER GANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Rula Polin	Address: 9990 Detter &	Date: 1-30	in 72102
In part Payment of Int	terment of Meryl Por	Dollars	(5 1,000,00)
Lot 4215 Grave	RowS	action	Division D
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 20% Sales Care 7718 80% Sales 01 10 of Lots 7716 Opening/ 10 Closing 7718 Burial 10 Containers 7718 Handling Fee 7718	796 00 84 5 00 81 5 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY & Middle	Recording & 11 Misc. Feen 718 Pre-Nord 6300 Trust 900 Salws Tax 6010 7836 TOTAL PAID	33 22 21

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

IA. NAME OF DECED Merle	ENT-FIRST (GIVEN) 18. MIDDLE Willard	IC: LAST (FAMILY) Porter		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY YEAR MONTH, DAY YEAR 07/27/1998 H
5A. CITY OF DEATH Sen I	lego	SE COUNTY OF DEATH-CENTER STATE		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILD D. POTTET, WIFE
Anderson-	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON -Ragsdale Mort.; 5050 Federal San Diego, CA 92102	ACTING AS SUCH 7B, CALIF. BIVE THE AF	PLICABLE	990 Dafter Dr. an Diego. CA 92102 SIGNATURE OF APPLICANT—FESSIO BEING PRINT, 88. DATE SIGNED
ACKNOWLEDGMENT OF	APPLICANT hereby exposed sign applicant that the proposed disposed of Section 10376 of the Health and Safety Code, and was author			Octor Willum 107/29/199
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 OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	09/31/1998 Audelean	SUED, BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMI
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT NO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED BY CALIFORNIA VITAL RECORDS: P.O. Box 852 San Diego, CA 921	22 IF DISPO		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE	A	(Name and Address)
BURIAL	Ht. Hope Cemetery; 3751 Har San Diego, CA	tket St.	11B. DATE BURIED	11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
CHEMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATI	ORY	2B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	OB. DATE RECEIVED	130. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		48. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SE OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		16B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER

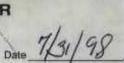
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed, subje	ct to your rules	and regulations, to it	nter the remains
Lines #7	geral, date, time	- 1	toth 12'8
Time of Girls Continue 1	ravitale (- Py	Mortuary.
All Funeral cars must arrive before 3:30,p.m. of	CONTRACTOR OF THE PARTY OF THE	THE RESIDENCE OF THE PERSON NAMED IN	200 (And Sweet) (S. O.)
will be applied and billed to undersigned.	01006	Tolder	0
Lot 134 Grave 74 Anow		2 Division/S	- //_
Grave space & Care Fund PAL N	eed E-	14455	-0
Additional spaces and care fund			- 10 17
Opening/Closing & Setup		220 07	35.00
Burial Container		330.00	19000
Handling Fees			145.00
Flower vases Marker setting fee			11500
Recording and filing fee			4000
Sales taxes		045	116902
Dalid man	eipt number	Due	385,00
Patrick	arpt number	Balance due	384.73
I hereby certify I am the X Brothe	V	of the above r	amed decedent
and this is your authority to make disposition of that I have the right to make this authorization ar	nd I agree to hol	ive indicated. I certif	ly and represent
any liability on account of said authorization and	interment.	10	0-
I hereby authorize the interment in lot I hold under deed.	Signature	el selo	
nate until deed.	X 1354	26 rund	we arma
Signature of recorded halder of deed	xsan	Diego	Zio Code
	KUP 0	17494 18	
	Invoice #	303528	
Work Order # E 14501		096247	
tad 11 to as	1		s upon request.
	and the second		8-20-10
for sald, 33.30	} .		
for som			
also hold then	7		
	- 1450	1	
	1100	3	
Du L			
700		- 7	

8-4-98 1:55 pm

Gany-ca. Burial, called

to notify us of OK to upl

2 graves number 7 +8 dul to
overpize capket: also service
is rescheduled to sup. Aug. 11.

w.o. # E - 14501

NOTE

384.73	San Diego, Califo	ornia August 3	1998
Thirty days after date for value received	the undersigned maker promise	es to pay San Diego City Treasurer	r, or order at
3751 Market Street, San Diego, CA 92' with Interest from	101, the sum of Three hung	Wed eighty four Toffer on the unpa	DOLLARS aid principal
at the rate of 12 percent per annum, pa			
Should this note not be paid when accrue at the rate indicated above. Prin			SERVING MEDICAL PROPERTY OF THE PROPERTY OF TH

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 & ERIC Felders	SIGNATURE V Die Geles
ADDRESS V 1354 & Grand ave	
CALIFORNIA DRIVER LICENSE NUMBER XA4875000	

E- 14501

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

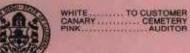
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A	NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
5A	TINA CITY OF DEATH		SHAWNTI	58. COUNTY OF DE	EATH-OUTSIDE GALIF		02/13/1978 RELATIONSHIP, FULL MU FORMANT	STATE OF THE OWNER, WHEN	6/1998 RESS AND ZIE	F CODE
7A	CALIFORNI	AJON BLVD.,	FINERAL DIRECTOR OR PERSON A & BURIAL CHAPEL SAN DIEGO, CA 92 owledge as applicant that the proposed disposed the best of the Health and Salety Code, and was author	2115	CALIF LICENSE NUMBER —IF APPLICABLE F-1357 The dispositions sufficient by	305 SAY	YA MCNEELY-S SOUTH 33RD I DIEGO, CA NATURE OF APPLICANT—N	ST. 92113		E SIGNED 5/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED SHOWS OF THE CALIFOR AND IS THE AUTHORITY IN THIS PERMIT.	O IN ACCORDANCE WITH PROVI- RNA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED HOHT OF SEPOSAL OUTSEE OF CALFORNA.			998	9C. SIGNATURE OF LOC ▶ 9811452	CAL REGIS	TRAR ISSUIN	PERMIT
11	ON REQUIRES A NEW	IF DEATH OCCURRED	S - P. O. BOX 852		ADDRESS OF REGISTRAF # DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	INIA.		
	A BURIAL (INCL)			E. TEMPORARY E. F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O			FOR CORC	PENDING-		
	BURIAL	MT. HOPE CE SAN DIEGO,		AFTER STATE OF THE PARTY OF THE	8 - //- 9	1	SIGNATURE OF PERS	ON IN CH	ARGE OF BU	RIAL
ABLE ITEMS	CREMATION	12A. NAME AND ADD	RESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	ITED 120	G SIGNATURE OF PERS	ON IN CHA	RGE OF CRE	MATION
ALL APPLIC	SCIENTIFIC USE	13A. NAME AND ADD	RESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	IVED 130	SIGNATURE OF PERS	ON IN CH	ARGE OF FA	CILITY
OMPLETE	TRANSIT		RESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 140	OF PLACING WITH TH			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENT	ST POINT ON SHORELINE, OR OTH TIFY FINAL PLACE AND GA DISTRIK		158 DATE OF DISPOSITION		CHARGE OF DISPOSI		OF CREM MAINS DI —IF APPL	ATED RE-

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

0/2

OFFICIAL RECEIPT

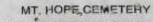


CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From ERIC Felders Three hund	address: 1354/26	Date: -//E	SANDEY	10 (1)
Payment of	Row Se	ection 2	Division /	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 77181 Burns 100 Containern 77182 Handisrg Fee 77185 Recording 8 100 Miss. Fees 77185	375	00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ AC-212 (Rev. 5-94)	IBSUED BY LOUY BOK	Pre-Need (718: Pre-Need 6333: Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$		00





INTERMENT ORDER

City of San Diego

Date 7-31-98

or James tills	Funeral, date, time Tues, 8-4 11:00
Church, Chapel, Graveside	Graveside: Passade Mortuary
	p.m. of regular work day or an extra charge of \$ 150,00
will be applied and billed to undersigned	
Lot 5025 Grave Row	Section Division/Block
Grave space & Care Fund	20-111 100500
Additional spaces and care fund	
Opening/Closing & Setup	d 110 Cull 375.00
Burial Container	ain tuli 250.00
Handling Fees	-3-98 185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	[7.30
- 90 mg	Total Due 1964, 30
t the	Paid receipt number 50246 984.00
X m +	A Balance due 485.38
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization.	of the above named decedent sition of remains as above indicated. I certify and represent ration and I agree to hold Mt. Hope Cemetery harmless from the and interment.
I hereby authorize the interment in lot I hold under deed.	Mary F. Laines 139 S. gazinto Dr.
Signature of recorded holder at dead	Address Dago Ca. 921/4 City 42-6370 Telephone
Work Order # E 14502	Invoice # 303196 Acct. # 096147

W.O. # E-14502

NOTE

\$ 985.38	San Diego, Calif	fornia July 31	192
Thirty days after date for value receive	ed, the undersigned maker promis	ses to pay San Diego City Trea	surer, or order
3751 Market Street, San Diego, CA 93	2101, the sum of Min tunk	exclighty live & 39	DOLLARS
with interest from leptunder	16,1990	on the	unpaid principal
at the rate of 12 percent per annum, p	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 XMARY F.	DRINES SIGNATURE Mary F. Daines
ADDRESS X129 8. Faci	nto Dr. San Diego ca. 92114
CALIFORNIA DRIVER LICENSE NUMBER	\$20207795 SSN# \$70-368
PV-1013 (11-min	570-36-0258

E-14502

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

43

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

Ĭ	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	S. DATE OF DEATH 4. SEX
	CITY OF DEATH		ELLIS	SB. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MA	NLING ADDRESS AND ZIP CODE
1	OS ANGELES	DORESS OF CALIFORNI	A—FUNERAL DIRECTOR OR PE	ENTER STATE	S ANGELES	MARY BRANCES GAI	NES-MOTHER .
1	NDERSON-RA	GSDALE MORT	UARY-5050 FEDE		APPLICABLE	SAN DIEGO, CALIF	. 92114
	AN DIEGO,	CALIF, hereby a	cknowledge at applicant that the propo-		dispositions authorized by	A SIGNATURE OF APPLICANT	ose taking perint, 68. DATE, SIGNED
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH FOR THE OFFICE AND SAFETY OF THE DISPOSITION SPECIAL DUTSING OF CALL	ROVI- CODE SPIED	AID 9B. DATE PERMITS	1998 much	Annual Period Pe
1	ON REQUIRES A NEW ERMIT TO SHOW FINAL	IF DEATH OCCURRE			ASPOSITION IN TO OCCUR	F DISTRICT OF DISPOSITION— IN ANCEPER DISTRICT IN CALIFOR	
10		OSITION(S) CHECK AF					ONER'S USE ONLY
1	B. CREMATION		ANS OTHER	E. TEMPORARY ENVA	FINIA	I DISPOSITION (Name and Ad	PENDING REMAINS LOCATED AT
	BURIAL	The state of the s	EMETERY-3751 M	A STATE OF THE PARTY OF THE PAR	118. DATE BURIED	11C. SIGNATURE OF PERS	SON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	THE RESIDENCE OF THE PARTY OF T	DRESS OF GALIFORNIA CR	EMATORY	128. DATE CREMATE	12C. SIGNATURE OF PERS	ON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	ISB. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSI	

COPY 2 IS RETAINED BY 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

Payment of Tale	context of Janus	Date: 1/3/ Dollars E 1/15	18 98 400 1 There 2500
ot 5/95 Grave _	RowS	ection	Division / O
Pre-Need Lot At Need On Acct Check Co.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 718 Closing 7718 Burtal 10 Containers 7718 Recording & 10 Misc. Fees 7718 Pre-Need 6303 Trust 900 Sales Tax 6010 TOTAL PAID	00 00 00 00 00 00 00 00 00 00 00 00 00

INV	INV	ACCT	CUSTOMER FUND	NAME DEPT	DRG	ACCT	J/0	PAYM DATE OPER		PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILL	LED	UNPAID BALANCE
303196	14150	120	MARY F. 100 100 100 100 69101 67007			77181 77182 77183 77185 78390 77184	00007	72	B-CK 6	49	985.38 375.00 250.00 45.00 185.00 19.38 111.00	985	.38	PAID IN FULL

MT. HOPE CEMETERY

City of San Diego

R
Date 7/31/98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Muarca 1. 17010	1 80
in a ASh Vau H	Funeral, date, time MON . 8 4//30
Church, Chapel, Graveside Church 4.	grysial reptune Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	gam.
Incol	- 1*
Lot 188 Grave Row	Section Division/Black 10
Grave space & Care Fund Pre no	<u>8</u>
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	2AID 55.00
Handling Fees	60.60
Flower vases - Marker setting fee	JUL 3 1 1990 —
Recording and filling fee	HOPE CEMETERY 46.00
Sales taxesCITY	of SAN DIEGO. CALIF. 4.26
	Total Due
Paid	receipt number 50248 209.20
1	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization any liability on account of said authorization s	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment
	Mr. o b -
I hereby authorize the interment in lot I hold under deed.	Sphopso
1000	A13304 Whitevater Drive
Signature of recorded holder of deed	Parsy Ca 92064
	1 Telephone 19- 74-8-9043
A THE REST	Sharaken M
Work Order # E 14503	Invoice #
Work Order #	Acct. #

& Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

sister of Lot owner 163.331

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (F	AMILY)		TE OF BIFTH	3 DATE OF DEATH	4. SEX	
	MILDRED THERESA		RETO				1270671946" 8773071996" P			
5/	CITY OF DEATH				OF DEATH-OUTSIDE GALIF.			AILING ADDRESS AND	ZIP CODE	
	SAN DINGO			SANDI	REGO	OF INFORMA	DIVINO-D	AUGHTER		
7.4	HEPTUNE SO			OR OR PERSON ACTING AS SUCH	78. GALIF LICENSE NUMBER —IF APPLICABLE FD-1352	1352 HE SPRING	VALLEY,	_	TE SIGNED	
-	WEXNEWLEDCHERS OF N	nestonant I hereby a	conomisées as applicant the	d the proposed disposition stated herein in Gode, and was sufficinged pursuant to Section	one of the dispositions authorized by	> Grantine	The same of	07/	30/1998	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CALIFORNIA AND IS THE AUTHORIS IN THIS PERMIT ONES IN	JED IN ACCORDANCE ORNIA HEALTH AND TY FOR THE DISPOSIT	SAFETY CODE ION SPECIFIED 7.00	OF FEE PAID 98. DATE PERM 07/31/1 VINCE A	998 9	GNATURE OF LO	CAL REGISTRAR ISSU	ING PERMIT	
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE SAN DIEGO	D IN CALIFORNIA	RCT OF DEATH— PO BOX 85222 5-5222	9E ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI			RMA	•	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ON	Y	
Mary Mary	B. CREMATION			F. DISINTERN G. SHIP IN TO	RY ENVAULTMENT MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BURI	THE RESERVE THE PERSON NAMED IN	(Name and A	PENDING—REMAINS I		
4	BURIAL	MI HOPE O	EMETERY 37	51 MARKET ST	8-4-99	. 1	11	lutt	•	
ABLE ITEMS	CREMATION	LENEDA IN	DORESS OF CALIFO		12B. DATE CREM		A LOS PERS	SON IN CHARGE OF C	REMATION	
ALL APPLIE	SCIENTIFIC USE	n/a	ORESS OF CALIFO	RNIA FACILITY RECEIVING RE	MAINS 138, DATE RECE	EVED 13C SIGN	NATURE OF PER	SON IN CHARGE OF I	FACILITY	
COMPLETE	TRANSIT			NG STATE OR COUNTRY WHE S ARE TO BE SHIPPED	RE 14B. DATE SHIP		PLACING WITH T	ATURE OF PERSON II HE CARRIER	N CHARGE	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			RELINE, OR OTHER DESCRIPTIO AND CA <u>DISTRICT</u> OF DISPOSIT			NATURE OF PERI RGE OF DISPOS	ITION OF CRE	E NUMBER MATED RE- DISPOSER PRICABLE	

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.



Fro

In-

Acc

BA

CITY OF SAN DIEGO, CALIFORNIA



WHITE. TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

MAY L Dudley TWO hundred s FUIT Payment of Inte	Address: 13304 IVhir SIX TV hine 4 201 Exment of Mild re	Date: 1-0 16WA-16V I 100 Dollar	Dr. Powie	19 18 20 200
1088 Grave	Row S	ection	Division Block	0
ANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	of Lote 773 Opening 1 Closing 773 Buriel 1 Containers 771 Planding Fee 771 Recording & 3 Misc. Fees 771	000 000 000 000 000 000 000 000 000 00	C886
Need Lot At Need On Acct need Trust Cash Check Cash	ratura Avaclor	Pre-Need 630 Trust 80 Sales Tax 601 763 TOTAL PAID		20



REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

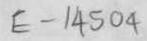
City of San Diego

Dane 7/31/98

You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
of Kris Marcel Alexa	ndle. PA 1328978
ina	Funeral, date, time Thur. 8-20
Type of Buriel Container Church, Chapel, Graveside	: Featherall Morniary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of sull V
will be applied and billed to undersigned.	
Lot 52 Grave 5 Row_	Section Division/Block_12
Grave space & Care Fund	
Additional spaces and care fund	7 10 0 11
Opening/Closing & Setup	19/11/1
Burial Container	-19-98
Handling Fees	
Flower vases - Marker setting fee DIS	in Termont 1000.00
Recording and filing fee	
Sales taxes	
	Total Due 1000 00
Paid	receipt number R-5034 1000 (1)
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
The second secon	Vorush E Hace
I hereby authorize the interment in lot I hold under deed.	Syphan
	Address Av.
Signature of recorded hooder of deeds	Coly 10524 MISSION LAKES TECODE
E-14192)	XLAS VEENV, NV P9/34 Totophone 702 - Ph9-V540
	702 - 867-VV90
Work Order # E 14504	
WORK OLDER IT - LAGO -	Acct. #

@ Prouted an recycled paper

This information is available in alternative formats upon request.





THE CITY OF

. .

SAN DIEGO

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

Lot	Grave	_ Section	Row	_ Block	_
vision	Cemetery	-			
thorization dicated bel	ow. The u	e remains and at they are undersigned fur to the terms of	related to ther agree ility on	to hold Mour account of	ent. as it Hope
thorization	, disinte	rment, removal		ATZY HINI	N LAK
thorization	, disinte			ATZY HINI	n LAK v J 913
thorization	, disinte			ATZY HINI	N LAK V P913 C40
thorization	, disinte	rment, removal Father Mother		ATZY HINI	N LAK V P913 C40
thorization	Hass			ATZY HINI	40





E-14504



THE CITY OF

SAN DIEGO

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

You are hereby authorized and instructed, subject to your rules and

MONTH YEAR

from Lot 52 Grave 5 Section / Row - Block
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 Mope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Appropriate Change For Tother Las Vices No 20134

Light Change Manual Mouther 702-205-1540

Signature Relation to deceased Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date





E-14504



County of San Diego

520"-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123-1699

August 12, 1998

DON BILLINGS LIC ADMINISTRATOR VIBLIC GUARDIAN

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.

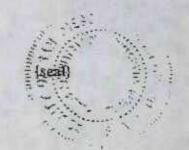
The decedent's parents under separate arrangements shall handle all necessary payments and paperwork with Featheringill Mortuary and or Mount Hope Cemetery for exhumation of the decedent remains and other disposition arrangements. Our office has no formal objections at the present time to have these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





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

Haun Out

E 14504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

----Mobesta Mary - Public Adula, * 5201-A Buffin RA. Passingring[3] Morruary Sec Blage, CA 92102 SHIR RI Cojes Blvd. San Diego, Cd 92113 to dispersion of any continuous suggested. HE DATE SIGNED. 08/10/1990 PO BOX 85121 Can blage, Ca 93184-THE MODELLINE OF PERSON IN COMMITTE OF CHEMATICAL Pacific Gramatory 571 J Grams St. Lake Elsisore, CA 97530 HE CAN SHADOW TO MORNING IN PRINCIPLE IN COLUMN 18 PARTY. HE, ADDITED BY SURVEYING OF PERSON IN CHARGE Butleden Merchary 923 Cas Togas Slvd. Borth Las Vegas, NV 59101 or property. Mr. MATERIAL CONTRA OF ATTHEWARD THE R A CEMETER CONT & IS THE RELEASED BY THE PROPERTY OF PERSONS THE PERSON THE COCK. RELECTION MAY COURT OF COMME OF COPUSATE

E- 14504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAI	KE NO ERASURES, W	HITEOUTS OR OTHE	H ALTERATIONS	FOUND
TA. NAME OF DECEDE		1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR 04/11/1949	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 02/03/1998
Kris	Marcel	SB. COUNTY OF DEATH		IAME, RELATIONSHIP, FULL M	MAILING ADDRESS AND ZIP CODE
San Diego		San Diego	Re	ebecca Barr - F	Public Admin.
	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH 78. CAL	F LICENSE NUMBER 52	01-A Ruffin Rd	1.
The second secon	ill Mortuary		Se	m Diego, CA 92	
CONTRACTOR OF THE PARTY OF THE	ion Blvd. San Diego, CA 921	15 FI	****	SIGNATURE OF APPLICANT	Person taking permit, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code, and was not	horized personal to Section 7100 at the	Health and Salely Code.	CARLOI NO	08/20/1998
ANY CHANGE IN DISPOSE	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT MADE IN THIS PERMIT BY SOURCE THE PERMIT BY SOURCE OF DESCRIPTION OF DESCRIPTION OF DEATH OCCURRED IN CALIFORNIA. IF DEATH OCCURRED IN CALIFORNIA.	\$ 7.00 TH- DE AD	08/20/1998 C. Lathrem DRESS OF REGISTRAR OF		
PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 85222 San Diego, CA 5222				
A BURIAL (NOLL		E. TEMPORARY ENVA	FINIA	200	PENDING REMAINS LOCATED AT
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMET	ERY	11B, DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION	Pacific Crematory 571 J Co Lake Elsinore, CA 92530	Security .	12B. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B Bunkers Mortuary 925 Las V North Las Vegas, NV 89101	E SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		16B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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



WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY

AUDITOR	527-3400	8-0	0	98
From Joseph Haap	,Address 10,524 Min	poon Lado	o and	1 891
. One thousand	and horton	Dollars (s 1,000.	D,
In TUI Payment of	VIET ALEXANDER D	A 122897	8	-
Lot 52 Grave	5 Row Se	ection	Division Block	2
Acct. No. ——————————————————————————————————	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 Closing 77181 - Burial 100		
Pre-Need Lot At Need On Acct		Containers 77182- 100 Handling Fee 77185- Recording & 100 Misc Fees 77183- Pre-Need 85033 Trust 9022	1000	0
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	RICHINA AVUITORE	Sales Tax 60101 78390- TOTAL PAID \$	1000	100

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/3/98

You are hereby authorized and instructed, sub	ect to your rules and regulations, to in	ter the remains
	meral, date, time August	2:00
Church, Chapel, Graveside Whiles	: Anterwood	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	regular work day or an extra charge of	of \$
will be applied and billed to undersigned		
Lot 48D Grave Row	Section Muslim Division/Blu	ock
Grave space & Care Fund		100.00
Additional spaces and care fund		
Opening/Closing & Setup		12500
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		-12
Recording and filing fee		45.00
Sales taxes		240
	Total Due	21000
Paid re	ceipt number _56855	270-00
	Balance due	1
hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization are	of remains as above indicated. I certificand I agree to hold Mt. Hope Cemeter	amed decedent y and represent y harmless from QUY h ma
hereby authorize the interment in lot I hold under deed.	Stylun 8694 Lem	on quest
Elgnature of recorded helder of deed.	Anterhano (619) 698 -	919 919 5825
Work Order # E 14505	Invoice #	

6 Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1 days

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

1A. NAME OF DECEDE	NT_FIRST (GIVEN)	1B. MIDDLE	1 C LAST (FAMIL	v)	1	2. DATE OF BIRTH	a DATE	OF DEATH	4. SEX
FATTMA	art the tartes			ARTE		MONTH, DAY, YEAR	MONTH.	DAY, YEAR	
SA CITY OF DEATH	200	1	- Commence of the Commence of	DEATH-OUTSIDE CALIF.	B. NAME, OF INF	08/02/1998 RELATIONSHIP, FULL M ORMANT	AILING AD		P CORE
SAN DII	THE PARTY OF THE P	A FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH TE	The second secon	Delivery Williams	RHMAN SHARIF	STATE OF THE PARTY		
And the Committee of th		I-805 & IMPERIAL	Annual Control of the	-IF APPLICABLE		LEMON AVENU)	
		SAN DIEGO, CA 921		FD-843	8A. SIGN	PORE OF APPLICANT—P	erson taking p	emit BB. DAT	E SIGNED
ACKNOWLEDSMENT OF A		converte as applicant that the proposed dis- 376 of the Health and Safety Code, and was auth-			> 0	Wen 7	non	08/04	4/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	COLOR DESCRIPTION	VICTORIA 0 08/04/19	MEZA	9811392 >	CALFREGI	STRAR ISSUIN	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	WILLIAM TO THE	H- 9E	ADDRESS OF REGISTRAP			RNIA		•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	1
B CREMATION		AINS OTHER [E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	I		L DISPOSITION (Name and A		-HEMAINO E	ACATED A
BURIAL	MOUNT HO	DDRESS OF CALIFORNIA CEMETE PE CEMETERY KET STREET, SAN D		11B. DATE BURIE \$ 4-95	D 110	SIGNATURE OF PER	SON IN C	HARGE OF B	JRIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY	128. DATE CREMA	TED 1 12C	SIGNATURE OF PERS	SON IN CH	NARGE OF CR	N
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAI	NS 13B. DATE RECEI	VED 13C	SIGNATURE OF PERS	SON IN C	HARGE OF F	CILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C	ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' NTIFY FINAL PLACE AND CA <u>DISTR</u>		UF 15B, DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOS		15D, LICENSE OF CREA MARKS D —IF APP	ATED RE-

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

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

	***************************************	1/2	Qp
Shart Abdurhman	Address Stoff Lennie	Date: OF	1941 lalla
Two hune	tred seventy of	Dollars (\$	270.00,
n Full Payment of	n wrong of Ja	linia Shiller	
ot 487) Grave	RowSe	ection Muslime	Division Block
nvgice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 — 80% Sales 100	100 00
N.O. E -143.05	1000	of Lots 77184 — Opening/ 100 Olceing 77181 — Burial 100	195 0
BALANCE DUE		Containers 77182 — 100 Handing Fee 77185 — Recording & 100	45 00
Pre-Need Lot At Need On Acct	X 2 1	Misc. Fees 77183 — Pre-Need 83033 Trust 9022 — Sales Tax 60101 78390 —	
AC-212 (Rev. 5-94)	ISSUED BY AUTO DE TOTAL	7 TOTAL PAID \$	270 a

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

134565

Date 8/3/98

1010-			No. William Carl March Milliam
You are hereby authorized and instru	cted, subject to y	our rules and regulations,	to inter the remains
or CINCICI Roy	cony,	MINEGER	m = 01-3
Type of Burial Container		late, time Hug DF	95 2.00
Church, Chapel, Graveside 20.		_ THEN WOOD	Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular	work day or an extra cha	arge of \$
will be applied and billed to undersign	ned.		
/ stda		20.41	
Lot 44C Grave F	low S	ection MUSIUM Division	on/Block
Grave space & Care Fund			100-00
Additional spaces and care fund			
Opening/Closing & Setup		9	12500
	AUG _ 3 19		
H	Annual Contract of the Property of		
MT.	HOPE CEME	STERY	
Flower vases - Marker setting Pay.		STANDARD STA	the A
Recording and filing fee			
Sales taxes	***************************************		man
		Total Due	DIN NT
	Paid receipt nu	imber ODXO 4	_x/y
		Balance	due
hereby certify I am the and this is your authority to make dis	sposition of remai	of the above indicated 1	ove named decedent
that I have the right to make this auth any liability on account of said author	orization and I ag	ree to hold Mt. Hope Cent	etery harmless from
ary nationly of account of said dains	. V	////	
hereby authorize the interment in lo	43 \ sign	nitury 40 pm	2010
39.1	O . YAdd	120 61	NACHEIS
Signature of recorded holder of deed	X _{City}	AD1 246 CC	Banley
	y	ch dang	1220
	Tole	shore (760) - 507	- /220
- 44500	Inv	voice #	
Work Order # E 14506	Ac	ct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM	ANDERD		MONTH DAY, YEAR MONTH	E OF DEATH 4. SEX 31/1998 'F
5/	CITY OF DEATH	DIEGO		58. COUNTY OF	F DEATH—OUTSIDE CALIF., TE SAN DIEGO	OF INF	RELATIONSHIP, FULL MAILING A ORMANT CH AHMED - PATHE	DDRESS AND ZIP CODE
7/			I-805 & IMPERIAL A SAN DIEGO, CA 9210	AVENUE	7B. CALIF LICENSE NUMBER —IF APPLICABLE F-843	BRAWI	VEST MALAN STREE LEY, CA 9222 WIRE OF APPLICANT—FORM DAMP	7
	ACKNOWLEDGMENT OF A		schowledge as applicant that the proposed dispo- 1376 of the Health and Safety Code, and was author	wition stated herein is a	no of the dispositions authorized by	> 0°	don men	- 08/05/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF	VICTORIA	MEZA	9811490	SISTRAR ISSUING PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			GE. ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC —		ICT OF DISPOSITION— THER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISP	The second secon					FOR CORONER'S	S USE ONLY
The same of the sa	B. CREMATION		AINS OTHER	F. DISINTERME G. SHIP IN TO			(Name and Address)	E REMAINS LOCATED AT
	BURIAL	MOUNT HO	DORESS OF CALIFORNIA CEMETER PE CEMETERY KET STREET, SAN DI		11B. DATE BURIE		SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PERSON IN C	HARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REM.	AINS 138. DATE RECE	VED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		E 14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CARE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA <u>DISTRIC</u>				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 4. SEX 07/31/1998 MONTH, DAY, YEAR GEDWIR 07/31 /1998 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... OF INFORMANT ENTER STATE SAN DIEGO SAN DIEGO SHETKH AHMED - FATHER 7A TYPED NAME AND ADDRESS OF CALIFORNIA -- FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ! 7B. CALIF. LICENSE NUMBER 120 WEST MALAN STREET. #246 -IF APPLICABLE GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102 F-843 BA. SIGNATURE OF APPLICANT—Person twent permit. BB. DATE SIGNED I hereby acknowledge as applicant that the gruposed disposition stated bernin is use of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT ection 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDED BY AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT VICTORIA MEZA 9811491 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT 08/05/1998 MOTE: THES PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CHLIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9F ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY I A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED MOUNT HOPE CEMETERY BURIAL 3751 MARKET STREET, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT 12B DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 16A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-16C. SIGNATURE OF PERSON IN 15B. DATE OF 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-CR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

COPY 2 IS RETAINED BY 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

From Makh Schaul	Ahmendress 12010 Mg	Date:	246 6	19. TX
In Full Payment of I	Convent of The	Dollars Dollars	\$ 370.	10/8
Lote 44C Grave _	RowSe	ection Muslim	Division Block	
Agot, No. F - 14500	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	OREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77787 Burnal 100	1070	00
Pre-Need Lot At Need On Acct		Containers 77183 Handling Fee 77183 Recording 8 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022	_ 45	00
Pre-need Trust Cash Check CA AC-212 (Rev. 5-94)	ISSUED BY SUPPLOAT	Sales Tax 60101 78390 TOTAL PAID	970	0

land to

MT. HOPE CEMETERY

City of San Diego

	R-	3	-9	9	
Date	0-	3	-1	U	

or Rainten -	Funeral, date, time Wed	8-5 1:01
Type of Burlet Combiner	A 20	absenta
Church, Chapel, Graveside Williams	1 00 000 100 100	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra ch	arge of \$ 150,00
will be applied and billed to undersigned.		
Lot 1/9 Grave Row	Section 3 Divisi	on/Bleek 8
Grave space & Care Fund	In- head B-bol	
Additional spaces and care fund		27/00
Opening/Closing & Setup.		3/5,00
Burial Container		380,00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		29.45
A-11	Total Due	1149.45
2-717-2890 289 R Paid	receipt number US9	1149.45
760-737	Balanc	adua 6
The state of the s		
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization.	n of remains as above indicated. I on and I agree to hold Mt. Hope Cer and interment	netery harmless from
	× per out	achea
I hereby authorize the interment in lot I hold under deed.	Bignature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
Work Order # E 14507	Invoice #	Frank March

1st Quid

MT. HOPE CEMETERY

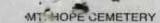
2 Marion	City of San Diego	8-3-98
You are hereby authorized and instruct	ted, subject to your rules and reg.	ulations, to lister the remains
in a D root Cacho Church, Chapel, Graveside & Am	Funeral date, time Was	Warning
All Funeral oars must arrive before 3:3 will be applied and billed to undersigne		extra charge of \$ 150.00
Les 1199 Grave Ro	w section 3	OlystemBreak 8
Grave space & Care Fund		leight - T
Additional spaces and care fund		120200
Opening/Cicsing & Setup		1 200 00
Surar Container		150.00
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		15,00
Dales (AXBS		97.43
Danie - 2890 2895	Total Due Paid receipt number	111111111
1 hereby certify I am the Ma	Ola .	Bajanca dua
and this is your suthority to make dis- that I have the right to make this author any liability on account of said authori	inization and I agree to hold Mt. Hi	ope Cemetery harmless from
I hereby authorize the interment in lot hold under dawd.	Norve C	Vachington 44
Signature of tecoropy holder of deed	Norman 75	16-8501
Work Order # E 14507	Invalce #	
REA-104 (7-08) This	Information is available in altern	native formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Kathleen	ENT-FIRST (GIVEN)	18 MIDDLE	FOX	ILY)	(731/1998 ^A	4. SEX
Oceanside			San Die	DEATH—OUTSIDE CALIF.,	Dor	RELATIONSHIP, FULL MAILIN	er	P CODE
California	Funeral Al	ternatives	PERSON ACTING AS SUCH	7B. CALIF, LICENSE NUMBER —IF APPLICABLE FD1624	Esco	STREET, STREET	025	e clouen
ACKNOWLEDGMENT OF A	thereby a	Av., Escondice chrowledge as applicant that the pa 176 of the Health and Safety Code, at	reposed disposition stated herein is on and was authorized pursuant to Section	se of the dispositions authorized by	Ma	TURE OF APPLICANT—PHILIP		3/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CAUF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND BAFET Y FOR THE DISPOSITION SE O HIGHT OF DISPOSAL OUTSIDE OF	PECIFIED SA AMOUNT OF \$ 7.00		98	9811378	REGISTRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	"PAO OCBURY	85222 ^{sh} CA 92186-		E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		•
10. AUTHORIZED DISP						FOR CORONE	R'S USE ONLY	1
B. CREMATION	JSE		F. DISINTERME G. SHIP IN TO H. TRANSIT TO			I. DISPOSITION PENI (Name and Addres	13)	
BURIAL	Mt. Hope		CEMETERY Diego, CA 9210	118. DATE BURN	ED 11C	SIGNATURE OF PERSON	IN CHARGE OF BI	JRIAL
CREMATION	12A, NAME AND AL	ODRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C	SUSNATURE OF PERSON	N CHARGE OF CR	ENLEN
SCIENTIFIC	13A. NAME AND AL	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMA	NINS TOTAL DATE RECE	IVED 13C	SIGNATURE OF PERSON	IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	TATE OR COUNTRY WHERE E TO BE SHIPPED	148, DATE SHIP	PED 140	ADDRESS AND SIGNATUR OF PLACING WITH THE C		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		E, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION			SIGNATURE OF PERSON CHARGE OF DISPOSITION		CATED RE-

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



INTERMENT ORDER

City of San Diego

Date 8-3-98

T C VALLT		7 11:00
Type of Busial Container	_ Funeral, date, time FR1 8	-7 11:00
Church, Chapel, Graveside ChuRett	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra cha	rge of \$ 150.00
will be applied and billed to undersigned.	X	
1 3 3		10
Lot Grave Row	Section Oivisio	n/Bleek 104
Grave space & Care Fund	RENEED E-9138	
Additional spaces and care fund	DAID	
Opening/Closing & Setup	PAID	375.00
Burial Container	XVC 0 0 1998 *1	250.00
Handling Fees	AUU II h	185.00
Flower vases - Marker setting fee	T. HOPE CEMETERY	
Recording and filing feeCII	Y OLSAN DIEGO, CALIF	45.00
Sales taxes		19.38
contuncy to	Total Due	874.38
line check pe	aid receipt number 50275	874.38
	Balance	due 87432
I hereby certify I am the		ve named decedent
and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	tion of remains as above indicated. I dation and I agree to hold Mt. Hope Cem	ertify and represent
I hereby authorize the interment in lot I	×	
hold under deed.	Signature Sell	N
	Academa attach	^
Signature of recorded holder of deed	Cony	Zip Code
	Celephone	
	Invoice #	

C Printed on regulal paper

REA-104 (7-96)

This information is available in alternative formats upon request.

FROM : PAGSDALE PAGE 10. 2 ALEXANDER PAGE 10. 2 ALE

E-14508

INTERMENT ORDER

C. 8-3-18 to your next and appropriate to the day records AVIS DUNGAN PRENEED N-AVJE D

E. 14508

E-14508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DEC	EDENT—FIRST (GIVEN)	18. MIDDLE Madeline	Duncan		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
5A. CITY OF DEAT	San Diego		58. COUNTY OF DEAT ENTER STATE San Diego	Contract Con	S NAME RELATIONSHIP, FULL I OF INFORMANT ATDRIE J. ADDRE	MAILING ADDRESS AND ZIP CODE
	n-Ragadale Mo	na Funeral Director or Per Drt.; 5050 Feder Diego, CA 92102	allBlvd.	LIF LICENSE NUMBER 6	522 College Gro	ve Dr. #17
ACKNOWLEDGMENT (OF APPLICANT Nereby Section 10	acknowledge as applicant that the proposed 0376 of the Health and Safety Code, and was	6 disposition stated herein is one of the authorized pursuant to Section 7100 of the	n dispositions authorized by the Health and Solety Code	Delbuchel	D8/05/1998
PERMIT AUTHORIZATION O LOCAL REGISTRA	SIONS OF THE CALIF AND IS THE AUTHORI OF IN THIS PERMIT.	UED IN ACCORDANCE WITH PRI FORMA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF NO NIGHT OF DISPOSAL OUTSIDE OF CALFUR	90E \$7.00	08/07/199	ISSUED, 9C. SIGNATURE OF LO	OCAL REGISTRAR ISSUING PERMIT 9811560
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW PINU DISPOSITION.	M DEATH OCCURR	EGISTRAR OF DISTRICT OF D ED IN CAUFORNIA Cds; P.O. Box 85 San Diego, CA	222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUSE	
10. AUTHORIZED D	ISPOSITION(S) CHECK A	CONTRACTOR OF THE PARTY OF THE			FOR COF	RONER'S USE ONLY
B. CREMATIC	ON OF CREMATED REM	MAINS OTHER	E TEMPORARY ENVI	DRNIA	i. Disposition (Name and /	PENDING REMAINS LOCATED A Address)
BURIAL		DDRESS OF CALIFORNIA CEM Cemetery; 3751 San Diego,	Market St.	8-7-98	1/	RSON IN CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CRE	MATORY	128. GATE CREMATI	ED 12C SIGNATURE OF PER	SON IN CHARGE OF CREATIN
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	LITY RECEIVING REMAINS	ISB. DATE RECEIV	ED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT COW		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPEI	D 14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETI	FICIENT TO IDI	AREST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

THE RESERVE THE PERSON NAMED IN COLUMN TWO



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Grave

MOUNT HOPE CEMETERY 527-3400

Row

Date: Dollars (\$ Division Section Block-NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 20% Sales Care 80% Sales of Lats 77184 Opening/ Closing 100 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust. 9022 Sales Tax 60101 TOTAL PAID

From

Payment of

In loice No.

Acct. No.

BALANCE DUE

On Acct Pre-Need Lot Pre-need Trust Check

AC-212 (Rev. 5-94)



REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Date_ 8-3-98

ou are hereby authorized and instructor	ed, subject to your rules and regulations, to inter the remains
	Funeral, date, time Fri. Aug. 7 11:00 eside only it tayon Mortuary.
All Funeral cars must arrive before 3:30	Trene
will be applied and billed to undersigned	d
ot 1330 Grave Row	N Section 3 Division/Block 8
Grave space & Care Fund	16-11- C 1637 -
Additional spaces and care fund	PAID 3750
Burial Container	AUG 3 1998 145.00
Nower vases – Marker setting fee	
Sales taxes	14.73
	Paid receipt number 300 H C 716 7
hereby certify I am the X	Balance due
and this is your authority to make dispo	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I rold under deed.	X 1023 512050x
ignature of recorded holder of deed	X Evansoun, I/60. X 847-493-507
- 44500	Invoice #
Nork Order # E 14509	Acct. #

C Printed on recycled paper

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				ATE OF DEATH	
1	Ethel		Elvira	I SECTION I WAS AV		02/16/1919 08	/02/1998		
7A.	al Cajon Mo	rtuary	A-FUNERAL DIRECTOR OR PERSON	ENTER STATE S ACTING AS SUCH 78.	an Diego	Herv 8058 La M	RELATIONSHP, FULL MAILING DRMANT ey Arntson - S University P1 esa, CA 91941 TURE OF APPLICANT—Person In	on	
	ACKNOWLEDGMENT OF A	PPLICANT Section 10	ckrewledge as applicant that the proposed dispo 176 of the Health and Safety Code, and was author	emil pursuant to Section 7100 o	of the Health and Safety Code.	BA	erd Bell	1086	5/1998
	PERMIT JTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THE PERMIT GYES N	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O BUBIT OF BISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	08/05/19 Brenda B	98 ell	9811446	EGISTRAR ISSU	NG PERMIT
PE	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P O Box I San Diego	85222 o. CA 92186-5222		ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCI		HER DISTRICT IN CAUPORNIA		•
S THE PERSON NAMED IN	A. BURIAL (INCL)			E TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OU	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		FOR CORONE 1. DISPOSITION PEND (Name and Address	NG-REMAINS	1000-100-100-100-100-100-100-100-100-10
	BURIAL	Mount Hou	odress of California Cemeter pe Cemetery ket St/San Diego,		118. DATE BURIE		SIGNATURE OF PERSON I	CHARGE OF	BURIAL
ABLE ITEMS	CREMATION	12A. NAME AND AS	DDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12G.	SIGNATURE OF PERSON II	CHARGE OF C	REON
ALL APPLIC	SCIENTIFIC USE	N/A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEI	VED 18C	SIGNATURE OF PERSON I	N CHARGE OF	FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148 DATE SHIPP	ED 14G.	ADDRESS AND SIGNATUR OF PLACING WITH THE CA		N CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA DISTRI		158 DATE OF DISPOSITION		SIGNATURE OF PERSON I CHARGE OF DISPOSITION	1 OF CR 1 MAINS	SE NUMBER EMATED RE- DISPOSER PPLICABLE

COPY 2 IS RETAINED BY 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

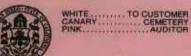
preneed

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 Gaylla Rerige	2
in a Type of Burial Corpanses	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.	
77.2	Section 4 Division/Stock 7
Lot Grave Row	Section Division/Block
Grave space & Care Fund	10Ca A-3912 0
Additional spaces and care fund	OD EN
Opening/Closing & Setup	310.0
Burial Container	190.00
Handling Fees	(45.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.13
	Total Due
Pe	aid receipt number R - 50251 769.75
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposit that I have the right to make this authoriza	tion of remains as above indicated, I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	on and interment.
I hereby authorize the interment in lot I	Marchi of Roman
hold under deed.	2551 MEADOW LARK DR.
Signature of recorded holder of deed	SAN DIEGO CA 92123
Organius of recorder record to deed	Telephone 2467-0304 Zip Code
	Invoïce #
Wark Order # E 14510	Acct. #

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

		LE CALLESTON	Date:	70	19 10
From Gaylla Re	nger	Address 2053	Tonto Way	San	DICK 1211
seven nu	incire	a sixty nin	C473/100	Dollars (\$	109:75)
In Payment	Pre Pre	need trust	tor'		
	'6a	ylla Renat	er.		
Lot 77	Grave	2 Row	Section 4		Division Block
Invoice No.		OT VALID FOR PURPOSE STATED UNLE PAID' IN THIS SPACE.			
Acct. No.			80% Sales of Lots Opening	77184	
W.O. E-1401U			Closing Burial Containers	77181	
BALANCE DUE			Handling Fee	77165	
Pro Nand Lat			Recording A Misc. Fees Pre-Need	77183 53033	109 13
	On Acct Check	Catuma Ami	1 On A Sales Tax	63033 9022 60101	
AC-212 (Rev. 5-94) 2(07)	1 - 1	SSUED BY Y WALL	TOTAL PAID	78390	69 73

Franster Hermans from Hermans

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/3/98

in a Type of Burtal Container	Funeral, date, ti	me	
Type of Buttal 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 undersigne	d		
Lot /53 Grave 2 Rot	w Section	Division/Ble	eck 12
Grave space & Care Fund			
Additional spaces and care fund			No. of
Opening/Closing & Setup			
Burial Container			
Handling Fees			
Flower vases - Marker setting fee			75.0
Recording and filing fee			4500
Sales taxes			W.5- 27
		Total Due	1000
) At activ	Paid receipt number	R-50253	(45,00
I and		Balance due	_
I hereby certify I am the and this is your authority to make disp that I have the right to make this author amy liability on account of said authoriz	ization and I agree to	above indicated. I certifi	amed decedent y and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of deud	City		Zip Code
	Telephone		
	Invoice #		



E-14511

County of San Biego

DON BOLLINGS

(ACTIVATE)

PUBLIC ADMINISTRATOR

PUBLIC GLARDIAN

INTO SHADORY

FAM BUR SHADORY

PUBLIC ADMINISTRATOR . PUBLIC GUARDIAN 1221-A MUFFIN ROAD, SAN DIEGO CALFORNA 12120-1230

FAX COVER SHEET

Date 7/24/18

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY RINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

Pathe Ildumestrate	r DOLD P	Date: BB	1978
From Table Monding France	Address: 5201-F1 170	Dollars (45.00
to Fall Payment of To	the Smith by	Public Adm	unstrater
Lot 153 Grave	4500 Row_	Section 2	Division 19
Acct No	NOT VALID FOR PURPOSE STATED UNLESS STAMP "PAID" IN THIS SPACE.	ED CREDIT 67007 20% Sales Care 77194 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Bunat 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot	ISSUED BY KON MICE	Franching Fee 77165 - 77163 - 100 Mino: Frein 77183 - 77183 - 77183 - 77183 - 77183 - 77183 - 77183 - 77184 -	45 W



MT. HORE CEMETERY

City of San Diego

Date 8-3-98

You are hereby authorized and instructed, subject of SOLON LECTY 16	to your rules and regulations, to inter the remains
in a Type of Burial Continued - a 10 1 of 0 V	eral, date, time MON, AUG. 10 11:00
Church, Chapel, Graveside CNU FC 4011	SIGUE KAOBAUCE Mortuary.
All Funeral cars must arrive before 3:30 p.m. of re	gular work day or an extra charge of \$ 100.00
will be applied and billed to undersigned	<i>x</i>
Lot 274 Grave Bow	Section 2 Division/Block 12
	795 M
Grave space & Care Fund	
Additional spaces and care fund	270.00 37500
Opening/Closing & Setup	AID TAO TO
Burial Container	AID WEST
Handling Fees	1 2000
Flower vases – Marker setting fee	- n - nnot
Recording and filing fee	TO OFFICTERY
Sales taxes MOUNT HO	PE CEMETER!
30 day note	Total Due 1904.
Paid rece	ipt number 100-00
Xdrughter	(Daby) Balance due (204- 15
I hereby certify I am the and this is your authority to make disposition of r	of the above named decedent emains as above indicated. I certify and represent If agree to hold Mt. Hope Cemetery harmless from
any hability on account of said authorization and i	V & SO VI DE
I hereby authorize the interment in lot I hold under deed.	Signalure 3623 500 Street & a
Signature of recorded holder of deed	Address Digo, Ca 92/65
	Temprone 1
	Invoice # 303449
Work Order # E 14512	Acct. # 096313

Married World Co.				
D. Harde	HODE	-	Mary 18th	THE PARTY
DATE OF	HOPE	6 - P- 84	-	P 54 V
	1101 6	CLIF	_	

1001172

w.o. # E-14512

NOTE

\$ 647.13	San Diego, California /		19_10
Thirty days after date for value received,	the undersigned maker promises to pay	San Diego City Treasurer	597879ST
Thirty days after date for value received, 3751 Market Street, San Diego, CA 9210 with interest from September	11, the sum of \$10 1 14 14 14 14 14 14 14 14 14 14 14 14 1	on the unpa	DOLLARS aid principal
at the rate of 12 percent per annum, pay	rable on demand.		
Should this note not be paid when do accrue at the rate indicated above. Principally will be liable and consents to renewals, maturity, and waives presentment, demoperson who signs this note agrees that contained herein. If any action be instituting fix as attorney's fees.	replacements and extensions of time t and and protest and the right to assert recourse may be held against his/her	noney of the United States for payment hereof before t any statute of limitations separate property for any	The maker e, at or after s. A married y obligation
	aragraph 7528 of the State of Califor		

PY-1012 (11-89)

E- 14512

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

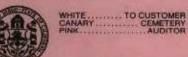
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Sarah	NT—FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY) Tyler	1	2. DATE OF BIRTH		4. SEX
SA. CITY OF DEATH	oudites		SE COUNTY OF DEAT		8. NAME, RELATIONSHIP, FULL OF INFORMANT PRIME TYLET-HOLD	MAILING ADDRESS AND ZIP	CODE
Anderson-R	agsdale Mor	A-FUNERAL DIRECTOR OF Ct.; 5050 Fed Diego, CA 92		LIF. LICENSE NUMBER IF APPLICABLE	3623 50th St. A San Diego, CA	Apt. A	SIGNED
ACKNOWLEDGMENT OF A	PLICANT I higrably as Section 5(1)	denowledge as applicant that the p 376 of the Health and Safety Gode, a	reposed disposition stated terein is one of the not was authorized pursuant to Section 7100 of t	e dispositions authorized by the Health and Salety Code.	Seffe whe	(mi 108/03/	1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY FOR THE DISPOSITION SI II WORT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	08/07/199		LOCAL REGISTRAR ISSUING	PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	AJENA JERES	DINGAHOPAO. Bo	x 85222		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL		
10. AUTHORIZED DISP	OSITION(S) CHECK AF	PPLICABLE ITEMS	-		FOR CO	DRONER'S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	SE 11A. NAME AND AD	DOHESS OF CALIFORNIA BENEFIT 3751 San Diego.	CEMETERY Harket St.	ORNIA SIDE OF CALIFORNIA 118. DATE BURIEL	D 11C. SIGNATURE OF P	ERSON IN CHARGE OF BUR	
CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA	THE RESERVE OF THE PARTY OF THE	128. DATE CHEMAT	1 1	ERSON IN SHARGE OF CRE	JN.
SCIENTIFIC	19A, NAME AND AD	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	VED 13C. SIGNATURE OF P	ERSON IN CHARGE OF FAC	LITY
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	148, DATE SHIPPE	ED 14C ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN CI 1 THE CARRIER	HARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISP		TED RE- POSER

COPY 2 IS RETAINED BY 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

MOUNT HODE CEMETERY

PINK	527-3400	7.2		98
Emma Tyler Ho	111S Address: 3023 504	Hh Date: F. # A	SD 92	100
Nine hundred	and notico-	Dollars (\$	900.C	0,
n Day Payment of	ternent of	DA TILAN		
YEADIDKIO	some saruni	el lyitr		-
Lot 274 Grave	RowS	ection 2	Division	2
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 —	159	00
Acct. No		90% Sales 100 / 77184 - Cpening/ 100	185	80
w.o. = 19012	THE RESERVE TO	Clasing 27181 — Buriel 100		
BALANCE DUE 44.13	A STATE OF THE STA	Containers 77182 — 100 — 100 — 17185 —		
Pre-Need Lot D At Need D On Acct D	1 1 1 1 X	Recording & 100 Misc. Fees 77183 Pre-Need 03933		
Pre-need Trust Cash Check	- Karry Dek	Trust 9022 — Sales Tas 00101 78390 —	200	
IC-212 (Rev. 5-94)	ISSUED BY	TOTAL PAID 5	900	W

Control Top

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-4-98

You are hereby authorized and instructe of MARGARET FR	LEELAND THU	
	rundidi, umini mini	8-13
Church, Chapel, Graveside Delive	in only LEWis	COLON IA Monuary.
All Funeral cars must arrive before 3:30		
will be applied and billed to undersigned		
The second secon		
Lot SY Grave \ Row	Saction 3	Division/Blook 13
005	NEED D-846	1 A
Grave space a Care rundk		
Additional spaces and care fund	DAIS	7 (05 +0
Opening/Closing & Setup	PAH	105,00
Burial Container		5500
Handling Fees	AUG 0.4 1998	60.00
Flower vases - Marker setting fee	raw - programment	
Recording and filing fee	TY OF SAN DE	45.00
Sales taxes	ALL ST. ALL	4.26
	Total Due	269.26
	Paid receipt numberUS	111001
		0
×0.	0 1	dalance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization in a liability on account of said authorization.	sition of remains as above indica ation and I agree to hold Mt. Ho	the above named decedent sted. I certify and represent be Cemetery harmless from 22, 8999
I hereby authorize the interment in lot I hold under deed.	× Mayutte	beelender -
noid under dead.	7 3853-6	150
Signature of recorded holder of deed	- Xeden Det	P CM 92115
	X 287 9	192
ULS CANCELOUS	Invoice #	
Work Order # E 14513	Acct. #	
REA-104 (7-96) - This int	formation is available in alterna	tive formats upon request.

O Printed on recycled paper

Service Finday Aug 7 Body Chemalia the delivered Manday

BVID.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ARGARET TY OF DEATH AN DIEGO PED NAME AND AD EWIS COLO 051 EL CA NOWLEDGMENT OF A PERMIT DRIZATION OF L REGISTRAR ANDGE IN DISPOSITION TO SHOW FINAL ISPOSITION	SOURCE IN THE PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDENCE OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. BY THE PERMIT WILL NO MOBIL OF DEPOXAL OUTSEE OF CALFORNIA. BY ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA. VITAL RECORDSPO BOX 8522	ACTING AS SUCH 78 CALL IF D STREET TO THE T	N DIEGO MA F. LUCENSE NUMBER APPLICABLE SA BA. S dispositions authorized by Health and Salety Code 1 08/04/1998 1 P Valentine RESS OF REGISTRAR OF E	MONTH, DAY, YEAR MONTH, O7/30/1916 08/03 ME. RELATIONSHIP, FULL MAILING ADD INFORMANT RGARET E. FREELAND 53 69TH ST N DIEGO, CA 92115 SIGNATURE OF APPLICANT—Parson libring per	HESS AND ZIP CODE - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER
AN DIEGO PED HAME AND AD EWIS COLO 051 EL CA INVILEDENT OF A PERMIT ORIZATION OF L REGISTRAR ANDE IN DISPOSI- INCOURSES A NEW TO SHOW RINAL ISPOSITION	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON / DNIAL / BENBOUGH MORTUARY AJON BLVD., SAN DIEGO, CA 921 Thereby schrowledge as applicant that the proposed dapp Section 103/6 of the Health and Salety Code, and was author 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. WOIE THE HEANT GIVES NO ROBER OF DESTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 85222	58. COUNTY OF DEATH ENTER STATE SA ACTING AS SUCH 78. CALL — FD— DEFINITION Stated hersen is one of the Good pursuent to Section 700 of the 9A. AMOUNT OF FEE PA \$7.00	N DIEGO MA F. LUCENSE NUMBER APPLICABLE SA BA. S dispositions authorized by Health and Salety Code 1 08/04/1998 1 P Valentine RESS OF REGISTRAR OF E	ME RELATIONSHIP, FULL MAILING ADD INFORMANT RGARET E. FREELAND 53 69TH ST N DIEGO, CA 92115 SIGNATURE OF APPLICANT—PERSON LIBITS, POPULATION PO	HESS AND ZIP CODE - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER - DAUGHTER
EWIS COLC D51 EL CA INVALEDENT OF A PERMIT DRIZATION OF L REGISTRAR ANGEISTRAR ANGEISTRAR ANGEISTRAR TO SHOW FINAL ISPOSITION	AJON BLVD., SAN DIEGO, CA 921 AJON BLVD., SAN DIEGO, CA 921 AJON BLVD., SAN DIEGO, CA 921 Therety actnowledge as applicant that the proposed deposition of the california health and delety code, and was author This Permit is issued in accordance with provisions of the california health and dafety code and in the authority for the disposition specified in this Permit Gyes no resit of deposit outside of california. WITH THE HEANT GYES NO RESIT OF DESTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA. VITAL RECORDSPO BOX 85222	104 PD— sertion stated herein is one of the rared pursuant to Section 7100 of the PA 9A. AMOUNT OF FEE PA \$7.00	APPLICABLE 480 disposition: authorized by Health and Salety Code 08/04/1998 P Valentine RESS OF REGISTRAR OF C	53 69TH ST N DIEGO, CA 92115 SIGNATURE OF APPLICANT—Person taking per Partitle Valentine ED 9C, SIGNATURE OF LOCAL REGIS 9811413	eat, 88. DATE SIGNED 08/04/199
PERMIT ORIZATION OF L REGISTRAR ANGE IN DISPOSI- IEQUIRES A NEW TO SHOW FINAL SPOSITION	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. WOTE THE HEMIT GIVES NO BOSH OF DEPOSAL OUTSIES OF CALFORNIA. BOD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA. VITAL RECORDSPO BOX 85222	9A. AMOUNT OF FEE PA \$7.00	08/04/1998 P Valentine	ep, 9C, SIGNATURE OF LOCAL REGIS 9811413	
ORIZATION OF L REGISTRAR ANGE IN DISPOSI- IEQUIRES A NEW TO SHOW FINAL SPOSITION	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WOTE THE HEART GWES NO MORTH OF DEPOSAL OUTSIDE OF CALFORNIA. BY ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 8522	\$7.00	08/04/1998 P Valentine	9811413	TRAR ISSUING PERMIT
		1	GPOSITION IS TO OCCUR IN	ANOTHER DISTRICT IN CALIFORNIA	
INCHIZED DISPI	SAN DIEGO, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS	i		FOR CORONER'S	USE ONLY
CREMATION C. DISPOSITION THAN IN A CE	EMETERY		RNIA	Disposition Pending— (Name and Address)	REMAINS LOCATED A
BURIAL			118. DATE BURIED	11C. SIGNATURE OF PERISON IN CA	ARGE OF BURIAL
CREMATION			8/10/98	126. SCHATURE OF PERSON IN COM	RISE OF CREMATAN
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	SIGNATURE OF PERSON IN CH	ARGE OF FACILITY
TRANSIT			148. DATE SHIPPED		
ATTERING AT SEA OR POSITION OTHER N IN A CEMETERY			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
S. C. C. S.	CREMATION DISPOSITION THAN IN A CE SCIENTIFIC US BURIAL BEMATION CREMITIFIC USE TRANSIT TERING AT SEA OR OSITION OTHER IN A CEMETERY	CREMATION DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY SCIENTIFIC USE ITAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY, 3751 MARK SAN DIEGO, CA 92102 IZA NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 395 CYPRESS VIEW CREMATORY, 395 IZA NAME AND ADDRESS OF CALIFORNIA FACILITY CHARTICLUSE IZA NAME AND ADDRESS OF CALIFORNIA FACILITY CHARTICLUSE IZA NAME AND ADDRESS OF CALIFORNIA FACILITY CHARTICLUSE IZA NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OF CREMATED REMAINS ARE TO BE TRANSIT TERING AT SEA OR OSITION OTHER IN A CEMETERY	CREMATION DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS CHENTIFIC USE 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS TERMASIT 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OR OSITION OTHER IN A CEMETERY	CREMATION DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE CREMATED CENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14B. DATE SHIPPED 15B. DATE OF DISPOSITION DISPOSITION 15B. DATE OF DISPOSITION DISPOSITION	CREMATION DISPOSITION OF CREMATED REMAINS OTHER DISPOSITION OF CREMATED REMAINS OF CALIFORNIA CREMETERY BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92103 12A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS DISPOSITION DISPOSITION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS DISPOSITION DISPOSITION 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHERRING AT SEA OF FLICENTY OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CHARGE

VS 9 (RE

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, sur	ubject to your rules and regulations, to inter the re-	mains
ina liner	Funeral, date, time 200 8-7 11	00
Church, Chapel, Graveside	U : Rossdale Mor	tuary.
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.	V 5	
Lot 140 Grave 6 Row_	Section 3 Division/Block 15	2_
Grave space & Care Fund	795.	,00
Additional spaces and care fund	AID =	
Opening/Closing & Setup	375.	00
Burial Container AUG	04 1998 190.	00
Handling Fees	145-	00
Flower vases – Marker setting teMT. HOP.	N DEGO, CALIF	00
	14 7	2
Sales taxes	1369	773
Paid	receipt number VISA 1569	73
X N na	Balance due	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named dec n of remains as above indicated. I certify and repr n and I agree to hold Mt. Hope Cemetery harmless and interment.	resent
I hereby authorize the interment in lot I hold under deed.	Signature 6063 Britishuray	-
Signature of recorded holder of doed	7 262-1986	Zip Cede
	Invoice #	
Work Order # E 14514	Acet. #	

E- 14514

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

16

1/	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DE	
	Willia		Monroe	Bowden	-437	01/06/1922	07/26/19	98 M
5/	CITY OF DEATH	Diego		San Diego		NAME, RELATIONSHIP, FUL	L MAKING ADDRESS	
74	Anderso	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	A-FUNERAL DIRECTOR OR PE Mort.; 5050 Fed an Diego, CA 9	BON ACTING AS SUCH 78 CA	F APPLICABLE S	5063 Broadway San Diego, CA A. SIGNATURE OF APPLICAN		DAZE SIGNED
	ACHNOWLEDGMENT OF A	PPLICANT hereby a Section 10	chrowedge as applicant that the proposition of the Health and Safety Gode, and w	and disposition stated herein is one of the an authorized pursuant to Section 7100 of the	dispositions authorized by	delbuck		8/04/1998
	PERMIT OUTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND 18 THE AUTHORS' IN THIS PERMIT.	JED IN ACCORDANCE WITH PI ORNIA HEALTH AND SAFETY OF PY FOR THE DISPOSITION SPEC ID RIGHT OF DISPOSAL OUTSIDE OF CALE	SENED \$7.00	98. DATE PERMIT IS 08/04/1998	SUED RC SIGNATURE OF	9811417	SSUING PERMIT
339	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VIENT REES	Diego, CA 9218	85222		F DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CA		•
	A BURIAL (INCL.			E. TEMPORARY ENV.	ORNIA	☐ L DISPOSITI	ORONER'S USE ON PENDING—REMA d Address)	
	BURIAL		oness of California Ce emetery; 3751 1 San Diego,	Market St.	8-7-98	11C. SIGNATURE OF	ERSON IN CHARGE	OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMATED	12C. SMINATURE OF P	ERSON IN CHARGE C	OF CREM
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF F	ERSON IN CHARGE	OF FACILITY
OMPLETE A	TRANSIT		DORESS IN RECEIVING STATI CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND S OF PLACING WITH		ON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, O NTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF F CHARGE OF DISF	OSITION OI	CENSE NUMBER F CREMATED RE- AINS DISPOSER IF APPLICABLE

COPY 2 IS RETAINED BY 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_	8/4/0	18	
-	tions, to in	nter the remain	15

ina Ash Vault	_ Funeral, date, time	Frid, Aug	7. 1:30
Church, Chapel, Graveside CuraveSu	de : F	-amily	Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day	or an extra charge	of\$
will be applied and billed to undersigned.			
		_	
Lot Grave 6 Row_	Section	16 Division/E	7_
Grave space & Care Fund			
Additional spaces and care fund	AID		+
Opening/Closing & Setup	AID		105,00
Burial Container	VA 4000		55.00
Handling Fees)G ₀ 4 1998		60.00
Flower vases - Marker setting ee MT. H	OPE CEMETER	Y	
Recording and filing fee	SAN DIEGO, CAL	JE)	45.00
Sales taxes	***************************************		4.26
	To	otal Due	269.36
Pa	id receipt number	56258	264.26
	Manual	Balance du	.0
I hereby certify I am the X mothe	r	112101-000	named decedent
and this is your authority to make dispositi that I have the right to make this authorizat	ion of remains as abo	ve indicated. I cert	ify and represent
any liability on account of said authorization	n and interment.	a wit, Flope Calliote	ry namioss nom
I hereby authorize the interment in lot I	X may	HEKK	au
hold under deed.	X 914	Diamond &	S+
	Address Co.		
	à au	1-100	A 92109 Zip Code
Signature of recorded holder of dead	110		
Signature of recorded Inditer of deed	X 6/9/	483-3933	
Signature of recorded holder of deed	Invoice #	783-3933	

CHAT

E- 14515

her martin Rept body asher APPLICATION 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) 3 DATE OF DEATH MURRAY KINKADE KATELYN RLIZABRTH 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALF. 8. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF BURNE KINKADE-MOTHER SAN DIEGO 7A. TYGED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 7407 ALVARADO RD., SP. #A-95 CALIFORNIA CREMATION & BURIAL CHAPEL 92041 LA MESA, CA · 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 **BA. SIGNATURE OF APPLICA** Ferson Julius sernst, 68. DATE SIGNED I hereby acknowledge, as appeared that the proposed disposition stated herein is one of the dispositions authorized by Section 19376 of the Health and Safety Code, and was authorized paramet to Section 7100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT 90 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT M. MITCHELL LOCAL REGISTRAR NOTE: THIS PERMIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 8D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA L RECORDS-P.O. BOX 85222 TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 D. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) 8 CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA MT. HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA 92102 8-7-98 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

16B. DATE OF

DISPOSITION

SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION



SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

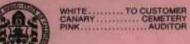
130. LICENSE NUMBER

OF CREMATED RE-

IF APPLICABLE

MAINS DISPOSER

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Matha E Kinkade Two hundred	Address: 914 Diamend		14 1998 Dego Ca 92112 Hars (\$ 269:26) Kinkade &	
Payment of	The Row	Munay Section 15	Division 7	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPER "PAID" IN THIS SPACE.	O CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 5 5 6 0	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC212 (Rev. 594)	ISSUED BY CAN A DEK	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

			4	0	0	
Date	0	~	2	1	0	

or Passie Green	- many Polymonton	
in a T-5 Vacult F	funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	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	AID	95.00
Additional spaces and care fund	1000	75 00
Opening/Closing & SetupAl	JG n 5 1898	20 00
Buriat Container	ODD CEMPTERY	05 AM
Handling Fees	OPE CEMETERY SAN DIEGO, CALIF	95.00
Flower vases - Marker setting fee		-
Recording and filing fee		15.00
Sales taxes		9.30
	Total Due	069.30
Paid n	ecelpt number R 50264	069.38
	Balance due _	-0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery h	nd represent
I hereby authorize the interment in lot I hold under deed.	X 6 ASIL XIVE	er.
Signature of recorded holder of deed:	X San Diego 9	92113 2000
Work Order # E 14516	Invoice #	

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Essie Green	Address: 3125 Logan	Date: 8-5	Dujo 5	1998
In Payment of Lot 135 Grave	7 Row Se	ection 3	Division Stock	12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID IN THIS SPACE.	GREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers 7	7007 7184 100 1184 100 1181 100 1182 100 1182	00
Pre-Need Lot At Need On Acct O	ISSUED BY J Heldles	Pre-Need 6 Trust Sales Tax 6	100 7183 3083 8022 0101 8390 8	38



MT. HC. T. CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/6/98

You are hereby authorized and instructed, so	bject to your rules and regulations, to inter the remains
Type of Burial Contains	Funeral, date, time MON Aug 24 IT U
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
	or regular work day or an extra charge or \$
will be applied and billed to undersigned	
Lot: 3008 Grave Row	Section Division/Block 10
Grave space & Care Fund	MM E-2524
Additional spaces and care fund	ΔID $mean$
Opening/Closing & Setup	A D 103.00
Burial Container	6 2 4 1998
Handling Fees	00.00
Flower vases - Marker setting fee MT. HC	
Recording and filing fee	AN DIEGO. CALIFI 7 4.20
Sales taxes Harryngton 520 50	62717 200021
10011	6 22 - 18 5 - 7
Paid	receipt number R-50310 26% 26
×	Balance due
I hereby coulty I am the disposition that I have the right to make this authorization any liability on account of said authorization and the said authorizat	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
	Diamere a Commission
I hereby authorize the interment in lot I hold under deed.	Signification of Accounting to the Signification of Accounting to the Significant of Accounting the Accou
Signature of recorded holder of deed	x Rig Bray Asike CA 92315
advanta a acontes topas in acce.	City 9/09 -878-3039 Telephone
	Invoice #_
Work Order # E 14517	Acot. #
REA-104 (7-96) This informs	ation is available in alternative formats upon request.

@ Printed on cocycled paper

haybe only set up arable in Lot

PAID ##0.7# #98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

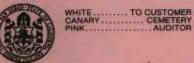
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDENT—FIRST (GIVEN) 18 MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR		
Marie		T.	Madson		11/05/1904		
A. CITY OF DEATH			5B, COUNTY OF DEAT ENTER STATE		ME, RELATIONSHIP, FULL I	MAILING ADDRESS AND	ŽIP COD€
Foway			San Diego	Ar	lene Harringt	on - Grandda	ughter
CONTRACTOR DESCRIPTION OF THE PARTY OF THE P			IR PERSON ACTING AS SUCH ' 78. CA		Paycheck Lane		.5
Featheringi			No.	Sai	gta Fe, NM 87		86
6322 E1 Caj	THE RESERVE OF THE PARTY OF THE	an Diego, CA	Strature I sales	The second secon	MATURE OF APPLICANT	Person taking permit, 88. DA	TE'SIGNED
ACKINOWLEDGMENT OF AP	PLICANI Section 10	2176 of the Health and Eately Code,	proposed disposition stated herein is any of the and was authorized pursuant to Section 7300 of t	te Health and Safety Code.	euru nas	nhow; 08,	/10/199
AUTHORIZATION OF	SIONS OF THE GALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WI FORNIA HEALTH AND SAFI TY FOR THE DISPOSITION	SPECIFIED \$ 7.00	08/10/1998	9811655	OCAL REGISTRAR ISSU	NG PERMIT
The state of the s		O BOTT OF DISPOSAL OUTSIDE OF EGISTRAR OF DISTRICT		C. Lathrem			-
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SNOW FINAL DISPOSITION		ED IN CALIFORNIA 222 San Diego		DISPOSITION IS TO OCCUR IN			•
10. AUTHORIZED DISPO		PPLICABLE ITEMS			I FOR COL	RONER'S USE ON	Y
[X] A. BURIAL (INCLU	DES ENTONOMENTON		E. TEMPORARY ENV	ALU TRACALE		PENDING DELLAND	
LAND W. BURNE SPICED	CES ENTUMBRIENT!		C CMCOUNTY ENV	HOC IMENT		PENDING-REMAINS	LUCATED A
V a cocuation			C DIGINTEDISCHT		(Name and	reactions	
X B. CREMATION	OF CREMATED REM	MAINS OTHER	F. DISINTERMENT	ODNIA	(Name and	Number of the second	
C. DISPOSITION (METERY	MAINS OTHER	G. SHIP IN TO CALIF		(Name and	national participation of the control of the contro	
C. DISPOSITION	METERY		G. SEP IN TO CALIF	SIDE OF CALIFORNIA			
C. DISPOSITION OF THAN IN A CE	METERY SE 11A. NAME AND A	DORESS OF CALIFORNI	G. SHIP IN TO CALIF H. TRANSIT TO OUT	SIDE OF CALIFORNIA	11C SIGNATURE OF PE		BURIAL
C. DISPOSITION (METERY 11A. NAME AND A Mt. Hope (coness of Californi Cem. 3751 Mar	G. SHIP IN TO CALIF H. TRANSIT TO OUT	SIDE OF CALIFORNIA			BURIAL
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	Mt. Hope (San Diego,	DOMESS OF CALIFORNI Cem. 3751 Mar , CA 92102	G. SHP IN TO CALIF H. TRANSIT TO OUT A CEMETERY 'Ket St.	SIDE OF CALIFORNIA	11C. SIGNATURE OF PE	RSON IN CHARGE OF	-
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	METERY 11A. NAME AND A Mt. Hope (San Diego,	coness of Californi Cem. 3751 Mar	G. SHIP IN TO CALIF H. TRANSIT TO OUT A CEMETERY RET St. A CHEMATORY	SIDE OF CALIFORNIA 11B. DATE BURIED S - 24-9* 12B. DATE CREMATED		RSON IN CHARGE OF	-
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A. NAME AND A Pacific C1	DOMESS OF CALIFORNI Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNI	G. SHP IN TO CALIF IN TRANSIT TO OUT A CEMETERY RET St. A CREMATORY J Crane St.	SIDE OF CALIFORNIA 11B. DATE BURIED S - 24-9* 12B. DATE CREMATED	11C. SIGNATURE OF PE	RSON IN CHARGE OF	-
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir	DDRESS OF CALIFORNIA Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNIA rematory 571 nore, CA 9253	G. SHP IN TO CALF IN TRANSIT TO OUT A CEMETERY Exet St. A CHEMATORY J Crane St.	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 8-12-58	11C. SIGNATURE OF PER	RSON IN CHARGE OF	RROWN
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir	DDRESS OF CALIFORNIA Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNIA rematory 571 nore, CA 9253	G. SHP IN TO CALIF IN TRANSIT TO OUT A CEMETERY RET St. A CREMATORY J Crane St.	SIDE OF CALIFORNIA 11B. DATE BURIED S - 24-9* 12B. DATE CREMATED	11C. SIGNATURE OF PE	RSON IN CHARGE OF	RROWN
BURIAL CREMATION	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir	DDRESS OF CALIFORNIA Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNIA rematory 571 nore, CA 9253	G. SHP IN TO CALF IN TRANSIT TO OUT A CEMETERY Exet St. A CHEMATORY J Crane St.	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 8-12-58	11C. SIGNATURE OF PER	RSON IN CHARGE OF	RKO N
BURIAL CREMATION CREMATION SCIENTIFIC USE	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir 13A. NAME AND A	DDRESS OF CALIFORNI Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNI CEMATORY 571 NOTE, CA 9253	G. SHP IN TO CALF H. TRANSIT TO OUT: A CEMETERY RET St. A CHEMATORY J Crane St. IO A FACILITY RECEIVING REMAINS	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 13B. DATE RECEIVED	11C. SIGNATURE OF PER 12C. SIGNATURE OF PER 13C. SIGNATURE OF PE	RSON IN CHARGE OF C	FACILITY
BURIAL CREMATION CREMATION SCIENTIFIC USE	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir 13A. NAME AND A	DDRESS OF CALIFORNI Cem. 3751 Mar , CA 92102 DDRESS OF CALIFORNI CEMATORY 571 NOTE, CA 9253	G. SHP IN TO CALF H. TRANSIT TO OUT A CHEMATORY A CHEMATORY J Crane St. O A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 8-12-58	11C. SIGNATURE OF PER	RSON IN CHARGE OF C	FACILITY
BURIAL CREMATION CREMATION SCIENTIFIC USE	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir 13A. NAME AND A	DDRESS OF CALIFORNIA CEM. 3751 Mar , CA 92102 DDRESS OF CALIFORNIA CEMATORY 571 DORESS OF CALIFORNIA DDRESS OF CALIFORNIA	G. SHP IN TO CALF H. TRANSIT TO OUT A CHEMATORY A CHEMATORY J Crane St. O A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 13B. DATE RECEIVED	11C. SIGNATURE OF PER 12C. SIGNATURE OF PER 13C. SIGNATURE OF PE	RSON IN CHARGE OF C	FACILITY
BURIAL CREMATION CREMATION SCIENTIFIC USE TRANSIT	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A NAME AND A Pacific Cr Lake Elsir 13A. NAME AND A 14A. NAME AND A REMAINS OR	DDRESS OF CALIFORNIA CEM. 3751 Mar , CA 92102 DDRESS OF CALIFORNIA COMMITTEE CA 9253 DDRESS OF CALIFORNIA DDRESS IN RECEIVING CREMATED REMAINS A	G. SHP IN TO CALF H. TRANSIT TO OUT: A CHEMATORY C'KET St. A CHEMATORY J Crane St. O A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE RE TO BE SHIPPED	SIDE OF CALIFORNIA 11B. DATE BURIED 9 -24-9* 12B. DATE CREMATED 13B. DATE RECEIVED 14B. DATE SHIPPED	12C. SIGNATURE OF PER 13C. SIGNATURE OF PER 13C. SIGNATURE OF PER 14C. ADDRESS AND SIGNATURE OF PLACING WITH	RSON IN CHARGE OF CHARGE OF CHARGE OF CHARGE OF PERSON IN THE CARRIER	FACILITY NYCHARGE
BURIAL CREMATION CREMATION SCIENTIFIC USE	METERY 11A. NAME AND A Mt. Hope (San Diego, 12A. NAME AND A Pacific Cr Lake Elsir 13A. NAME AND A REMAINS OR	DDRESS OF CALIFORNIA Cem. 3751 Mar Cem. 3751 Mar CA 92102 DDRESS OF CALIFORNIA ODRESS OF CALIFORNIA DDRESS OF CALIFORNIA CREMATED REMAINS A	G. SHP IN TO CALF H. TRANSIT TO OUT A CHEMATORY A CHEMATORY J Crane St. O A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	SIDE OF CALIFORNIA 11B. DATE BURIED 8-24-9* 12B. DATE CREMATED 13B. DATE RECEIVED	11C. SIGNATURE OF PER 12C. SIGNATURE OF PER 13C. SIGNATURE OF PE	RSON IN CHARGE OF CHARGE OF CHARGE OF CHARGE OF PERSON IN THE CARRIER	FACILITY NYCHARGE

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 WHICH 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



MOUNT HOPE CEMETERY 527-3400

From John Harrington	Date: 8 - 2	Ance 19	ley by	
In Payment of Lot 3008 Grave	Row Se	ction	Division	0
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	60% Sales of Lots Opening/ Closing Burial Containers	100 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Accept (Rev. 5-94)	ISSUED BY Dullin	Pre-Need 8 Trust Sales Tax 6	100 45 17163 19022 190101 18390 18390 18390	26

MT. MOPE CEMEVERY

City of San Diego

Date_6-6-98

in a Type of Burnet Company	Funeral, date, tir	ne mon	. 8-	to Il:
Church, Chapel, Graveside	Only ?	reather	lligi	C Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an ext	ra charge	of \$
vill be applied and billed to undersigned				E. L.
		0		17
ot M Grave Bow	Section	1	Division/B	tock a
Grave space & Care Fund				126.00
Additional spaces and care fund				
Opening/Closing & Setup				VI & OF
Burial Container				KO.01
Handling Fees				1200
Tower vases - Marker setting fee				-
Recording and filing fee				
Particular of the Control of the Con				
Sales taxes	······			386.00
Paid to 86.00 Paid	receipt number	Total Due	21	386.01
phenolita 380 baids	receipt number _			-0
ing once			alance du	
I herëby certify I am the	of remains as a	sbove indical	ed. I certi	named deceder by and represer ry harmless from
that I have the right to make this authorization any liability on account of said authorization a	and interment.			
that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I	and interment.			
that I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	and interment.			
hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	and interment.			Zip Coo
that I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	Signature Address			21р Сох
that I have the right to make this authorization	Signature Address City			Хю Сос

E-14518

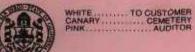
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF	DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10.	LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF MONTH, DA		4. SEX
Neil		- Hyman				09/02/1926	08/03/	1998	M		
5A. CITY OF	DEATH			5B.	COUNTY OF DEATH	-OUTSIDE CALIF.		RELATIONSHIP, FULL W	HAILING ADDRE	SS AND ZIF	CODE
San Die	ego			S	an Diego		1	Edwards - P	mblic A	dmin.	
7A. TYPED NAM	ME AND AD	DORESS OF CALIFORNIA	A-FUNERAL DIRECTOR	R OR PERSON ACTING		F. LICENSE NUMBER	The second second	-A Ruffin Rd	Committee of the last	-	
Feathe:	ringi	11 Mortuar	y		1 -	APPLICABLE	San I	Diego, CA 92	123		
6322 E	I Caj		an Diego, C			0 1083	BA. SIGN	ATURE OF APPLICANT—	erson taking permit	8B. DATE	SIGNED
ACKNOWLEDG	MENT OF A	PLICANT I hereby a Section 10:	cknowledge as applicant that 376 of the Health and Safety C	the proposed disposition sta- large, and was authorized purs	ted herrin is one of the part to Section 7100 of the	dispositions authorized by Health and Salety Code	HW	ulu hote	NOW!	08/0	6/1998
PERMI' AUTHORIZATI	ON OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE CHNIA HEALTH AND S TY FOR THE DISPOSITION O BIGHT OF DISPOSAL OUTSID	SAFETY CODE ON SPECIFIED	7.00	08/06/19	998	9811515	CAL REGISTR	AR ISSUING	PERMIT
ANY CHANGE IN TION REQUIRES PERMIT TO SHOW DISPOSITION	DISPOSI-	9D. ADDRESS OF RE	GISTRAR OF DISTRI	CT OF DEATH-	1 11 0		OF DISTR	RICT OF DISPOSITION— THER DISTRICT IN CALIFO	Rreia.		•
10. AUTHORIZ	ZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS	-	-			FOR COR	ONER'S US	E ONLY	
THAN	The second second	SE .	AINS OTHER	H 1	DISINTERMENT SHEP IN TO CALIFO TRANSIT TO OUTS	DE OF CALIFORNIA	ED 110	(Name and A		GE OF BU	FIAL
BURIA	AL.	Control of the Contro	Cem. 3751 o, CA 92102			8-10-9	8	J. Y h	4		
CREMAT	TION	12A, NAME AND AD	DDRESS OF CALIFOR	RNIA CREMATORY		12B. DATE CREMA	TED 12C	SIGNATURE OF PERI	SON IN CHARG	GE OF CRE	•
SCIENTI	77.22	13A, NAME AND AD	DDRESS OF CALIFOR	RNIA FACILITY RECE	IVING REMAINS	13B. DATE RECE	IVED 130	. SIGNATURE OF PER	SON IN CHAR	GE OF FÅ	CILITY
TRANS	BAT		DDRESS IN RECEIVIN CREMATED REMAINS			14B. DATE SHIPP	PED 140	ADDRESS AND SIGN OF PLACING WITH T		RSON IN	CHARGE
SCATTERING OR DISPOSITIO THAN IN A C	N OTHER		REST POINT ON SHOP NTIFY FINAL PLACE A			16B, DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE I OF CREM MAINS DI —IF APPL	ATED RE-

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY 527-3400

From Feathursell	Address: 630 2 E1 Ca	per Blid 3	5.0 (4) 9045
Three hundred	CIENTY SUX	Thyman +	1938643
ot 19 Grave	8 Row_	Section /	Division /2
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMP	20% Sales Care 77 80% Sales of Lots Opening/ Closing 77 Burial Containers 77	7007 7184 100 1284 100 1284 100 100 100 100 100 100 100 100 100 10
Pre-Need Lot	ISSUED BY KANIN BAK	Handling Fee 7: Recording & Misc. Fees 7: Pre-Need 6: Trust 9 Sales Tax 6	7186 100 1180 1180 1180 1180 1180 1180 11

Que red mad

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8 -6-90

You are hereby authorized and inst	N.	1	es and regulations, to	inter the remains
or Weblie	carme	n U	woe	
In a David Dural Container	Funer	al, date, ti	me	
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before	3:30 p.m. of reg	ular work	day or an extra charge	of \$
will be applied and billed to undersi	gned			
Lot 2369 Grave	Row	_ Section	Division/E	stock 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 .				
Recording and filing fee				45.00
Sales taxes				29.45
			Total Due	2144.45
	Paid receip	t number	K-205Pd	536.00
1	7,000		Balance du	e 1608, 45
I hereby certify I am the and this is aur authority to make that I have I e right to make this au any liability in account of said authority.	thorization and	agree to	above indicated. I cert	named decedent ify and represent ry harmless from
I hereby authorize the interment in hold under deed.	lot I	Signature 230	5 Spring 8	k wy
Signature of recorded hinder of deed		(6/9)	475-64	4 72/39 3 7 Zer Code
F 44540		Invoice #		
Work Order # E 14519		Acct. # _		

Cake

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

	FINAL	Date: 914	19.78
Seven hundred	-Contein Talio	Dollars (5	7/4/730,
In Payment of Payment of	e Need Lid at	Trust	
Lot 3369 Grave -	Row Se	oction	Division
Acct. No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 67007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100	280 00
W.OBALANCE DUE		Closing 77181 - Burial 100 Containers 77182 - 100 Handling Fee 77185 - Recording & 100	300 300
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Da Buk	Misc. Fies 77183 - Pre-Need 63033 Trust 9022 - Sains Tax 60101 78360 -	434 73
AC-212 (Rev. 594) 3015	ISSUED BY TO Y IL CAN	TOTAL PAID \$	714 73

OFFICIAL RECEIPT

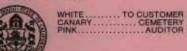
WHITE...... TO CUSTOMER CANARY...... CEMETERY PINK........... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

Murna Medine	721-E 7 V.	Date: 9/4	19 78
one hundre	d Seventy nine	900 Dollars (\$ 79,00
In Part Payment of			STATE OF THE PARTY
Lot 22 69 Grave	RowSe	ection	Division /
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184- 80% Sales 100 of Lots 77184 Cessing/ 100	179 00
W.O. 6 -14519 BALANCE DUE 143445		Opening/ 100 Glosing 77181 Burial 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot	X 2 11	Recording & 100 Misr. Fres 77183 Pre-Need 63033 Trust 9022	
Pre-need Trust D Cash D Check D AC-212 (Rev. 5-94)	ISSUED BY AUGUSTAK	Bales Tax 60101 76390- TOTAL PAID \$	179 00

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

	527-3400	9/4	98
From Poberto D. Dribe	DR Address 11671 ELINGS	al Lakeside	99040
In Full Payment of Pike	Need Lot - 1 To	Dollars (\$	
tot	RowS	ection	Division / O
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 67007 20% Sales Care 77184 — 80% Sales 100	
Acct. No. E - 14519	The second second	of Lots 77184 — Opening/ 100 Clueing 77181 —	
BALANCE DUE		Burial 100 Containers 77182 — 100 Handling Fee 77185 —	
Pre-Need Lot At Need On Acct O	2 2 11	Recording & 100 Misc. Fees 77183 Pre-Need 60033 Trust 9022 Sales Tax 60101	714 72
Pre-need Trust Cash Check CASh Check CASh Check CASh Cash Cash Cash Cash Cash Cash Cash Cas	ISSUED BY TOU JULIAN	TOTAL PAID \$	74 12

Prented

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/7/98

Type of Burist Container	Funeral, date, time	
Church, Chapel, Graveside	;	ortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	-
will be applied and billed to undersigned		
ot 255 Grave 12 How_	Section Q Division/Block	2_
Grave space & Care Fund	<u> 79</u>	5.0
Additional spaces and care fund	, b , y	
Opening/Closing & SetupVH	() () () () ()	
Surial Container	7-25-0	
landling Fees FVL	7-25-00	
Recording and filing fee		
Sales taxes		
Paid	Total Due 79	500
	Balance due 59	5.00
hereby certify I am theand this is your authority to make disposition	of the above named de on of remains as above indicated. I certify and re- on and I agree to hold Mt. Hope Cemetery harmles	present
	and interment.	160
any liability on account of said authorization hereby authorize the interment in lot I	and interment. XXXIIII & FRE Bigninium 779(1 Course of	15 0 P
hereby authorize the interment in lot I hold under deed.	XXIIIIA ESTER	120 120 5
that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed.	XXIIIIA ESTER	120 120 5

H-10

Pre-Need Lot

REESE, LILLIAN

10-12-

19-1-

2500

25.00 90

25.00

2500

345,00

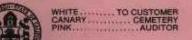
195,00

Coupon R-52607 R- 52704 7-25-00 2 24 00 WHITE......TO CUSTOMER CANARY.....CEMETERY PINK.....AUDITOR

MOUNT HOPE CEMETERY 527-3400

From: Inthrong Reese Twenty Dill In part Payment of Pa	- hus Int	Date: 11-	Diego sollars (\$"	9 ? 25.00	120
Lot 2 55 Grave _	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ection 2		Division \	2
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	25	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Pecording & Misc, Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 — 63033 9022 — 60101 78390 —	२ऽ	00

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Filler Rese	Address: 7211 concition	y were with	7 2 12 0, 191 Williams (\$ 25 00
In_Payment of _ R	u had dad		
Lot 255 Grave	Now	_ Section	Division 2
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMP PAID IN THIS SPACE.	ED CREDIT 20% Sales Care 50% Sales of Lobs Opening/ Closing	57007 77184 100 77184 100 77184 17184
BALANCE DUE 245 00		Burial Containers Handling Fee Becording & Misc. Fees	77182 100 77185 100 77185 00 005309
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY 1 Mullito	Pre-Need Trust Seles Tax TOTAL PAID	63033 9022 60101 78380 \$ 2 5 0 0



WHITE TO CUSTOM CAMARY CEMETE AUDIT	RY MOUNT HODE CEMETERY	Date 9	23 Duj	ر ا د۹ م د ا د۹ م	PP.
in Dail Bermanter	tr Ludans		bllars (\$ _	25.00)
744	13	3		Division \	2
Invoice No Gra Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 — 100 77184 — 100 77181 —	25	00
BALANCE DUE 270.00 Pre-Need Lot At Need On Ac	-	Containers Handling Fee Recording & Misc. Fess Pre-Need Trust Sales Tax	77182 — 100 77185 — 100 77183 — 63633 — 60101		
	12 ISSUED BY D. Muhata	TOTAL PAID	78390	२ड	00

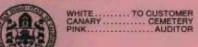


WHITE......TO CUSTOMER CANARY....CEMETERY PINK AUDITOR

MOUNT HOPE	CEMETERY
527-3	1400

From anthony Russ	Address: 7211 Chiesty	Date: 7-	14 Dujo	9212	19 97
In part Payment of	he hud dot	D	oliars (\$	25.00)
Lot_ 255 Grave	(Row	ectionQ		Division \	2
Acct. No	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184	2.5	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Accele (Rev. 5-94)	ISSUED BY 1 Dublin	Pre-Need Trust Sales Tax	63033 9022 60101 78390	३ इ	00

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

		Date: 5-14	1999
rom anthony Que	Address 1165 Regions	so de Du	0 92120
part Payment of Pr	- New It	Dollars	1\$ 25.00
	Eillien Ree		30
ot 355 Grave	NROW_S	ection	Division 12 Block
nvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718	25 00
cct. No. E - 14 520	NAME AND DESCRIPTION OF THE PARTY OF THE PAR	Opening/ 10 Closing 7718 Burial 10 Containers 7718	0
ALANCE DUE 370.00		Handling Fee 7718 Recording & 30 Misc. Fees 2718	15
re-Need Lot At Need On Acct Cre-need Trust Cash Check	1 11 110	Pre-Need 8303 Trust 902 Sales Tax 6010 7839	2
2212 (Rev. 5-94)	ISSUED BY A MUNICIPAL STATE OF THE PROPERTY OF	TOTAL PAID	25 00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Bullin Ruse In Payment of Ste	Address: 7211 Engla	Date: 4-9 Dollars (\$	1999 140 92120 23.00
Lot_ 255 Grave	12 Row Se	ection R	Division 12 Block
Acct. No. W.O. E - 11520 BALANCE DUE 395-00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID' IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 100 Closing 77181 80rist 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 100	2500
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC212 (Say 5-94)	ISSUED BY J. Mallion	Pre-Need 53033 Trust 5022 — Seles Tax 50101 78390 — TOTAL PAID \$	25 00

CITY OF SAN DIEGO, CALIFORNIA

50377

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

From Arkeny Rose Colland	Recendences 12110en + 5 log	Date: De	9/10 5 0 9 9 ollars (\$ 36	1.198 2120 W
Lot 255 Grave _		ection	Divisio Block	n-12
Acct, No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182	00
Pre-Need Lot At Need On Acct		Handling Fee Recording & Misc. Fises Pre-Need Trust	100 77185 — — — — — — — — — — — — — — — — — — —	
Pre-need Trust Cash Check Ma	ISSUED BY CONTROLLED BY	Seles Tax TOTAL PAID	8 92	5 00

CITY OF SAN DIEGO, CALIFORNIA



WHITE...... TO CUSTOMER CANARY...... CEMETERY

MOUNT HOPE CEMETERY

	527-3400	8/17	98
From: Lillian Please	Address: 7211 (Date: Of A Pl	2010 June
In Payment of	The Need 201-10	x Lillian	ticle
Lot 855 Grave	151 Row	Section 2	Division 10
Invoide No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	90% Sales 100 of Lots 77154 — 100 Closing 77181 — 100 Closing 77181 — 100 Containers 77182 — 100 Hardling Fae 77185 — Recording 8 Mac. Fees 77183 — 77183	3000
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C	ISSUED BY CUPI Lak	Pre-Need 83033 Trust 9022 Sales Tax 90101 78390 TOTAL PAID 5	2000

E-14320 FIE	-Heed Lot
Lillian Reese	
7211 Conestoga Place	
San Diego, CA 92120	
	4 19

Month and Day Due Indicated Below

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

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

\$ 25.00

Amount due if paid more than _____days after due date above.

\$____

NAME Lillian Reose ADDRESS 7211 Conestaga Pt

STATE CO ZIPTONO

NAME CILLIAN REESE \$ 25100 ADDRESS 7211 Conestoga

after due date above

CITY S. D STATECK, ZIP 92126

☐ check (/) if this is new address

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-14520 PES-need Loc Lillian Roose 7211 Conestoga Plane 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 Amount due when paid on, or before. due date above Amount due if paid more than after due date above NAME Lillian ADDRESS 7211 Conestoga check (/) if this is new address

	ALC: UNKNOWN	THE RESERVE OF THE PERSON NAMED IN		E BOO		ittance	CC	OUP	ON	1	3
				145		Pri		end	Lot		
1.1.3	11	m l	lees								
721	11 (Lone	sto	age.							
				M.		20	*				
Lot	25	ALTON NO.	40000	d Da		e In	dicat	ed B	elow		
JAN	FE.B	A CONTRACTOR	William Propy	MAY	OR OTHER DESIGNATION OF THE PERSON NAMED IN	CHEST STREET,	ARCHITECTURE OF THE PARTY.		1000000	_	DEC
			7	F13	100			10			
Amou due da			aid on	or bet	ore,		5	1	25.0	00	
Amour after d	nt due i	f paid r a abov	nore th	an	da	8	> s.	14	-		
							\$		- 11	oole	. 6
NAM		el	lia	n Am	opet 9	eceive.	9 8	2	5	10	
ADD	RESS	72	11	(20	ne					
CITY	2	. 10)	CHANGE OF THE PARTY OF THE PART		STAT	E (2 cc	ZIP	9.	2/20
			heck	(1)	if th	is is	new	add	ress		

DO	NOT	MAIL	ENTIR	E BO			-			1	5	
		I NO.			20	Fre		-sa	Por			
~~	_		_		Pân	ce.	-					
				_	921							
Lot	25	55 6	r 1	2 :	lec.	2.1	N.	12				
-		-		_	By Du	And the Person		A SPECIAL PROPERTY.	And in case of the	PARTY NAME		
MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	ı
						13		10				Į.
	nt due te abo	when p	aid on	or bel	lare.	1	> s	_ 2	5.0	0		
		If paid r		an	da	12	> 5			X		
NAM	E	-11	lea	An An	nount F	leceive PC	s o s	2	15	10	0	
ADD	RESS	72	11	10	OK	25	Low	00	- 6	1		
_		19			ACCUPATION OF THE PERSON OF		EC	-			120	3
WILL.			heck	(1) if th	ils is	new	add	ress			

DO	NOT			E BO		ittanc	· CC	JUP	UN	1	6
AC	COUNT	T No.	15-	145	20	Pri	HEM!	bou	Lot		
Li		an		nam.							
	111			_							
	an D										
L	st 2	55	Gr	12	Sec	2	Div	1. 12			
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m - 1 - 3			nd De							-
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			11		0			10			
	nt due)	de Sud	-	-			1	_	_
	de abov		David Oct	or ner	ore.		> ,	25	.00		-
						-	-				
lmou	nt due i	paid	more ti	non	da	y q	2				
interior to	ZUIL UMI										
							5	2			
				780	-company			2	51	00	-
NAM	E C	11	lu	2/1	Toupor	tecenvi	0	-			
	RESS	7	211	0	EW.	5-5	+0	na	p		
AUU	HE SO	1.1		_	20.00	3 6	10	-	1000	-	120
CHTY	5	17	check	CIV						10	120
		and '		The second second		100	C. 12 5 Sec. 10.	100.56.50	-		

7211 (020	ga							
Lot 2	_					iv	12			
	100	th an						elow	1	
MAY JUN	JUL							FEB	MAR	APR
Amount due due date ab	when i	paid on	or bei	ore.		> 5	2	5.0	0	
Amount due	if paid	more th	an_	da	ys	2				

check (/) if this is new address

U zip92120

ADDRESS 7211

	NUT	MAIL T No.	ENTIR		OK	Fre		OUP			8
1.1	111	Coa	Ree	SE .	PI	-					
Sa	n D	Lug	0,	GA	92	120					
LO	2 2	55 Mon	CHI/k	100	Sec y Du		E-015	10.00			
JUN	JUL	AUG			NOV					APR	MET
	nt due te abo	when s	paid on	, or bet	fore.)	> 5	25	.00		
mour fter d	nt due lue da	if paid i	more ti	nan	da	ys)	> \$				
							S				

NAME LILLIAN KEE CITY_S check (

DO ACI L11 721	NOT COUNT	MAIL I No.	ENTIR E-	E B0		Pre	C	OUP	ON	1	9
Lot	25	-	200	2 8		2 D		0.50			
JUL	AUG	SEP						MAR	APR	MAY	JUN
	nt due ite abo	when p	paid on	or ber	tore.)	> 5	2	5.0	0	
Arnou after o	nt due i	f paid r e abov	nore ti	an	da	ys)	> 5				
NAM	E 4	il	Lie	· An	now to	deceive.	s ses	25	511	00	
ADD	RESS	72	DI	200	Co.	STAT	EC	og o	ZIP	92	120

	THE RESERVE	THE REAL PROPERTY.	BC2009004			nittano	• C(DUP	ON	2	0
			ENTIR	E BO	OK .	Pri	-tie	44	Lot		
AC	COUN	I No.	Rae	ue:							
72	11	Cor	iest	DOG	- pr	meri					
			10.				90				
							Div	12			
-		-	-	-	-			100	14		
-	-						dicat			Total Control	1
AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL
			1		2	H	L	120			
	ne due	- then	ald on		100	-		-	Tarre		
due da	ite abo	witeri (paid bit	A TO	OR.	29	201	n	*40		
						10					
Amou	nt due	if paid	more	FT.+	HOP	ed	ME	TAR	Y		
amer s	ne de	ie auu	CI	TYC	FS	AN	DIE	20	0		
			- 50		0 0		S				1
								nE	- 1	00	
	1	111	Lia	An	nount	Receive	ed S	7)	/	
The same of the same of	_							-	-	(3)	4
ADD	RESS	70	11	_ (00	ne	St	09	cr	1-1	
CITY	5	1)					EC			(0)	120
			check	(1)	if t	his is	new	add	ross		

DO NOT MAIL ENTIRE BOOK	COUPON	21
ACCOUNT No. E-14520 Pre-	-need Lot	

MUCUU	LAT. DAME.	and the	AN WILL		-
14111	an E	2950			
7213	Comm	prop	n PY	SPR	

7211 Conestuga Place San Diego, CA 92120

Lot 255 Gr 17 Sec 2 Div 12

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

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

\$ 25,00

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

NAME LILLER (AMOUNT RECEIVED & SE

ADDRESS 7211 Conestage PI

☐ check (/) if this is new address

DO NOT MAIL ENTIRE BOOK	
ACCOUNT No.	
7211 Comentogs Flace	
San Diego, CA 92120	
Lot 255 Gr 12 Sec 2 Div 12	
OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP	1
Amount due when paid on, or before, due date above.	1
Amount due if paid more than days \$ \$	
\$ 100	-
NAME LILLIAM RESERVED \$ 35109	1
ADDRESS 7311 Conestoga Pl	
CITY SO STATE ON ZIP 92/2	0

Sand or

DO	NOT	MAIL	ENTIF	RE BO	OK						3
AC	COUN	T No.	E.	-145	20	Pra	-54	hod.	Lat		
五五五	110	ette di	ces	140							
721	1 0	Cone	BEG	ga	Plu	de					
San	1 215	海拔石	. 0	A.	921	20					
Lot	25	5 6	r 1	2 5	66.	2 0	Sw.	12			
		Mon	th ar	nd Da	V D	e In	dicat	ed B	elow		
NOV	DEC	JAN	-	A STATE OF THE PERSON NAMED IN		-	_	ALC: UNKNOWN			OCT
								10	1		
Amou	nt due	-Chart o	niet on	or bef	000						
due da	ite abo	ve.	47	or ber	Nie.		> 5	- 3	3.0	0	
		1	1								
Amous	nt duny	Loaid I	hore th	1	tia	ys	> 5				
-	12	1	0	1						100	
	0	~	2				5		_		_
		1					8	NB	5	50	
NAM	= 6	Col	4	an	Dunt A	leceive	3 8	0	0		
		72	100	10	n	100	5	705		01	
			1	-	-	110	07	1		01	120
CITY	5	-	hack	(1)		STAT			ZIP	led.	120
		~	HINCH	200	ti. u	112 12	4100.44	auu	1004		

Send or bring one coupen with each remittance COUPON 77

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/10/98

You are hereby authorized and instructed, so		s, to inter the remains
	Funeral, date, time LUCI, Au	Mrtchellmortuary.
All Funeral cars must arrive before 3:30 p.m.		narge of \$
will be applied and billed to undersigned		
Louis A Grave / Row_	Section / Divis	ion/Block 12
Grave space & Care Fund		245,00
Additional spaces and care fund	·	
Opening/Closing & Setup		375.00
Burial Container		100 40
Handling Fees		145.00
Flower vases - Marker setting fee		
Recording and filing fee	***************************************	45.00
Sales taxes		
Janey eventions	Total Due	12/12/1 34
40 P. A 8-27	Balanc	e due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. In and I agree to hold Mt. Hope Ce	gove named decedent certify and represent metery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of doed	Caty	Zip Code
	Telephone	
	Invoice #	
Work Order # E 14521	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDER	NT-FIRST (GIVEN)	TB. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF DE	
HAROLD VINCENT		PATRIC	PATRICK			05/30/1919 07/30/1998 M		
SAL CITY OF DEATH	AN DIEGO		SB. COUNTY OF DEATH ENTER STATE	H-OUTSIDE CALIF., 6	OF INFO	ELATIONSHIP, FULL M RIMANT F HOSBS - PUBL		
The state of the s		A-FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 78. CAL	JF. LICENSE NUMBER	5201	A RUFFIN ROAL)	
HERKLEY-HITCHEL	L MORTUARY, 3	9655 FIFTH AVENUE, S		FAPPLICABLE	11174000	DIEGO, CA 921		A-DATE SIGNED
ACKNOWLEDGMENT OF AP		chnewledge an applicant that the proposed 376 of the Health and Safety Code, and was a		e Health and Salety Code.	Th	-(11)		1/11/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CRNIA HEALTH AND SAFETY COI 'Y FOR THE DISPOSITION SPECIFI BESHT OF DEPOSAL OUTSIDE OF CALFORN	DE ED 7 00	08/11/1998 T.C. MITCHE	, 9	SIGNATURE OF LO	CAL REGISTRAR	SSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE D IN CALIFORNIA 222, SAN DIEGO, CA 9	1 16 1	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR			RNIA	•
10. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE	ONLY
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA		I DISPOSITION (Name and A	PENDING—REMAI Idresa)	NS LOCATED AT
BURIAL		DORESS OF CALIFORNIA CEME CEMETERY, 3751 MARKE CA 92102		8-12-98	1	SIGNATURE OF PER	SON IN CHARGE	OF BURIA
CREMATION CREMATION SCIENTIFIC	12A NAME AND AD	ODRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATE	D 12G. 1	SIGNATURE OF PERS	ON IN CHARGE O	F CREMATION
SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B, DATE RECEIV	ED 13C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS	MON ! O	CENSE NUMBER F CREMATED RE- AINS DISPOSER OF APPLICABLE

COPY 2 IS RETAINED BY 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, sub	ject to your rules and regulations, to inter the remains
or Lewis Wood	PA. 1835400
ina Liner F	funeral, date, time TURS, AUG 15+41/20
Church, Chapel, Graveside Deliver	Yorly: Naver Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	
will be applied and billed to undersigned.	
1	I TO THE PARTY OF
Vot 48 Grave 6 Row	Section Division/Block 12
Grave space & Care Fund	ini -
Additional spaces and care fund	
	165.00
Burial Container	J
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	4500
Sales taxes	
	Total Due
Paid r	eceipt number
	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Cny Zip Code
	Теперация
Work Order # E 14522	Acct. # 000952
Work Order II - 110kg	Acct. II

E- 14522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			TE OF DEATH 4. SEX
Arthura	Arthura Lewis Wood, Ju					10/1998 M
SA, CITY OF DEATH			5B COUNTY OF DEA	TH-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
San Diego	AND THE RESERVE		San Die	go I	. James Public Adm	inishrator
		IA-FUNERAL DIRECTOR		ALIF. LICENSE NUMBER	201-A Ruffin Rd.	
Mayer Mort	Control of the last of the las	days M	100		an Diago, CA 92123	I se a un pouro
	Av. San D	Control of the Contro	proposed deposition stated becomes one of the		A. SIGNATURE OF APPLICANT—Person town	g permit, 8B. DATE SIGNED
ACKINGWILEDGMENT OF AP	PLICANT Section 30	375 of the Health and Salety Code	and was authorized pursuant to Section 7100 of	the Health and Safety Code.	XIFT IN FUNDA	08/10/1998
PERMIT	SIONS OF THE CALIF	ORNIA HEALTH AND SAF	TH PROVI- ETY CODE 9A. AMOUNT OF FEE	The second secon		GISTBATTSSLING PERMIT
20000000000000000000000000000000000000	IN THIS PERMIT.	TY FOR THE DISPOSITION TO MICH! OF DISPOSAL OUTSIDE I	7.00	08/11/19	100	The same
	DESCRIPTION OF THE PROPERTY OF	EGISTRAR OF DISTRICT	N. Could Delance	DORESS OF REGISTRAR O	F DISTRICT OF DISPOSITION-	- 1
TION REGURES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE			DISPOSITION IS TO OCCUR	IN ANOTHER DISTRICT IN CALIFORNIA	
DISPOSITION,	P.O.Box 8	- A44 AF	5222			-
IO. AUTHORIZED DISPO	THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	THE PERSON NAMED IN	Mana		FOR CORONER	'S USE ONLY
A BURIAL UNCLU	DES ENTOMBMENT)		E. TEMPORARY EN	VAULTMENT	L DISPOSITION PENDIN	G-REMAINS LOCATED A
B. CREMATION			F. DISINTERMENT		(Name and Address)	
C. DISPOSITION O	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALL	FORNIA		
D. SCIENTIFIC US			H. TRANSIT TO OU	TSIDE OF CALIFORNIA		
	11A. NAME AND AL	DORESS OF CALIFORN	A CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BURIAL	The second secon	Cemetery		8-11-98	1 NINO	79
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESIDENCE OF THE PERSON NAMED IN	Diego, CA 92102		1 \	
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORN	A CREMATORY	128. DATE CREMATEL	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
				1		
SHEMATION	CON MARKE AND A	DESCRIPTION OF CALLEGRA	A FACILITY RECEIVING REMAINS	1 -OR DATE DECEME	of the contraction of penson at	COUNCE OF EACH (TV
SCIENTIFIC	TOAL NAME AND AL	DUNESS OF CALIFORN	A PACILITY RECEIVING NEMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN	CHANGE OF PAGELLY
USE				i		
	144 NAME AND AL	ODDESS IN DECEIVING	STATE OR COUNTRY WHERE	148 DATE SHIPPED	14C ADDRESS AND SIGNATURE	OF DEDRON IN CHARGE
TRANSIT		CREMATED REMAINS		I THO DATE STREET	OF PLACING WITH THE CAR	
Inansii				ì		•
SCATTERING AT PEA	15A. ADDRESS. NEA	AEST POINT ON SHORE	INE. OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON IN	1 15D. DICENSE NUMBER
SCATTERING AT SEA OR DISPOSITION OTHER			INE, OR OTHER DESCRIPTION SUF-	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150, DICENSE NUMBER OF CREMATED RE- MANS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

	0	lon	lair	
Date	0	10	10	

	OPE CEMETERY		
A O INTERN	MENT ORD	ER	
IND KNOTT CHY	of San Diego	-1	100
11111618		Date 8/1	0198
Raubic		Daio	
You are hereby authorized and instructed, si	ubject to your rules	and regulations	to inter the rem
Lula Valveni	abject to your raises	and regulations,	to antor the rent
of Rule Herrison		Co 1 1	WAL
in a Type of Burial Contactor	Funeral, date, time	FRICE, ALL	19 14 1
Church, Chapel, Graveside Chapel	1 Gravende de	neenwood	Mortu
All Funeral cars must arrive before 3:30 p.m.	of roader work do	or an outra cha	ma at s / 50
	or regular work day	or an extra cha	ign or a
will be applied and billed to undersigned. X			
1		_	0
Lot 5 /7 Grave Rew	Section	Divisio	n/Block _
Alla	end B.	11917	0
Grave space & Care Fund	ceci -		
Additional spaces and care fund	0.5-4-2-		
Opening/Closing & Setup	e Need E	-6826	Ð
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D. T. I.O.			
Burial Container			
Handling Fees			
Handling Fees			
Handling FeesFlower vases – Marker setting fee			
Flower vases – Marker setting fee			
Flower vases – Marker setting fee		3 6826	
Flower vases – Marker setting fee	e Need (3 6826	
Flower vases – Marker setting fee	e Need (3 6826	
Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes	e Need (5 6826 otal Due	
Flower vases – Marker setting fee	e Need (3 6826	
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Xecolle	e Need (Balance	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the structure and this is your authority to make disposition	receipt number	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Xecolle	receipt number	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Account of said authorization any hability on account of said authorization	receipt number	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Recording to make disposition that I have the right to make this authorization any hability on account of said authorization.	receipt number	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Account of said authorization any hability on account of said authorization	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the part to make disposition that I have the right to make this authorization any hability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the Ale disposition that I have the right to make this authorization any hability on account of said authorization. I hereby authorize the interment in lot I	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the part of the position of the part of the	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid I hereby certify I am the properties of the	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece
Handling Fees Flower vases – Marker setting fee Recording and filling fee Sales taxes Paid I hereby certify I am the part to make disposition that I have the right to make this authorization any hability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	receipt number n of remains as about and lagree to hole and interment.	Balance of the above indicated. I c	ve named dece

E - 14523

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	F 1/4 (1)		MONTH, DAY, YEAR MONTH	E OF DEATH 4. SEX
SA. CITY OF DEATH	LA VISTA	ADEAN	58. COUNTY OF DEAT ENTER STATE	RISON H-OUTSIDE CALF.	OF INF	04/22/1905 08/ RELATIONSHIP, FULL MAILING A ORMANT TLLE DAVIS - GRA	
7A. TYPED NAME AND AS	DDRESS OF CALIFORN	-805 & IMPERIAL A	ACTING AS SUCH 7B. GA	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	3776	FRANKLIN AVENU DIEGO, CA 9215	E
ACKNOWLEDGMENT OF A	opurcant I hereby a	AN DIEGO, CA 9210 cknowledge as applicant that the proposed disposed management of the proposed disposed dispos	ration stated herein is one of the		BA. SIGNA	TURE OF APPLICANT—Person taking	08/13/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	STE of the Health and Safety Code, and was author JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED D RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	PERSONAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 ADDRESS OF THE PERSON NA	THE PROPERTY AND PERSONS ASSESSED.	MEZA	C. SIGNATURE OF LOCAL REG	The second secon
THE RESERVE OF THE PARTY OF THE	P.O. BOX			DRESS OF REGISTRAR		CT OF DISPOSITION— THER DISTRICT IN CAUFORNIA	•
B. CREMATION	OF CREMATED REMEMETRY		E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO M. TRANSIT TO OUTS	DRNIA		FOR CORONER' I. DISPOSITION PENDING (Name and Address)	S USE ONLY REMAINS LOCATED /
BURIAL	MOUNT HO	DDRESS OF CALIFORNIA CEMETER PE CEMETERY KET STREET, SAN DI		118. DATE BURIE		SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND AL	DORESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN C	HARGE OF CRE
USE	13A, NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEI	VED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT HTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	13D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

Soukooth.	Date_O/10/	.0
You are hereby authorized and instructed, s	subject to your rules and regulations, to int	er the remains
or lula Harrison	\mathcal{O}	
In a Type of Burtel Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m	n, of regular work day or an extra charge o	1\$
will be applied and billed to undersigned		
Lot 133 Grave 3 Row_	Section 14 Division/Blo	* 7
Grave space & Care Fund	ne Need	0
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees	1 0000	
Flower vases - Marker setting fee	1) /0110 10	
Recording and filing fee	Trong Dur	
Sales taxes	The land	_
X U	VV Cotal Die	
Paid	d receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of seconded holder of doud	City	Zip Code
	Telophone	
	Invoice #	
Work Order # E 14524	Acct. #	

& Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/10/98

	ct to your rules and regulations, to inter the remains
of Eddie G. Doon JR	212 004111
Tune of Bureal Continues	neral, date, time Wel, Luig Idia 1,00
Church, Chapel, Graveside Church (G)	ravisida CA Ourial Mortuary
All Funeral cars must arrive before 3:30 p.m. of	
will be applied and billed to undersigned.	arbara Deliser
Lot 14 Grave 11 Row	Section / Division Flock //
Grave space & Care Fund (.0	20% 995.00
Additional spaces and care fund	11
Opening/Closing & Setup	FULL 375.08
Burial Container	8-98 250:00
Handling Fees	145 20
Flower vases – Marker setting fee	
Recording and filing fee	11271
Sales taxes	20.01
	Total Due
Paid rec	eipt number 50288 935 id
n.l	Balance due 934, 38
I hereby certify I am the X WITE	of the above named decedent
and this is your authority to make disposition of	remains as above indicated. I certify and represent nd I agree to bold Mt. Hope Cemetery harmless from
	VB lara Gleron
I hereby authorize the interment in lot I hold under deed.	Signatury 4/5 No. 49# 57
	Address DIGO CA 93103
Signature of recorded holder of deed	(6/9) 262-5729 to Code
	Invoice # 3036a
F 14525	Acct. # 096265
Work Order # = 14363	Acct. # VID ON V D

MT	HO	PE	CEN	MET	ERY
					Dec 5 to 1

w.o. # E-14525

NOTE

\$ 934.38	San Diego, California August 10 1998
Thirty days after date for value received, the undersign	ned maker promises to pay San Diego City Treasurer, or order
3751 Market Street, San Diego, CA 92101, the sum of with interest from September 14,	1998 on the unpaid principal
at the rate of 12 percent per annum, payable on demi-	and.
accrue at the rate indicated above. Principal and inter will be liable and consents to renewals, replacement maturity, and waives presentment, demand and prot person who signs this note agrees that recourse ma	ereafter bear interest on the principal. Interest after maturity will est are payable in lawful money of the United States. The maker is and extensions of time for payment hereof before, at or after est and the right to assert any statute of limitations. A married by be held against his/her separate property for any obligation note, the undersigned promise(s) to pay such sum as the Court
	28 of the State of California Health and Safety Code plot for which the purchase price is past due and unpaid. SIGNATURE Your Bara Culture
ADDRESS X 1415 No. 49th 57	- SAN Diego CA 92102
CALIFORNIA DRIVER LICENSE NUMBER X CA POIL	7602 SSN# X 265-66-6854

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECE EDDIE	EDENT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMIL	25		H. DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEA 08/04/1998	
TELSA				SB. COUNTY OF DE	DEATH—OUTSIDE CALIF.	OF INFORMA		LING ADDRESS AND	ZIP CODE
7A. TYPED NAME AND CALIFORN	DADDRESS OF CALIFORN VIA CREMATION CAJON BUND.	& BURIAL	CHAPEL	TING AS SUCH 78	CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	1415 N SAN DI	ORTH 49TH EGO, CA	Chicago and an area	ATE SIGNED
ACKNOWLEDGMENT O	F APPLICANT Section 10	0376 of the Health and Safe	ty Code, and was authorize	ed pursumit to Section 710	of the dispositions authorized by 0 of the Health and Safety Code.	Min)	uals	Ces 1081	11/1998
PERMIT AUTHORIZATION O LOCAL REGISTRAL	AND IS THE AUTHORS IN THIS PERMIT.	TY FOR THE DISPOS	MON SPECIFIED	\$7.00	EE PAID 9B. DATE PERMIT		GNATURE OF DC	AL REGISTRAR ISSU	JING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW PINA DISPOSITION.	V TOURIST COCCORD		TRICT OF DEATH-	- 19E	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU VITAL RECORDS SAN DIEGO, CA	B - P. O	BOX 882	202	•
A. BURIAL (IN	ON OF CREMATED REM CEMETERY			E. TEMPORARY S F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C				NER'S USE ON ENDING—REMAINS tress)	
BURIAL	MT. HOPE SAN DERGO	CEMETERY	3751 MARI 86-5222	The state of the s	8-12-9	1	LUIV	ON IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIF	ORNIA CREMATOR	PY.	128. DATE CREMA	TED 12C. SIG	ATURE OF PERSO	ON IN CHARGE OF (CRE
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIF	ORNIA FACILITY F	RECEIVING REMAIN	IS 138. DATE RECEI	VED 13C. SIGN	NATURE OF PERSO	ON IN CHARGE OF	FACILITY
TRANSIT TRANSIT	14A. NAME AND A REMAINS OR	DORESS IN RECEIV CREMATED REMAI			14B. DATE SHIPPI		RESS AND SIGNA PLACING WITH TH	TURE OF PERSON E CARRIER	IN CHARGE
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETE	FIGIENT TO IDE	REST POINT ON SE			IF 15B. DATE OF DISPOSITION		NATURE OF PERSO RGE OF DISPOSIT	ION - OF CR	SE NUMBER EMATED RE- S DISPOSEN PPLICABLE

COPY 2 IS RETAINED BY 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 DUSTOMER CANARY CEMETERY PINK. AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

Prom. Abdra Moble	Hunter 11 2 20/03. 7	Sth Date:	Tulsa OK 7	14/13
Payment of 9	11 Bow S	Section /	Division /	_
nvoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID. IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	
re-Need Lot At Need On Acct to re-need Trust Cash Check Con Cash Cash Cash Cash Cash Cash Cash Cash	Town Pak	Pre-Need Trust	63033 9022 80101 78390	00



WHITE......TO CUSTOMER CANARY......CEMETERY

MOUNT HOPE CEMETERY

	527-3400	- 1	-28	99
From Farbara 61651	M Address: 145 N. 49	HPate:	559210	29
are hundred	wenty five	D D	ollars (\$ 25	60,
Payment pi	SIBSM TV 9 #	C-101		
Lot Grave	RowS	ection	Division Block	
Acct, No. 14625	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lobs Opening/ Closing Buriel Containers	100 77184 100 77184 100 77181	
BALANCE DUE	0.0	Handling Fee Recording & Alize, Fees Pre-Need	77182 100 77185 100 77183	00
Pre-Need Lot	Catha Dally	Total Paid	63033 9022 60101 78390	(1)
AC-212 (Rev. 5-94)		- Committee and the committee of the com	- January	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/11/93

n a	Funeral, date, time AY D MON 8-24
Time at Board Parallely	very Only : FABRILLY / Mortuary.
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	1.
Lot 310 Grave Roy	Section 4 Division/Block
Ot Grave How	Section Division/Block J
Grave space & Care Fund	DAID
Additional spaces and care fund	
Opening/Closing & Setup	AUG 1 2 1990 \ (05.00
Burial Container	TO WETERY
Handling Fees	T. HOPE CEMETERY
Flower vases - Marker setting fee CIT	X of State
Recording and filing fee	
Sales taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total Due
	Paid receipt number 50288 150.00
	Balance due
hereby certify I am the X	of the above named deceden
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	X Elmer R. Devige
nold under deed.	X 9909 Caus instant
	- Address Di CARRIE
Signature of recorded holder of deed	City Tap Code
	Misphane 7-754
	Journey #
F 14596	Invoice #
Work Order # = 140%0	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

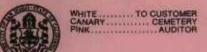
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

fA.	NAME OF DECEDE	NT-FIRST (DIVEN)	1B MIDDLE	IC. LAST (FAMILY)	GEORGE	MONTH DAY, YEAR MON	ATE OF DEATH 4. SEX
5A.	CITY OF DEATH	IEGO	Д.	58. COUNTY OF DEAT	TH-OUTSIDE CALIF., 6. I	106/07/1914 108/ NAME, RELATIONSHIP, FULL MAILING OF INFORMANT LMER R. GEORGE - S	ADDRESS AND ZHY CODE
7A.			A-FUNERAL DIRECTOR OR 4266 MT. ABE SAN DIEGO, C	RNATHY AVE.	ALF. LICENSE NUMBER AF APPLICABLE S.	409 CANNINGTON DRI	IVE .
	ADMINUMLEDGMENT OF A	Section 100	376 of the Health and Salety Code, as	emposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of	the Health and Safety Code.	() uterie me	08/13/1998
	PERMIT JTHORIZATION OF DCAL REGISTRAR	IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SE DIRECT OF DISPOSAL OUTSIDE OF D	\$7.00	VICTORIA ME	ZA, 9811890	ÉCISTRAR ISSUING PERMIT
T	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX				DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA	
116		UDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT		ING-REMAINS LOCATED AT
	B. CREMATION	SE	AINS OTHER		ORNIA SIDE OF CALIFORNIA 118. DATE BURIED	(Name and Address	
	B. CREMATION C. DISPOSITION THAN IN A C	11A, NAME AND AE MOUNT HOP 3751 MARK	DORESS OF CALIFORNIA E CEMETERY ET STREET, SA	G SHIP IN TO CALIF THE TRANSIT TO OUT CEMETERY N DIEGO, CA 92102	SIDE OF CALIFORNIA	11C SIGNATURE OF PERSON	N CHARGE OF BURIAL
	B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	MOUNT HOP 3751 MARK 12A, NAME AND AC GREENWOOD	DORESS OF CALIFORNIA E CEMETERY ET STREET, SA DDRESS OF CALIFORNIA CREMATORY	G SHIP IN TO CALIF THE TRANSIT TO OUT CEMETERY N DIEGO, CA 92102	SIDE OF CALIFORNIA		N CHARGE OF BURIAL
100	B. CREMATION C. DISPOSITION THAN BY A CI D. SCIENTIFIC U	11A, NAME AND AD MOUNT HOP 3751 MARK 12A, NAME AND AD GREENWOOD & IMPERIA	DORESS OF CALIFORNIA E CEMETERY ET STREET, SA DORESS OF CALIFORNIA CREMATORY L AVENUE, SAN	G SHIP IN TO CALIF H TRANSIT TO OUT CEMETERY AN DIEGO, CA 92102 CREMATORY I-805	SIDE OF CALIFORNIA 118. DATE BURIED 8 24-98 128. DATE CREMATED 08/14/98	11C. SIGNATURE OF PERSON I	CHARGE OF BURIAL
	B. CREMATION C. DISPOSITION THAN BY A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	IN NAME AND ALL MOUNT HOP 3751 MARK 12A. NAME AND ALL GREENWOOD & IMPERIA 13A. NAME AND ALL 13A. NAME AND ALL 14A. NAM	DORESS OF CALIFORNIA E CEMETERY ET STREET, SA DORESS OF CALIFORNIA CREMATORY L AVENUE, SAN DORESS OF CALIFORNIA	G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY AN DIEGO, CA 92102 CREMATORY I-805 I DIEGO, CA 92102 FACILITY RECEIVING REMAINS	SIDE OF CALIFORNIA 118. DATE BURIED 8 24-98 128. DATE CREMATED 08/14/98	11C. SIGNATURE OF PERSON I	N CHARGE OF BURIAL CHARGE OF FACILITY E OF PERSON IN CHARGE

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

MOUNT HOPE CEMETERY 527-3400

	717	Date: 8 //6	19.98
From: Elow Glage Pa	U Geg Address: 4469 Conna		15000 P
n Full Payment of	Flower of Ruth G	Eng C Dollars (120:00
ot 316 Grave	Row_	Section	Division Division
nvoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMP	20% Sales Care 77184 -	
Acct. No		80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -	165 00
N.O	THE RESERVE	Burlel 100 Containers 77182 -	
SALANCE DUE		Handling Fee 77185 - Recording & 100 Misc Fees 77183 -	45 00
Pre-Need Lot	the house	Pre-Need 53033 Trust 9022 - Sales Tax 60101	
IC-212 (Rev. 5-94)	111 111 1 1 1 1	TOTAL PAID \$	150 08



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Data 8110198

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
ENTIVA	Funeral, date, time Mon. Aug 17th 11:00
Church, Chapel, Graveside Grains	le Balboa Mortuary.
All Funeral cars must arrive before 3:30 p.m.	
will be applied and billed to undersigned.	
Lot 6 Grave 5 Row	Section / Division/Block 4
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	-AID. 10500
Burial Container	AUG 1 1 1998 (00.00)
Handling Fees	
Flower vases – Marker setting fee MT.	HOPE CEMETERY I SAN NEGO, CALIF 46.00
Recording and filing fee	79.00
Sales taxes	2/11 48
na cal Paid	Total Due
amescal Paid	receipt number <u>503.63</u> <u>210.60</u>
hereby certify I am the XDE P	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	Khowa Panjesca
Signature of recorded holder of deed	Hold Vista 9 19 1
F 14527	Invoice #

REA-104 (7-96)

This information is available in alternative formats upon request.

family would like Ashes under heade Toke

PAID.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

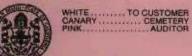
USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

3. DATE OF DEATH TA. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 4 SEX 02/09/1905 MONTH, DAY, YEAR Evelvnn Louise Albright 08/08/1998 6. NAME, RELATIONSHIP, FULL MAKING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... OF INFORMANT ENTER STATE Donna L. Ramiscal, Daughter San Diego San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 75. CALIF LICENSE NUMBER 1275 Second Avenue HE APPLICABLE BALBOA CREMATION SERVICES Chula Vista, CA 91911 BA BIGNATURE OF APPLICANT - PISM taking purmet, BB DATE SIGNED 4658 30th ST: San Diego CA 92116 FD 1370 Thereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 2106 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE FAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL ARTISTRAR ISSUING PERMIT PERMIT 08/11/1998 9811690 **AUTHORIZATION OF** \$7.00 IN THIS PERMIT Kerrigan NOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF SEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Nume and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B DATE BURIED Mt. Hope Cemetery 3751 Market Street: BURIAL San Diego, CA 92102 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREM 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. CREMATION 14065 Olde Hwy.80; El Cajon CA 92021 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER 15B. DATE OF SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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 14527 purchased Ashvault From Balboa Crossotu

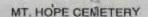
50283



MOUNT HOPE CEMETERY 527-3400

From Donna Francesca	dreck ten allo	Date: 8	111 - 15/a (A	9/9/
(-)	terment a Etelen	1 1111	Division //	
Lot Grave		ection	Block I	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.		007 184 100	
Acct. No.		of Lots 77	184 100 181	20
w.o. E-14531	and the second second	Burtel	100	
BALANCE DUE	HA WAR IN COLUMN	Handling Fee 77	100	60
Pre-Need Lot At Need O On Acct		Misc. Fees 77	100 4/5	
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	Kan w Kit	Trust 9	101 390	
AC-212 (Rev. 5-94)	ISSUED BY	TOTAL PAID	. 210	E

8 4°.



INTERMENT ORDER

City of San Diego

Date 8-12-98

In a Type of Burnif Containly	Funeral, date, tin	WED	8-12	1:00
Church, Chapel, Graveside	craveile:	The state of the s	Table 1	_Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work d	lay or an extr	a charge of \$	
will be applied and billed to undersigne	id			
/				a
Lot Ro	w Section	1	ivision/Block	1
Grave space & Care Fund			<u>1</u>	00.00
Additional spaces and care fund		************		_
Opening/Closing & Setup		4.4	<u>Y</u>	25.00
Burial Container PC	wa in to	111		-
Handling Fees	8-12-9	X		-
Flower vases – Marker setting fee	ALLEST AND CONTRACTOR OF THE C			-
Recording and filling fee				15.00
Sales taxes				-
ATUARY to		Total Due	a	70.00
ing exech	Paid receipt number	5029	12 2	70.00
		88	lance due	A
I hereby certify I am the		of th	e above name	nd decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authority	rization and I agree to h	bove indicate	ed. I certify an	d represent
I hereby authorize the interment in lot hold under deed.	Signature			
	Address			
Signature of recorded holder of deed	City			Zip Code
	Telephone			
	toward #			
F 14528	Invoice #			
Work Order # <u>E 14323</u>	Acct. #			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

.

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

14	. NAME OF DECEDE		IB. MIDDLE	1C. LAST (FAMILY)				3. DATE OF		4. SEX
	KEYANNA-DE	ZIAREE	LARRITA-SHAUNTEL	SMITH				08/04/		F
5A	CITY OF DEATH			SB COUNTY OF DE	ATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAII DRMANT	LING ADDRE	SS AND ZIP	CODE
	SPRING VAL	A DESCRIPTION OF THE PARTY OF T		SAN DIEG	0	- 770 000000	NDA COWANS-HO	THER		
			A—FUNERAL DIRECTOR OR PERSON A & BURIAL CHARREL		ALIF. LICENSE NUMBER —IF APPLICABLE	The second second second	OLIVE DRIVE	bing the	77 -	
	5880 EL CA.	JON BLVD.,	SAN DIEGO, CA 921	115	F-1357		TURE OF APPLICANT—Pers			SIGNED
	ACKNOWLEDGMENT OF A	Section 1	acknowledge as applicant that the proposed disporting of the Health and Safety Code, and was puthon	zed purposet to Section 7100 o	I the Health and Entrty Code	to	in Walx	es	08/10	/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORS IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- OFRIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT	98	P 9811618	AL REGISTA	ar issuing	PERMIT
ANT	SECRETARY CONTRACTOR SECRETARY CONTRACTOR CO	IF DEATH OCCURR	ORDS - P. O. BOX 85	- 9E.	ADDRESS OF REGISTRAR	OF DISTRI	THE PARTY OF THE P	IA.		
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S US	SE ONLY	
	B. CREMATION C. DISPOSITION THAN IN A CE		IAINS OTHER	E TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CAL	FORNIA		L DISPOSITION PE (Name and Add		EMAINS LO	CATED AT
Ļ	D. SCIENTIFIC US	SE .		H. THANSII TO OU	ITSIDE OF CALIFORNIA					-
921	BURIAL	HEROCOCCUS ACCOUNTS AND ADDRESS OF THE PARTY		RKET ST.,	118 DATE BURIE	4	SIGNATURE OF PERSO	ON IN CHAR	RGE OF BUI	RIAL
BLE ITEMS	CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY			SIGNATURE OF PERSO	N IN CHAR	GE OF CREI	MATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEI	VED 13C.	SIGNATURE OF PERSO	N IN CHAR	GE OF FAC	ALITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	140.	ADDRESS AND SIGNAT OF PLACING WITH THE		ERSON IN C	HARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		15B DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI		D. LICENSE N OF CREMA MAINS DIS —IF APPLI	TED RE-

COPY 2 IS RETAINED BY 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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

1	527-3400	9	13	08
From CA BUTTAL	Address: 5880 El Cay	on Bivo	T. SD 92	116
two nunaria	peventy 4 north	Dol Dol	tars (\$ 270.	D,
in full Payment of Unit	erment of pega	nna p	moth	
0			-200 Galler	-
Lot Grave	RowSe	ection	Division Block	1
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Core	67007 77184	(44)
Acct. No.		Opening/	77184	M
w.o.t-14520		Closing Buriat	77181 100 77182	
BALANCE DUE		Handling Fee	77185 / / / /	(8)
Pre-Need Lot At Need On Acct			100 177183 63033 9022	100
Pre-Need Lot U At Need U On Acct U Pre-need Trust U Cash U Check U	Dratina Amolan	// Sains Tax	9022	
AC212 (Rev. 5-94) 44107	ISSUED BY TYVILLEY	CTOTAL PAID	:270	100

Bre reed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_8-12-98

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 charg	pe of \$
will be applied and billed to undersign	ned.	
Lot 114 Grave 9 + 10 B	low Section3 Division	/Block \2
Grave space & Care Fund	795.00 euch	1590.00
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		WW
Recording and filing fee		
Recording and filing fee	Total Due	
Recording and filing fee	Total Due	
Recording and filing fee		\\$90.00 \\$90.00
Recording and filing fee	Paid receipt number R-50 290 Balance of the above position of remains as above indicated. I ce prization and I agree to hold Mt. Hopo Cemer	\S90.00
Recording and filing fee	Paid receipt number R-50290 Balance of the above orization and I agree to hold Mt. Hope Cemerization and interment.	\S90.00
Recording and filing fee	Paid receipt number R-50290 Balance of the above orization and I agree to hold Mt. Hope Comercization and interment. Land Hills Hi	\S90.00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

		Date:	, ,		19 10
From Lankie Galens - Gre	Address: 4557	Logen Due #1	c Di	exist of m	1511
and Thread Time Ha	when hinds -	1	Pollars (\$	15900	0
In Payment of B	4. Nel Ste	In			
Frentile	allin Green	aid Il	Green	nu .	
Lot 1/L Grave	2 10 Row	Section 3		Division \	3
Invoice No.	NOT VALID FOR PURPOSE STATED UN		67007 77184 —	318	00
Acct. No.		90% Sales of Lots Opening/	77164 — 100	1373	00
w.o. E - 14241	A ME TO BE	Closing Burial Containers	77161 — 100 77182 —		
BALANCE DUE	1	Handling Fee Recording &	100 77185 — 100		-
Pre-Need Lot - At Need - On Acct	I SEE LAND	Misc. Fees Pre-Need Trust	77183 — 63033 9022 —		
Pre-need Trust Cash Check	0111	Sales Tax	60101 78390 —		-
AC-212 (Rev. 8-94) 75 55 \$	ISSUED BY A SANCTON	TOTAL PAID	1	1590	00



MT. HOPE CEMETERY

INTERMENT ORDER

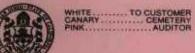
City of San Diego

Date 6-13-98

a LINER	Funeral, date, time TV1	E 8-18 10:31
Type of Build Container ourch, Chapel, Graveside GR		and the second second
Funeral cars must arrive befo	re 3:30 p.m. of regular work day or an	extra charge of \$
I be applied and billed to unde	ersigned.	
1 64 Grave 2	RowSection_1b	_ Division/ Block
rave space & Care Fund	PRE-WEED D-50	//
dditional spaces and care fund pening/Closing & Setup	PAID	375.00
rial Container	NIO 0 1009	170.00
andling Fees	' AUG 1 3 1998	145.00
ower vases - Marker setting fe ecording and filing fee	MT. HOPE CEMETERS	45.00
rus laxes		769.73
	Paid receipt number 50	93 769.73
		Balance due _
ereby certify I am the Sid this is your authority to make at I have the right to make this by liability on account of said a	e disposition of remains as above Indi- authorization and I agree to hold Mt. H	of the above named decedent cated. I certify and represent ope Cemetery harmless from
ereby authorize the interment old under deed.	in lot 1 X Summing 147	8. Voluter SP
nature of recorded holder of deed	X SAND)	239/ 20 Code

010

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Helen Metales Seven Muni Payment of Ital	dred Sixty n	ine 73/00	Dollars (\$ 769.1)	(<u>64</u>)
Lot 4 Grave	Ta Row	Section 14	Division Block	
Invoice No.	NOT VALID FOR PURPOSE STATED UP PAID IN THIS SPACE.	80% Sales	100	
Acct. No	AC 1	of Lots Opening/ Closing Burial	77184 100 375 17181 375	1 00
BALANCE DUE	A SECTION AND ADDRESS OF	Containers Handling Fee	77182 100 77185	5 00
Pre-Need Lot At Need On Acct	7 1	Recording & Misc, Fees Pre-Need Trust	77183	
Pre-need Trust Cash Check CASA-C-212 (Rev. 5-94)	ISSUED BY CAN AL	Sales Tax TOTAL PAID	80101 IL 78390 # 700	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

TA. NAME OF	F DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMI	LY)		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH 4. SEX
	Helen Leona		1	Metzler		07/07/1912	1000250000000	3/1998 F	
5A. CITY OF	San Diego		ENTER STATE OF			RELATIONSHP, FULL N	ALING AD	DRESS AND ZIP CODE	
	TOTAL STREET,	THE COURSE OF THE PARTY OF THE	A FUNERAL DIRECTOR OR PERSON 9 Adams Ave., San Dieg	no into no ocon i i	GALIF LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGM	4147 Po San Diego	oplar S	i., : ,
	DOMENT OF API	nuceus I territy a	cknowledge an applicant that the proposed disposite of the Health and Salute Code, and was eather	outnor stated tweets is one		1	lack &	10	08/14/1998
PERM AUTHORIZAT LOCAL REG	TION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O RIGHT OF DISPOSAL OUTLIES OF CALIFORNIA.	\$7.00	OB/14/19	98 lale	90. SIGNATURE OF LO	CAL REGI	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE TION REQUIRES A NEW		D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-			E ADDRESS OF REGISTRAR # DISPOSITION IS TO OCC			MP4LA	•
B. CRE	EMATION	Contract of the Contract of th	AINS OTHER	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	т		i. DISPOSITION (Name and A		-REMAINS LOCATED A
BURI	IAL		Mt. Hope Cemetery Market St., San Diego.		11B. DATE BURIE		SIGNATURE OF PER	RK C	HARGE OF BURIAL
CREMA	ATION		DORESS OF CALIFORNIA CREMAT		126. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CH	HARGE OF CREMI
SCIENT	(CARLOTTICAL CONTRACTOR CONTRACTO	13A. NAME AND AL	A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAI		NS 13B. DATE RECE	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRAN	VSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	OF PLACING WITH T		PERSON IN CHARGE ER
DISPOSITION	ING AT SEA OR ION OTHER CEMETERY		REST POINT ON SHORELINE OR OT INTIFY FINAL PLACE AND CA <u>DISTRI</u>		UF- 15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSEII —IF APPLICABLE

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

over \$12ED CASKET

MT. MOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-98

You are hereby authorized and instructed, so	bject to your rules and	regulations, to in	iter the remains
ina Line #7	Funeral, date, time	non. 8-	17 3:00
Tyre of Burnst Contanges 6	Travelle B	essable	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an PXRa charge	ors 150.00
will be applied and billed to undersigned.	ANW	MIR 19	
Lot 121 Grave 3 44 Row_	Section3	Division#BI	ock 19
Grave space & Care Fund	DAID	1590.	115.00
Additional spaces and care fund	AID		22200
Opening/Closing & Setup	AUG 1 4 1998	220	190 00
Burial Container	FUII		145.00
Flower vases – Marker setting fee	HOPE CEMETER I SAN DIEGO, CA	RY LIE	
Recording and filing fee			45.00
Sales taxes		17.05	14.73
outside meapwell	nunto Total	Due 239205	1561.73
23 W Paid	receipt number V15	,#	1564. 13
\$8 L x 900+4	. 4 /	Balance due	8273
I hereby certify I am the	n of remains as above	of the above r indicated. I certif	
that I have the right to make this authorization any liability on account of said authorization		My Cemeter	27 32
I hereby authorize the interment in lot I	x ynare	in Wal	Ket Q
hold under deed.	> 576	Mye &	it
Signature of recorded holder of deed	> San 1	diego	92111
	Gity Jelephone J	77-273	Zip Code
	Invoice #		AFE TO
Work Order # E 14531	Acct. #		

8/14/98 3:30 pm
2:15 pm 54/8 3021 5093 6008
Skipper called to notify
us of casket measurements
being overpized.

33"W X 88"L

2.47 pm marker authorized

2392.05 - 1.504.73 827.32 difference

1601 - 100 1301 - 1999 8000 9403 10199

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
BRUCE	The state of the s			06/11/1952 08/11/1998 M
SA CITY OF DEATH		5B. COUNTY OF DEATH ENTER STATE	-OUTSIDE CALIF.	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OAKLAND		ALAMEDA		MARGIE R. WALKER - WIFE
7A. TYPED NAME AND A	ODRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON			
CUNNINGHAM'	S AFFORDABLE BURIAL CENTERS	FD-	APPLICABLE 1532	2576 NYE ST., SAN DIEGO, CA.
P.O. BOX 11	2. LIVERMORE, CA. 94551-0112 **PLICANT 1 berolsy acknowledge as against that the proposed days, Section 10076 of the Faulth and Salety Gode, and was author.		dispositions authorized by	8A. SIGNATURE OF APPLICANT—Person bining permit 8B. DATE SIGNED 88. 14/199
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 LIVES NO RIGHT OF DUPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	08/14/19	188UED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH # DEATH OCCURRED IN CALIFORNIA 1000 BROADWAY, OAKLAND, CA.	FD	SPOSITION IS TO OCCUP	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA S ST., SAN DIEGO, CA. 92186
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	I DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	MT. HOPE CEMETERY, SAN DIEGO		118. DATE BURIED	60 10
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B, DATE CREMATE	TED 1 12C. SIGNATURE OF PERSON IN CHARGE OF CREM
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 8-11-98

us given a		Funeral,	date, tim	tri	8-5	18	1:00
Type of Butlal Container Church, Chapel, Graveside	NAME OF TAXABLE PARTY.	ramai	SERVICE PROPERTY.	DESCRIPTION OF REAL	dale		Mortuary.
All Funeral cars must arrive befor will be applied and billed to under	and the second second	of regula	r work d	ay or an e	xtra charg	e of \$	50.00
Lot 64 Grave 1	Row	8	Section_	3	_ Division/i	Block_	13
Grave space & Care Fund						79	5.00
Additional spaces and care fund.					}		
Opening/Closing & Setup	1D	288.0		Quel	4	3	75.00
Burial Container	0004	F	M	D	 	19	13 00
Handling FeesMAY1			IN	العلم	J	- 17	-
Flower vases – Marker setting fee Recording and filing the OF SAN	CEMETA	MUX.	1917 6	LANN	*************	4	5.00
Recording and filling fee CITY OF SAN	DIEGO	CA	Y ADDE	CEM	ETERY	14	.73
	19	PUNT	HOP	Total Due		156	4.73
	Paid	receipt nu	ımber	K 37	348	10	0000
Xa	11.			VISA	Balance du	ie 13	82.00
hereby certify I am the and this is your authority to make hat I have the right to make this a any liability on account of said au	authorizatio	n and I ag	ree to ho	of love indic	the above ated. I cen	named tify and	decedent i represent plass trom
hereby authorize the interment included under deed.	in lot l	X	70 d	Buy	1618	is .	Bolo
marker b 124 6	+17	X Tes	Chis,	181	1-74	49	Dip Code
MID. #10.		In	voice #	303	6663		
Work Order # E 1453	2			0965	189		

w.o. # E-1453 ?

14947

NOTE

682.73	San Diego, California	8-14	1998
Thirty days after date for value received, the un 3751 Market Street, San Diego, CA 92101, the	dersigned maker promises to pe	y San Diego City Tr	peasurer, or order at
with interest from 22, 19 at the rate of 12 percent per annum, payable of	10		he unpaid principal

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	Hir	oin J	,Charel	Charrell SIGNATURE X 7				
ADDRESS	X	8.0.	Box	1619	Chino c	= difornia	51708	-1618	
CALIFORNIA (DRIVER	LICENSE N	IUMBER	X P.O	572155	SSN #_	x 573-	60-33/8	



THE CITY OF SAN DIEGO

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



159 20% 159 20% 436 80% 436 80% Spin/chaing

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

								Found	
1A	Harry	NT-FIRST (GIVEN)	1B. MIDDLE Lamer	Channell			MONTH DAY, YEAR M	DATE OF DEATH ONTH, DAY, YEAR 1/12/1998	
300	San Di		MATERIAL STATE	58. COUNTY OF DEATH	1	OF INF	RELATIONSHIP, FULL MAILI ORMANT Channell, Br	other	ZIP CODE
7A	Anderson-	Ragsdale No	FUNERAL DIRECTOR OR PERSON Ort.; 5050 Fådera San Diego, CA 921	1 Blvd.	F APPLICABLE	Los A	Denker Ave. ungeles, CA 9		TE SIGNED
	ACKNOWLEDGMENT OF M	PLICANT I hereby a Section 100	denowledge as applicant that the proposed or 176 of the Health and Safety Code, and was put	agosation stated because one of the domand pursuant to Section 7100 of the	dispositions authorized by a Health and Salety Code	able	blucialles	- 08/1	9/1988
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI DRINIA HEALTH AND SAFETY CORE Y FOR THE DISPOSITION SPECIFIES DEGRET OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	08/20/199	18	9C. SIGNATURE OF LOCAL	9812191	ING PERMIT
	OY CHANGE IN DISPOSI- ION REQUIRES A NEW PRAIT TO SHOW FINAL DISPOSITION.		GISTRAR OF DISTRICT OF DEA on Calledon Box 852 San Diego, CA 92	22	DRESS OF REGISTRAR ORSPOSITION IS TO OCCUR		ICT OF DISPOSITION— THER DISTRICT IN CAUFORNIA		•
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ON	Y
				I E TEMPODADY ENUA	THE TAKE OF		L DISPOSITION PER	UNING DEMAINS	OCATED A
1	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED REM.	INS OTHER	E. TEMPORARY ENVA	PRNIA		(Name and Addre		
	B. CREMATION C. DISPOSITION THAN IN A CE	OF CHEMATED REM.	oness of California Cemet Cemetery; 3751 Ma San Diego, CA	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA	1110		oan)	
BLE ITEMS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CHEMATED REM. SE 11A, NAME AND AC Mt. Rope	press of California Cemet Cemetery; 3751 Ma	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY 17 Ket St. 92102	ORNIA IDE OF CALIFORNIA	-	(Name and Addre	IN CHARGE OF	BURIAL
LL APPLICABLE ITEMS	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CHEMATED REM. EMETERY SE 11A. NAME AND AC ME. Hope 12A. NAME AND AC	oness of California Cemet Cemetery; 3751 Ma San Diego, CA	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY LIKET St. 92102	ORNIA IDE OF CALIFORNIA 118 DATE BURIED 128 DATE CREMATE	ED 120	Name and Address	IN CHARGE OF C	BURIAL
VANTLETE ALL APPLICABLE HEMS	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CHEMATED REM. SE 11A. NAME AND AL 12A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	ORESS OF CALIFORNIA CEMET Cemetery; 3751 Ma San Diego, CA ORESS OF CALIFORNIA CREMA	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY STORY TY RECEIVING REMAINS R COUNTRY WHERE	ORNIA IDE OF CALIFORNIA 118 DATE BURIED 128 DATE CREMATE	ED 120	SIGNATURE OF PERSON	IN CHARGE OF C	BURIAL

COPY 2 IS RETAINED BY 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

7101-	
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
or Davia Tevis	
ina T.S. Vault	Funeral, date, time
Church, Chapel, Graveside	, Mortuary.
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 35 Grave 4 Row_	17 Division/Plock 7
Grave space & Care Fund	
Additional spaces and care fund	075
Opening/Closing & Setup	PAID
Burial Container	
Handling Fees	AUG 4 4 1998
Flower vases - Marker setting fee	IN FULL HER
Recording and filing fee	MT. HOPE CEMETERY
Sales taxes	TANK CALIF
Pal	d receipt number
	Balance due
I hereby certify I am the	1 11 11/1
I hereby authorize the interment in lot I hold under deed.	500 104 West Ingerall St
Signature of recorded holder of deed	San Niego (a. 92111 - 6248) Telephone 279-5 993
	Invoice #
Work Order # E 14533	Acct. #

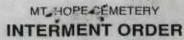
OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

	527-3400	9	11	98
From David Tevis	Address: 2404 W.	Ingers	dist.s	392
In FUP Payment of PY	ned Fristru	7 30/1/00/	lars (\$ <u>8 14 :</u>	<u> </u>
Lot 35 Grave		ection 7	Division Block	1
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Sales	67007 77184 100	
Acct. No	100	Opening/ Closing	77164 100 77181	
BALANCE DUE			100 77182	
Pre-Need Lot At Need On Acct	1 - 12		100 17183 63033 9022	38
Pre-need Trust Gash Gheck G	Cathaanon	Saine Tax	60101 78390	28
AC-212 (Rev. 594)	ISSUED BY LYCKLO	UTOTAL PAID	. 014	00



City of San Diego

Date 8-14-98

You are hereby authorized and instructed, subject Beatrice Curt	of to your rules and regulations, to inter the remains
LINIK	eral, date, time TUES. 8-18 [[:00
Tunn of Section Programme #	vside Paasdale Mortuary
All Funeral cars must arrive before 3:30 p.m. of	DAVIET I
	regular work bay for all extra charge of \$ 100.00
will be applied and billed to undersigned.	116 1
Lot 4 Grave 10 Row	Section
Grave space & Care Fund	1395.00
Additional spaces and care fund	3503 -
Opening/Closing & Setup	279 375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	75
Recording and filing fee	45.00
Sales taxes	14.13
30 day note	Total Due 204 13
Paid rec	eipt number <u>K-5050 / 1082.5 /</u>
V 5	Balance due 108230
I hereby certify I am the	of the above named decedent remains as above indicated. I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
	X Miscus Logico
I hereby authorize the interment in lot I hold under deed.	30 min 2 49 1 19 t
	1001/1000
Signature of recorded troider of deed	City O D D D Ep Code
202140	g Figure Collect
30300	(Color 233-74/5
Work Order # E 14534	Acct. # 09(0203
REA-104 (7-96) This information	on is available in alternative formats upon request.

© Printed on recycled paper

REA-104 (7-96)

Mary Taylor 2339475

PY-1012 (11-89)

1082.36

w.o. # E - 14534

San Diego, California August 17

NOTE

Thirty days after date for value received, the undersigned maker promises to pay Şan Diego City Treasurer, or order

with interest from September 18, 1998	on the unpaid principal
at the rate of 12 percent per annum, payable on demand.	X
Should this note not be paid when due, it shall thereafter bear interest on the pri accrue at the rate indicated above. Principal and interest are payable in lawful mone will be liable and consents to renewals, replacements and extensions of time for p maturity, and waives presentment, demand and protest and the right to assert any person who signs this note agrees that recourse may be held against his/her sepa contained herein. If any action be instituted on this note, the undersigned promise may fix as attorney's fees.	y of the United States. The maker ayment hereof before, at or efter statute of limitations. A married arate property for any obligation
Part II, Chapter I, Article 2, Paragraph 7528 of the State of California authorizes the removal of any remains from a plot for which the purchase price.	
ADDRESS 23197 F St SIGNATURE M	any Juglov
CALIFORNIA DRIVER LICENSE NUMBER ROSS 6989 SSN#X	2321-22-9300

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Beatri 5A. CITY OF DEATH Na	0000	B. COUNTY OF DEATH—DUTBIDE CALIF. ENTER STATE San Diega	03/10/1903 Q8/12/1998 F 0. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Hary Taylor, Daughter
Anderson	DADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACT -Ragedale Mort.; 5050 Federal B. San Diega, CA 92102	TE CALIF LICENSE NUMBER IVd. 7E CALIF LICENSE NUMBER —IF APPLICABLE F-1329	
PERMIT AUTHORIZATION OF LOCAL REGISTRAS	THIS FERMIT 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 SIVES NO HIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00 Oulelle	IT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAE ISSUING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	Vital Records: P.O. Box 85222	# DISPOSITION IS TO OC	IR OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
A. BURIAL (IN	N OF CREMATED REMAINS OTHER GENETERY	E TEMPORARY ENVAULTMENT DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	Ht. Hope Cemetery; 3751 Market San Diego, CA 9210		
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY	128. DATE CREM	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RE	CEIVING REMAINS 19B, DATE REC	EIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT 14A NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE			PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETE	FIGENT TO IDENTIFY FINAL PLACE AND CA DISTRICT (THE CHARGE OF DISPOSITION IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY 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

ore thousand	ughty two	7 KSt. Date: X1 + 37/100	D(0903 Dollars (\$ 1082.	12012 37,
Payment of Bear	ince curtes	1 1	-) Division	7
ot Grave	Row	Section	Block-	-
Acct. No	NOT VALID FOR PURPOSE STATED UPPAID IN THIS SPACE.	NLESS STAMPED CREDIT 20% Sales Of 60% Sales Of Containers Containers Handling Fee Recording 4 Misc. Fees Pre-Need	100 / / / X Z 17184 100 17181 100 17182 100 17185 100 17185 100 17183 100	37
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Co.	ISSUED BY LINA A	Valle Sales Tax	63033 9022 60101 78390 \$ 10 X 2	37

MT. HOPE CEMETERY

INTERMENT,ORDER

City of San Diego

Date 8-17-98

You are hereby authorized and instruc-	ded, subject to your rules and regulations, to inter the remains
o Clara Dobb	O
ina liner	Funeral, date, time Wild. Aug. 19 11:0
Church, Chapel, Graveside Chap	relation and Ragodall Mortuary.
All Funeral cars must arrive before 3:3	10 p.m. of regular work day of an extra charge of \$
will be applied and billed to undersigne	ad
711 8	0 11
Lot Grave O Ro	Section Division/Brock
Grave space & Care Fund	MUA E-13577
Additional spaces and care fund	2 5 4 4 ± 10 c = 2
Opening/Closing & Setup	1 rule 5-135 11 S
Burial Container	LILLO E-13511 Q
Handling Fees	<u>8</u>
Flower vases - Marker setting fee	hud E-12677 8
Recording and filing fee	100 = 132 77
Sales taxes	XX 6 130 11 \$
13 - 25-78	Total Due
internet	Paid receipt number
	Balance due
I hereby certify I am the and this is your authority to make disc	of the above named decedent position of remains as above indicated. I certify and represent
that I have the right to make this author any liability on account of said authoria	rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Teisphone
	Invoice #
Work Order # E 14535	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	Clara	ENT—FIRST (GIVEN) 1B. MIDDLE Anoise	Dobbs		2. DATE OF BI		
54	CITY OF DEATH	Diego	58. COUNTY OF DEATH ENTER STATE San Diego	A CONTRACTOR OF STREET	NAME, RELATIONSHIP, I OF INFORMANT Inda H. John		2014 10 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7.4	Anderson-	Ragsdale Mort.; 5050 Federal San Diego, CA 92102	l Blvd.	F APPLICABLE	San Diego. C/	92114	BB DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I benefity acknowledge as applicant that the proposed day Section 10376 of the Health and Sight's Code, and was path			Delfu a	bellen	08/17/1998
	PERMIT UTHORIZATION OF OGAL 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: THE PERMIT GRAS NO MONT OF DEPOSAL OUTSEE OF CALIFORNIA.	\$7.00	08/18/1990	SSUED, 9C. SIGNATURE	OF LOCAL REGISTR	9812077
7	IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERAIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEAT Vital Records; P.O. Box 852: San Diego, CA 92186-	22		OF DISTRICT OF DISPOSI I IN ANOTHER DISTRICT IN		
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR	CORONER'S U	SE ONLY
The state of the state of	B. CREMATION	SE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA	(Name	and Address)	EMAINS LOCATED AT
	BURIAL	11A, NAME AND ADDRESS OF CALIFORNIA CEMETE Ht. Hope Cemetery; 3751 Ma San Diego, Ca	arket St.	8-/9-94	11C. SIGNATURE O	PERSON IN CHAP	RGE OF BURIAL
CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY SCIENTIFIC USE		ORY	128. DATE CREMATE	D 12C. SIGNATURE O	PERSON IN CHAR	GE OF CREMATION	
		Y RECEIVING REMAINS	ISB. DATE RECEIV	ED 13C SIGNATURE O	F PERSON IN CHAP	RGE OF FACILITY	
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148. DATE SHPPE		SIGNATURE OF P WITH THE CARRIER	ERSON IN CHARGE
O.	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C SIGNATURE OF CHARGE OF C		OD WCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

51159

MOUNT HOPE CEMETERY 527-3400

		Date: 5-18		97
From Patricia Bush -)	Marchadoliss: 1017 Doller	bracher II !	per Bris	1590
Toty der = 5%	00	Dollars (\$	46,56)
In July Payment of 2	golvanized floor	Mable		
1. Clare D	Hos & Vergie Bu	ner		
Lot Grave	Row Se	ection	Division Block	0
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 87007 20% Sales Care 77184 —		
Acct. No		80% Sales 100 of Lots 77184 — Opening/ 100		-
w.o. E-17333	THE PERSON NAMED IN	Clesing 77181 — Burial 100	30	00
BALANCE DUE		Containers 77182 — 100 Handling Fee 27185 —	25	00
		Recording & 100 Misc Fees 77183 —		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	1	Pre-Need 83633 Trust 9022 — Sales Tax 60101	-	36
AC 212 IBM SAD	1 11 111:	78390 —	UL	21

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-17-98

You are hereby authorized and instructed, si	ubject to your rules and regulations, to inter the remains
I INAL AICH	THE ALLA 182
in a Type of Burusi Containing VO VES	Funeral, date, time 1003. Pug. 1003
Church, Chapel, Graveside 910105	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day of all extra charge of \$
will be applied and billed to undersigned	15
Lot 297 Grave Row	Section Division/Block
Grave space & Care Fund Pune	Section Division/Block 10
Additional spaces and care fund	255 8
Opening/Closing & Setup	3,15,00
Burial Container	AID 198
Handling Fees	145.00
Flower vases - Marker setting fee	6 17, 1998 1 115 1
Recording and filing fee	DE CEMETERY 173
Sales taxes CTTY of S	AN DIEGO CALIE
Paid	receipt number MIC 109.73
raid	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated, I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
	X teancis S. aller St.
I hereby authorize the interment in lot I hold under deed.	Signature P.O. Box 281
Signature of recorded holder of dood	2. Ording Id 83544
	Tokephone 1 (208) 476 - 5100
and another section of the section o	Invoice #
Work Order # E 14536	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recyclist paper

E-14536

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1 18. MIDDLE	! IC. LAST (FAMILY)			E OF DEATH 4. SEX
LILLIE	NETLL	ALLEN	1		15/1998 F
SA. CITY OF DEATH	A CONTRACTOR	SB. COUNTY OF DEATH	-OUTSIDE CALIF., B. N.	IAME, RELATIONSHIP, FULL MAILING AC	
OROFINO		ENTER STATE	TRAINS	PROMOTES ALLEN - SO	Mr.
ADAI	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OF PERSON A ADRIVATIVE SERVICES, INC. LITRUS ST., LEMON GROVE, GA 91	-6	IF. LICENSE NUMBER	P.O. BOX 281 DROFTNO TO 83544 SIGNATURE OF APPLICANT—PERSON THIRE	
ACKNOWLEDSMENT OF AF	FLICANT I hereby acknowledge as applicant that the proposed dispo Section 10376 of the Health and Selety Code, and was author			19 mong	08/18/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT GIVES NO MICH! OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	0 8 / 1 8	288 A SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA	1 11 1		DISTRICT OF DISPOSITION— A ANOTHER DISTRICT IN CALIFORNIA 92186—5222	•
10. AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS		1	FOR CORONER'S	USE ONLY
B. CREMATION	SE	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA IDE OF CALIFORNIA	(Name and Address)	REMAINS LOCATED AT
BURIAL	MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO,		\$-15 99	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CI	HARGE OF CREE
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVED	13G SIGNATURE OF PERSON IN C	HARGE OF FACILITY
OWN TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FIGURET TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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. HEPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-17-98

of MILES DEWITTY	bject to your rules and regulations, to inter the remains
linev	Funeral, date, time Nect Aug 201.
Church Chapel, Graveside	Ragsdale Mortuary.
will be applied and billed to undersigned	
Lot 58 Grave 9 Row Dre In	Section Division/Blook 12
Grave space & Care Fund	ICCO E 12805 Q
Additional spaces and care fund	ed E-128103 S
Opening/Closing & Setup	ed F 138/03 X
Burial Container	E 10 8/102
Handling Fees	CU E-12003 0
Flower vases - Marker setting fee	0d E-128102 X
Recording and filing fee	Fd = 108/02
Sales taxes	THE IZOUS
zimi wrute	Total Due
Guardian - PA Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent n of remains as above indicated, I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of dead	City Zip Code
	Tulephone
and the second	Invoice #
Work Order # E 14537	Acct.#

O Printed on respiled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14537

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	Miles	NT-FIRST (GIVEN)	IB. MIDDLE Henry	The state of the s			2. DATE OF BIRTH MONTH. DAY YEAR 09/23/1918	MONTH.	OF DEATH	4 SEX
5A	CITY OF DEATH	Diego		58 COUNTY OF SAN DIA	DEATH—OUTSIDE CALIF TE I I GO	OF INF	RELATIONSHIP, FULL M ORMANT Pleasant, D			P CODE
7A		-Ragadale M	THE PROPERTY OF THE PROPERTY O	ral Blvd.	PB. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	San D	50th St. Hiego, CA 92 ATURE OF APPLICANT—	-	ernt, 88 DAT	E SIGNED
	ACKNOWLEDGMENT OF A		knowledge as applicant that the proposed 76 of the Health and Safets Code, and was			dal	fulletelle	-	08/17	7/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO ORNIA, HEALTH AND SAFETY OF Y FOR THE DISPOSITION SPECIF DIRECT OF DISPOSAL OUTSIDE OF CALFOR	DE \$7.0	08/21/19	17 ISBUED 198	9C. SIGNATURE OF LO		STRAR ISSUIN B12310	IG PERMIT
1		Vical Recor	an Diego, CA 92	222	PE ADDRESS OF REGISTRA IF DISPOSITION IS TO OC			RMIA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	7
-	B. CREMATION	SE .	DRESS OF CALIFORNIA CEM	F. CISINTERME G. SHIP IN TO H. TRANSIT TO			I. DISPOSITION (Name and A	ddress)		
	BURIAL	Mt. Hope	San Diego, CA	MONEY CONTRACTOR OF THE PARTY O	8-26-9	81	DIM	1/		
BLE ITEMS	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION			MATORY	12B, DATE CREM	VIED 150	DIGNATURE OF PER	SON IN CH	IARGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACI	LITY RECEIVING REMA	INS 138. DATE RECI	EVED 130	SIGNATURE OF PER	SON IN C	HARGE OF FA	ACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIP	PED 140	ADDRESS AND SIGN OF PLACING WITH T			GHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OF NTIFY FINAL PLACE AND CA <u>DI</u>				SIGNATURE OF PER CHARGE OF DISPOS		150, UCENSE OF CREW MAINS O —IF APPL	NATED RE-

COPY 2 IS RETAINED BY 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 church chapel or church and graveside bebble to call back with the answer.

MT. HOPE CEMETERY

INTERMENT ORSER

City of San Diego

Date 8-17-98

You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains of
" Allen zient	arski
in a Type of Sunal Contained (AC	Funeral, date, time Wed., AU9, 19
Church, Chapel, Graveside	Vesial Galaboay Mortuary
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$ 0.00
will be applied and billed to undersign	ied XE 3 i
VIOLED Grave & B	low Section 3 Division/Block 12
Grave space & Care Fund DYC	need D-8031 D
Additional spaces and care fund	===0
Opening/Closing & Setup	DAID 315.00
Burial Container	PAID 199.18
Handling Fees	Allii 1 7 1008
Flower vases - Marker setting fee	PAID IN FULL US IN
Recording and filing fee	MT. HOPE CEMETERY 74.73
Sales taxes	71/01/12
	F -50301 7109.73
16	Paid receipt number 5 - 50501 1001.13
I hereby certify I am the	of the above named decedent
and this is your authority to make dis	sposition of remains as above indicated. I certify and represent lorization and I agree to hold Mt. Hope Cemetery harmless from
	X Edward Free tarsh
I hereby authorize the interment in lo hold under deed.	Will Self
	SAN DIE GO 92115
Signature of recorded holder of deed	5836012 210 Code
	Telephone
F 44500	Invoice #
Work Order # E 14538	Acet. #
BEA-104 (7-96) This	s information is available in alternative formats upon request.

A Printed ou recycled paper

BEA-104 (7-96)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

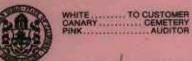
USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	4. SEX
HELEN	IRENE	2	IENTARSKI	09/12/1912 08/15/1998			F
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF., 6		TIONSHIP, FULL MAIL	ING ADDRESS AND	MP CODE
SAN DI	EGO	ENIER STATE	SAN DIEGO	OF INFORMA	TARSKI - S	ON	
	DRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON	SOCIONAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	F. LICENSE NUMBER 5	161 LE	O STREET		
GOODBODY	MORTUARY: 5027 EL CAJON BLVD	•	8	Printer of the latest and the latest	GO, CA 921	The second secon	
	SAN DIEGO, CA 9211	The state of the s	CONTRACTOR AND ADDRESS OF THE ABOVE THE PARTY OF THE PART	A. SIGNATORE	OF APPLICANT-Person	n taking permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF AF	PLICANT Thereby acknowledge as applicant that the proposed dispu- Section 18375 of the Health and Safety Code, and was author			Ou	lerce Ms	108/1	8/1998
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 GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PA	VICTORIA 1	MEZA 98	IGNATURE OF LOCAL 12113	L REGISTRAR ISSU	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 SAN DIEGO, CA 92186-5222		ORESS OF REGISTRAR COISPOSITION IS TO OCCUR			•	
10. AUTHORIZED DISP	DSITION(S) CHECK APPLICABLE ITEMS				FOR CORON	NER'S USE ON	Y (
B. GREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA		I. DISPOSITION PE (Name and Addr		OCATED AT
BURIAL	MOUNT HOPE CEMETERY - 3751 STREET, SAN DIEGO, CA 9210	MARKET	11B. DATE BURIED	1 11C. SIG	NATURE OF PERSO	N IN CHARGE OF	BURIAL
12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION		DRY	128. DATE CHEMATE	12C. SIG	NATURE OF PRINSE	VIN CHARGE OF C	REMATION
SCIENTIFIC USE 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		RECEIVING REMAINS	13B, DATE RECEIV	ED 13C. SIG	NATURE OF PERSO	N IN CHARGE OF	FACILITY
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPE		PLACING WITH THE		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B DATE OF DISPOSITION		NATURE OF PERSO ARGE OF DISPOSITI	ON OF CR	E NUMBER EMATED RE- DISPOSER PPLICABLE
DESCRIPTION OF THE PROPERTY OF	E PERMIT ACCOMPANIES THE REMAINS TO	THE STATED DI AC	E OF DISPOSITION	N THE PER	SON IN CHARG	E OF DISPOSIT	ION 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



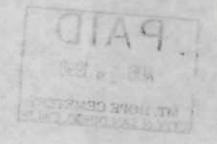
MOUNT HOPE CEMETERY 527-3400

43 TO 4		2-1-		OX
From CIVArd Zierta	IKSKI 5101 LEOS	+ San u	190 92	115
seven hunau	a Plxanuru +	75/100 Dollar	rs (\$ 7604	13,
In tull Payment of Unt	umenta	1		
0	Wen 2004Hav	OKL		Salar
Lot Grave	Now	Section 3	Division Block	12
Izvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 670 20% Sales Care 77	007	
Acct. No.		of Lots 27	184	100
w.o.E - 1453X	The second secon	Closing 77	181 7 4 7	Why.
BALANCE DUE	The second second	Posterior Co.	100 145	00
The Section of		Handling Fee 77 Recording & Misc. Fees 77	100 45	10
Pre-Need Lot At Need On Acct	Cationa a roll	Pre-Need 530 Trust 90	022	72
Pre-need Trust Cash Check	Catha Avallo	Sales Tax 60	390	13
AC-212 (Hev. 5.94) 1/82U	ISSUED BY	TOTAL PAID	1111	113

HAN INTERMENT ORDER

101 100110011000	
You are hereby authorized and instructed, sub of ANN N. LUU	ject to your rules and regulations, to inter the remains
ina liner Fi	uneral, date, time TUES AUG 18 93
Church, Chapel, Graveside Chape	musial Humphrey Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned.	
DVA ING	Section 2 Division/Block 11
Grave space & Care Fund	-ca E-8144 O
Additional spaces and care fund	276 0
Opening/Closing & Setup	AID CAR
Burial Container	10 V 4000
	16 7 8 1998 745.0
Flower vases – Marker setting fee MT. H	IOPE CEMETERY 45.0
Sales taxes CTY of	SAN DIEGO, CALIE 14.73
whinese Area	Total Due
	eceipt number R-50308 769.73
V	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization any liability on account of said authorization ar	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
	Y per attached
I hereby authorize the interment in lot I hold under deed.	Sarjeture
Druhael Crex Work	Addoh
Stymulibre of recorded holder of deed 0 0	Zip Code
	Telephone
	Invoice #
Work Order # E 14539	Acct. #

425-4637



中埠咕姐山國美 Chinese Consolidated Benevolent Association 0878 428 THIRD STREET SAN DIEGO. CALIF., U. S. A. emetery Financing DATE 16 Aug 98 吃组山 #4), Sandigo, CA Chinese Area Devision 11 GR. #12

MOUNT HUPE CEMETERY

E.- 14539 16 AUGUST 1998

	ersigned hereby request		eterment of the	remains of
A N I	The state of the s			7/
AN		_ in Lot 44 Gr 12	Row	ec. Chinese pred
Block Divisio	n #11 in accordance	with and subject to th	ne rules and regu	lations
governi	ng said interment in Mo	unt nobe Cemetery, and	d certifies and re	epresents
that ne	she has the legal r	ight to make such auti	horization and ag	rees to
. 图表	unt Hope Cemetery harml	ess from any and all	liability on acco	unt of said
市古戈且山				源人物品
, authori	zation and interment.		A STATE OF THE PARTY OF THE PAR	
			A STATE OF THE STA	nttee
			100	THE STATE OF THE S
Signetu	re of relative or legal	Address &	relationship to d	eceased of &
represe			to sign authoriza	
			CONSOLIDATED BEI	20. 图图图 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
125	Witness/	2 / A ASSOCIA	TION, INC. owne	
EA	ourTWONG, U	sordina Ta		
September 19 19 19 19 19 19 19 19 19 19 19 19 19	Witness //			

AUG-17-198 HON SATES SATES HAVE AND THE E-14539 TO PHAT AMOUNT ORDER MINISTER PREFICE ESTA Reco-ding and fithey feet Chinese Area E 14539

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS a DATE DEATH 4. SEX 1A NAME OF DECEDENT-FIRST (GIVEN) TB. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH DAY, YEAR 08/08/1998 MONTH DAY YEAR 05/15/1981 TARRE NCOC ANH SA, CITY OF DEATH SR COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT Lakeside San Diego Moi Thi Luu -Mother 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 3751 36th Street, Apt. A ---IF APPLICABLE Humphrey Chula Vista Mortuary 92104 Han Diego EA F-964 855 Broadway Chula Vista CA 91911 BA. SIGNATURE OF APPLICANT-Person Union servet, BB. DATE SIGNED I hereby actionwishing an applicant that the proposed disposition stated borson is one of the dispositions sufferiend by ACHOOMISEGMENT OF APPLICANT 08/13/1998 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL RESISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 08/17/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9812008 AUTHORIZATION OF IN THIS PERMIT \$7.00 J.E. King LOCAL REGISTRAR MOTE: THE PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW P.O. Box 85222 PERMIT TO SHOW FINAL Vital Records DISPOSITION 92186-5222 San Diego CA 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL UNCLUDES ENTOMBMENTS E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURSED LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery BURIAL 3751 Market St. San Diego CA 92102 8-18 98 ITEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12B. DATE CREMATED CREMATION N/A 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE H/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15B DATE OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15D. LICENSE HUMBER SCATTERING AT SEA OF CREMATED RE-FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE N/A THAN IN A CEMETERY

COPY 2 IS RETAINED BY 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 CAMARY CEMETERY PIMK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Hungher Montuny	Address: \$55 Broady	Date: 8-18	ite 9	1911
In full Payment of N	the day only du	- a	Division	
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 60% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	375 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Maddle	Handling Fee 7795 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$	143	73

2nd jal

MT. HOPE CEMETERY

INTERMENT GROER

City of San Diego

Date 8-17-98

MAIN CAMENDA	eject to your rules and regulations, to inter the remains
in Muble Depths	MPT Fri Alla 212:00
Church, Chapel, Graveside	uneral, date, time
All Funeral cars must arrive before 3:30 p.m. c	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
V 12	inne 8
Lot Grave Row	Section Division/Block
Grave space & Care Fund	EU E-0391 D
Additional spaces and care fund	276 A
Opening/Closing & Setup	ed E-8241 315.00
Burial Container Dve Ne	AL EXILL
Handling Fees	U. E 0011 _0
Recording and to Mee	45.00
Sales taxes Pren	led E-8341 100
AUG 1,7, 1998	Total Due
MT. HOPE CEMETERY Paid re	ecelpt number 50304 42000
CITY of SAN DIEGO, CALIF	Balance due
I hereby certify I am the All Cand this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed.	Mary Day
	Asserted Control of the Assertand Co
Signature of recorded holder of deed	Jakeside 12000
sterfact 8-26-90	Telephone (619) 3.90-1780
	Invoice #
Work Order # E 14540	Acct. #

E-14540

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

TA. NAME OF DECEDE	ENT-FIRST (GIVEN) 1	B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Mary	- 1		Sanford		06/07/1915	08/15/1998 F
6A. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF., 6	NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
San Diego			San Diego		OF INFORMANT Mary Day - Daug	hter
7A. TYPED NAME AND A		FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 78, CA	LIF LICENSE NUMBER	10390 New Bedfo	ord Ct
	ill Mortuary				San Diego, CA	
6322 El Ca	jon Blvd. Sam	Diego, CA 92	115 FD			-Person taking pegint; 88. DATE SIGNED
ACAMOWLEDGMENT OF A	PPLICANT I hereby address Seption 18376 o	wedge as applicant that the proposed if the Health and Salety Code, and was	disposition stated herein is one of the authorized pursuant to Section 7100 of the	e dispositions sufficiented by he Health and Salety Code.	· Canny Ka	68/18/1998
PERMIT	SIONS OF THE CALIFORN	IN ACCORDANCE WITH PRO	DE	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	98 9812075	OCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	OR THE DISPOSITION SPECIF	\$ 7.00	The state of the s	Control of the Control of the Control	
LOCAL REGISTRAR		OHT OF DESPOSAL OUTSIDE OF CALFOR	our.	G. Lathre	OF DISTRICT OF DISPOSITION-	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRED P	CALIFORNIA	1 1		IN ANOTHER DISTRICT IN CAU	
PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 85222 5222	San Diego, C	A 92186-		-	
10 AUTHORIZED DISP	OSITION(S) CHECK APPLI	CARLE ITEMS			I FOR CO	RONER'S USE ONLY
	UDES ENTOMBMENT)	O'INDEA THEMS	Cle management man			
B. CREMATION	UDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT	(Name and	PENDING REMAINS LOCATED AT Address)
THE RESERVE OF THE PARTY OF THE	OF CREMATED REMAINS	SOTHER	G. SHIP IN TO CALIF			
D. SCIENTIFIC U	EMETERY	333334	H. TRANSIT TO OUTS	William Street Street		
LI o constituto o			- San			
		ess of California CEM em. 3751 Marke		11B DATE BURNED	1 TIC. SIGNATURE OF PE	RSON IN CHARGE OF BL
BURIAL	San Diego,			1 C 7100	. 10.	ME
00 H			MATORIV	8-21-95		RSON IN CHARGE OF CREMATION
E common	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			120. DATE OFFICE	TOOL IN CHANGE OF CHEMATION	
CREMATION					1	
CA.	13A NAME AND ADDR	ESS OF CALIFORNIA FACI	LITY DECEIVING DEMAINS	1 198 DATE BECEIVE	ED 13C SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
SCIENTIFIC	TOTAL TERMS CITED ACTION	EGO OF CALL OTHER FACE	ETT RECEIVING REMAINS	ide, one recent	ion diameters of the	HOSPI III GISHIGE GI TIOSETTI
USE				i		A STATE OF THE STA
Ž	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED 14G. ADDRESS AND OF PLACING W		NATURE OF PERSON IN CHARGE
-						
TRANSIT				1 1	i.	-
8	1EA ADDDESS MEADES	T DOINT ON CHOOSE HE OF	R OTHER DESCRIPTION SUF-	158 DATE OF	15C SIGNATURE OF PE	RSON IN 150, UCENSE NUMBER
SCATTERING AT SEA		FY FINAL PLACE AND CA DI		DISPOSITION	GHARGE OF DISPO	
DISPOSITION OTHER THAN IN A CEMETERY				T.	i.	-IF APPLICABLE
PART IN A MEMETERY						

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

	527-3400	0	17	OX
From: P.L. Day Four hundi	ra fiventy 4)	W Bed	FORD CT	100
n FUII Payment of UIT	ment of many	Santo	ra.	
Lot 2 Grave	Row S	ection 1001	- Division Block	8
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 90% Sales	67007 77184	
Acct. No			77184 375	00
BALANCE DUE		Surial Containers	77182 100 / ~	
BALANCE DOE		Handling Fee Recording & Misc. Fees	77185 45	170
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	ntina Amora	Pre-Need Trust	63033 9022 60101 78390	1
AC 212 (Rev. 594)	ISSUED BY 7 NVC(UVV)	TOTAL PAID	18390 420	00

BURTED THERE.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-18-98

TASH VAULT	Funeral, date, time MON 9-14	A
hurch, Chapel, Graveside	: LEWIS COLONIAMO	nuary.
Il Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$	
ill be applied and billed to undersigned.		
	Section Division/Block 1	
nave space a Care runu	minima manamana da manamana	
dditional spaces and care fund	105	00
pening/Closing & Setup	IN PULL 105.	00
Jurial Container	9-30-98 55.	_
landling Fees	9-30 10	-
		00
Recording and filling fee	<u>45.</u>	36
Sales taxes	2/9	2/
	Total Due	91
Pa	aid receipt number	
X	Balance due	-
hereby certify I am the	of the above named de tion of remains as above indicated. I certify and rep tion and I agree to hold Mt. Hope Cemetery harmles on and interment.	resen
hereby authorize the interment in lot I sold under deed.	Signature Address	
agnature of recorded holder of deed	Cey	Zip Cod

O Printed on recycled paper

EDWIN BURIED THEFE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-18-98

na ASH VAULT	Funeral, date, time
Type of fluisi Continue Church, Chapel, Graveside	LEWIS COLONIALL
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 145 Grave 5 Row	Section Division/Block
	· NEED E-790 -
Additional spaces and care fund	
Opening/Closing & Setup	
Burjal Container	35.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.36
	Total Due
Paid	d receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from a and interment.
I hereby authorize the interment in lot I hold under deed.	X Signature
Signature of recorded holder of deed	Address Ze Code
	Telephone
E 14541	Invoice #
Work Order # - 14041	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

O Printed on recycled paper

E-14541

LEWIS COLONIAL

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDE		ENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST OF	IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR		
	AIOFF		H.	DU C	BEREE		MONTH DAY, YEAR 08/19/1908	08/17/19		
54	CITY OF DEATH				OF DEATH-OUTSIDE CALIF.		FORMANT FULL M	AILING ADDRESS	AND ZIP CODE	
	SAN DINGO	The same of the sa		ENTER S	SAN DIEGO		HANTSCHE -	GRANDSON		
7.4	LEWIS COL	DWIAL/BENBO	UGH MORTUARY		78 CALIF LICENSE NUMBER —IF APPLICABLE	100000000000000000000000000000000000000	GAYLAND PL,			
	3051 EL C	MON BEAD.	SAN DIEGO,	CA 92104	PD-480		IATURE OF APPLICANT—P	errors taking permit, B	The state of the s	
	ACKNOWLEDGMENT OF A			proposed disquisition stated herein in and was authorized pursuant to Section	one of the dispositions withorized by in 7100 of the Health and Safety Gude.	>	Secret walk	Time !	08/18/1998	
	PERMIT UTHORIZATION OF	SIONS OF THE CALIF	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S	ETY CODE SPECIFIED	98. DATE PERM 08/19/19		90. SIGNATURE OF LO 9812145	CAL REGISTRAR	ISSUING PERMIT	
	OCAL REGISTRAR	NOTE: THIS PERMIT GIVES N	O RIGHT OF DISPOSAL OUTSIDE OF	The state of the s	P Valent		>			
1	ON REQUIRES A NEW ERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CALIFORNIA RDSPO BOX	The second second	9E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			RNIA		
	DISPOSITION.	SAN DIEGO,	CA 92186-52	22						
10	AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE	ONLY	
1	A. BURIAL (INCLU	JOEB ENTOMBMENT)		E. TEMPORA	RY ENVAULTMENT		Olame and A		UNS LOCATED AT	
-	B. CREMATION	or operation next	AND ANDER	F. DISINTERN	IENT		Chame and h	nat past		
	THAN IN A CE		AINS OTHER		CALIFORNIA TO OUTSIDE OF CALIFORNIA		Ales :		7	
	BURIAL	MT HOPE	DRESS OF CALIFORNIA CHMETERY, 37: 0, CA 92102	CEMETERY 51 MARKET ST,	9- 14- 9:		SIGNATURE OF PERI	MOTO	OF BURIAL	
ABLE ITEMS	CREMATION	CYPRESS	DERESS OF CALIFORNIA VIEW CREMATOR N DIRGO, CA	RY, 3953 IMPE	128 DATE CREMA		S SATURIE OF JERS	BON OH AIGE	OF CREMA	
32 SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACIL				A FACILITY RECEIVING RE	MAINS SEL DATE ABOR	NEO /	MATURE OF PER	SON M CHARGE	OF FACILITY	
COMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY W REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARRIER				SON IN CHARGE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT					C. SIGNATURE OF PER- CHARGE OF DISPOS	ITION C	LICENSE NUMBER- SF CREMATED RE- AAINS DISPOSEII W 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. HOSE CEMETERY INTERMENT ORDER

City of San Diego

Date 8 - 18 - 98

of ARTHUR WEIL	Funeral, date, I	imeT#1	IR &	- 90	12.
Church, Chapel, Graveside 6RA				LL Mo	rtuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work	day or an	extra charge	e of \$	
will be applied and billed to undersign	ned.				
Lot \3 2 Grave R	ow Section	a	Division/I	Block 9	
Grave space & Care Fund				195.	00
Additional spaces and care fund	***************************************				
Opening/Closing & Setup	11 11 49			195	00
Burial Container	XIV VO VI			72	200
Handling Fees	4000			50	.00
Flower vases – Marker setting fee Recording and filing fee		8		45.	00
Sales taxes				7	36
Vain 5-25-98	Paid receipt number	Total Du	Je		- 36
			Balance du	je	6
hereby certify I am the and this is your authority to make distinct I have the right to make this authory liability on account of said authory	orization and I agree to	above inc	of the above dicated. I cer Hope Cemete	tify and rep	present
I hereby authorize the interment in lo hold under deed.	t i Signature				-
	Address	-			
Signature of recorded holder of deed	Cay				Zip Code
	Talephane				
F	Invoice	"			
Work Order # E 14542	Acct. #		1000		

@ Printed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.

HEALTH AND HUMAN SERVICES AGENCY METRO REGION CHILDREN'S SERVICES BUREAU

8980 Levant Street San Diago, CA 92111

FACSIMILE TRANSMITTAL

Pages (including coversheet) HOUSE CENTURY PHONE: 527-3100 FAX: 527-3403 LOCATION: STA DUSA San Diego Gounty Employees Plasse Note: Use our SanContel telephone numbers whenever possible, if applicable. Thank youl FROM Dubble Recel PHONE: 694 5247 ROOM NEED BY-SPECIAL INSTRUCTIONS: ATTALL SILL IF THIS TRANSMITTAL IS NOT COMPLETE OR IS NOT LEGIBLE, CALL THE FAX CLERK AT ... 819/694-5203 OR SanContal LOC \$32-5203.

PRIVERSE

DATE

WORK COMPLETED:

TIME INITIAL

Volt. HOT



County of San Diego

ROBERT N. ROSS, M.O. DIRECTOR HEALTH AND HUMAN SERVICES AGENCY

1285 IMPERIAL AVENUE, MS SAN DIEGO, CA 92101-7435 (619) 338-2197 FAX (819) 338-2102 AREA AGENCY ON AGING
COMMESSION ON CHECKEN YOUTH
AND FAMILIES
DEPARTMENT OF HEALTH SERVICES
A DEMARKS OF SOCIAL SERVICES
PLIN OF ADMINISTRATION OF COMPONING
VETERAN SERVICE OFFICE

8-18-98

Par you request this is to very that I use the second works for enthur Wall his on graverich funeral, as arranged; with his on thursday large 20 - @ 12:00 noon Planse your the bill to the following

14th SA 4950 Lucent St. 5un Dugo, CA 90111

ATTN: Debre L Rend

Themk you Debbu Rend



County of San Diego

DEBMA L. REIO, L.C.S.W. SK PROJECTIVE SERVICES WORKED CHILDRENS SERVICES SERVICES SERVICES SERVICES

SINCLANDS BOAR Bac Coope, Ch. 92111 4006 in the Board FAS WITE 684 5241 LDC 503 JMS WAR G

IDEADD

Z#198 8661/81/88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMA

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

1A.	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			DATE OF DEATH A SEX
Arthur Manuel			Weil		05/18/1993 08/13/1998 M			
5A.	CITY OF DEATH			68. COUNTY OF DI	EATH-OUTSIDE CALIF.,	6 NAME,	RELATIONSHIP, FULL MAILIN	G ADDRESS AND ZIP COBE
	San Diego			San Diego			a Reid, PSWII	
I	eathering:	ill Mortuar		PERSON ACTING AS SUCH 78.	CALIF. LIGENSE NUMBER —IF APPLICABLE FD 1083	San	Diego, CA 9211	11 taking pornd, 68. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	Comparings an applicant that the pa 376 of the Health and Safety Code, as	oposed dispusation stabed herein is one old was authorized pursuant to Section 7100	the dispositions authorized by of the Health and Sefety Code.	1	· Aucelolo	108/19/1998
	PERMIT THORIZATION OF CAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y POR THE DISPOSITION SP DISSRY OF DISPOSAL OUTSIDE OF C	ECIFIED 8 7 00	08/19/19 C. Lath	98	9812122	RECUSTRAR ISSUING PERMIT
TIO	CHANGE IN DISPOSI- IN REGURES A NEW MIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF IN CALIFORNIA 22 San Diego,		ADDRESS OF REGISTRAF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10.	AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS				FOR CORONE	ER'S USE ONLY
	B. CREMATION		AINS OTHER	E TEMPORARY EI F DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OI			I DISPOSITION PENI (Name and Addres	DING-REMAINS LOCATED AT BS)
		TIA. NAME AND AD	DRESS OF CALIFORNIA	CEMETERY	118 DATE BURIE	D 11C	SIGNATURE OF PERSON	IN CHARGE OF BURIAL
	BURIAL		Cem. 3751 Mar , CA 92102	ket St.	8.20-0	181	plm	el o
ABLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	TED 120	SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC USE		ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECE	IVED, 130	SIGNATURE OF PERSON	IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	14B. DATE SHIPPED 14C.		RE OF PERSON IN CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY	FICIENT TO IDE		E. OR OTHER DESCRIPTION SUI CA <u>DISTRICT</u> OF DISPOSITION	158, DATE OF DISPOSITION		SIGNATURE OF PERSON 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.



20

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

a Ukanina a II	10200 516	Date: 8/3	. 15	401
From: Eath(1)11411	Address: USZZ ET C	adun Bi	va.Suc	12/15
elanty and	a no 1100 -	Dolla	rs (\$ 80.00	
In FULL Payment of MC	urrerisetting t	Or		
Arthu	r Manuel Weil			
Lot 432 Grave	RowSe	ction_2	Division C	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID' IN THIS SPACE.		007	
Acct. No.	THE RESERVE OF THE SECOND	of Lots 77	184	-
w.o. E-14642	*	Closing 27 Burist	181	
BALANCE DUE			182	~
		Recording &	100 %	00
Pre-Need Lot At Need On Acot	MALINE OUR ON		022	
Pre-need Trust Cash Check	L'advina AVALLANO	78	390	77
AC-212 (Rev. 5-94)	ISSUED BY TVV VVV III O	TOTAL PAID	. 00	11

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

\$3259		9-8	9	1
Mathew Lees	Address 3990 Old	TOWN AV	LSte 1028	SD
. twenty thre	e 4 78/100	Bollars	15 23.78)
In TUI Payment of QQ	Ivanized Hower	vale for		
AHI	nur Manuel We			
Lot 432 Grave _	Row Se	ection 2	Division C	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 7718 80% Sales 10		-
Acct. No	100 100	of Lots 7718 Opening/ 10 Closing 7718	54	
w.o. 2 19092	The second second	Burial 10 Containers 7718	10 10	
BALANCE DUE	1 2 2 3	Recording A 10	15	
Pre-Need Lot At Need O On Acct	ocal a a	Misc. Fees 7718 Pre-Need 6303 Trust 902	13	
Pre-need Trust Cash Check	atina Avalome	Sales Tax 6010 7896	100 13	ž
AC-212 (Flov. 5-04) 8540	ISSUED BY TOUCH TO	- TOTAL PAID	120 110	1



WHITE TO CUSTOMER CANARY CEMETERY PUNK AUDITOR

MOUNT HOPE CEMETERY

From Cayaly of lander	Address 6950 Fevan	Date: 9-1	1 Dugo 10 (\$ 587.3	19 8 11 6 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1
Lot 43 a Grave	Row Se	ection_ 2	Division Block	9
Invoice No. Acct. No. W.O. E - NS NR BALANCE DUE Pre-Need Lot At Need On Acct On Acct	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	oth Sales of Lote 77 Opening/ 77 Opening/ 77 Buris Containers 77 Handling Fee 77 Recording A Misc. Fees 77	184 3 9 100 15 6 181 100 9 5 100 185 100 183 103 123 123 123 123 123 123 123 123 123 12	60000
Pre-need Trust Cash Check Pr 57 - 115579	ISSUED BY D. Wellin	Salma Tax 60	587	36

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-19-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
Type of Burial Container	Funeral, date, time FYI - AUG2111:00
Church, Chapel, Graveside	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 278 Grave 2 Row_	Section 2 Division/ Diock 12
Grave space & Care Fund	795.00
Additional spaces and care fund	0
Opening/Closing & Setup	3 15.0
Burial Container	57-10 190.00
Handling Fees	145.00
Flower vases - Marker setting fee	HEAS
Recording and filing fee	45.00
Sales taxes	14.13
reditor's claim	Total Due 504.7
9-16-98 Paid	receipt number R-50509 1564-7
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certily and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Addyons
Signature of recorded holder of deed	City Zp Code
	Telephone
	Invoice #
Work Order # E 14543	Acct. #

E-14543

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3.	DATE OF DEATH 4. SE	X
Robert Raymond		Parks		02/01/1937 07/28/1998					
6/	5A. CITY OF DEATH San Marcos		5B. COUNTY OF DE			6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT J. Edwards-Public Administrator			
71			9 Adams Ave., San Die	N ACTING AS SUCH , FB.	CALIF LICENSE NUMBER —IF APPLICABLE FD1424		5201-A Ruf San Diego, C	fin Rd., A 92123 :	ED
	ACKNOWLEDGMENT OF A	non-scaure I hereby a	schowledge as applicant that the proposed dr 176 of the Health and Safety Code, and was out	specifion stated berein is one of	the dispositions authorized by of the Health and Saleta Code.	1	MA ALL	08/20/1998	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSE SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIES IN MORT OF DISPOSAL DUTSES OF CALFORNIA	9A. AMOUNT OF FEI \$7.00	MODERNIC PRODUCTION OF THE PERSON OF THE PER	-	9C. SIGNATURE OF LOCAL	REGISTRAR ISSUING PERM	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW IF DEATH OCCUR			EGISTRAR OF DISTRICT OF DEAT B IN CAUFORNIA P.O.Box 85222, San 1 92186-5222		ADDRESS OF REGISTRA		RICT OF DISPOSITION— DTHER DISTRICT IN CAUFORNIA		
The same of the same of the same of	B. CREMATION		AINS OTHER	E. TEMPORARY EI F. DISINTERMENT G. SHIP IN TO GAL H. TRANSIT TO OI		•		ER'S USE ONLY DING-REMAINS LOCATED 35)	AT
	BURIAL		Mt. Hope Cemeter Market St., San Diego	у	118. DATE BUR	ED 110	C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREM	ATED 120	C. SIGNATURE OF PERSON	IN CHARGE OF CREMATIO	N
		DORESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	138. DATE REC	CEIVED 13C. SIGNATURE OF PERSON IN		IN CHARGE OF FACILITY		
		DORESS IN RECEIVING STATE OR COUNTRY WHERE CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIP	IPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER			E	
					158. DATE OF DISPOSITIO		C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO		6-

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





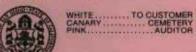


INTERMENT ORDER

Date 8 -20 -70	9
----------------	---

Family to	INTERMENT ORDE	R
witness nt	City of San Diego	Date 8 -20 -98
You are hereby authorized and	d instructed, subject to your rules ar	nd regulations, to inter the remains
in a Type of fluid Cortage Church, Chapel, Graveside		ues. sept. 1330
All Funeral cars must arrive be will be applied and billed to un	fore 3:30 p.m. of regular work day of dersigned.	or an extra charge of \$
V Lot 128 Grave L	RowSection	3 Division/Block 13
Grave space & Care Fund Additional spaces and care fund	PAID	195,00
Opening/Closing & Setup	AUG 🚉 n. 1998	105,00
	MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF	60.00
Flower vases - Marker setting	fee	112 00
Sales taxes		4.26
	17.00.000	SA 1064,26
I hereby certify I am the and this is your authority to m that I have the right to make it any llability on account of said	ake disposition of remains as above is authorization and I agree to hold authorization and interment.	of the above named decedent e indicated. I certify and represent Mt. Hope Cemetery harmless from
I hereby authorize the interme hold under deed.	nt in lot I	nor hodson
Bignature of recorded holder of deed	City G 192 Collections	223-119 80 20 CA 92/000
Work Order # E 145	44 Invoice #	

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

		Date: 4-	26	. 19 99
One Hundred Twen		Do	illars (\$ 125.	00)
bot 128 Grave	4 Row S	ection 3	Division Block	12
Invoice No.	NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	
Acct. No		of Lots Opening/ Closing	77184 — 100 77181 — 100	
W.O. F ~ [13 74]	The second second	Buriel Containers	77182 100	
	CONTRACTOR OF STREET	Handling Fee Recording & Misc. Fees	77185 100 77183	5 00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☒	Maria and	Pre-Need Trust Sales Tax	63033 9022 60101	
AC-212 (Rev. 5-94) 20303	ISSUED BY Lynda	TOTAL PAID	1 12	5 00

	1000			EDINIZ FOR DISDO	CITION OF H		E-	4544	-
				MAKE NO ERASURES, WI				85	
1A.	NAME OF DECEDI	ENT-FIRST (GIVEN)	18. MIDDLE Eugene	IC. LAST (FAMILY)	dson, Jr.		DATE OF BIRTH ONTH, DAY, YEAR 08/20/1913	3. DATE OF DEATH MONTH, DAY, YEAR 08/20/1998	4. SEX
5A.	CITY OF DEATH	San Die	go	SB. COUNTY OF DEATH		OF INFOR		AILING ADDRESS AND ZP	CODE
7A.			A-FUNERAL DIRECTOR OR PI	The same of the sa	APPLICABLE CO. 4 CO. 4		San Diego	TOUR DESIGNATION OF THE PARTY O	
	ACKNOWLEDGMENT OF	1 Thereby 2	cknowledge as applicant that the prop	escid dispension stated herein is one of the was authorized personnt to Section 7100 of th	dispositions authorized by	A. SHAMATI	APPLICANT—	08/21/1	
	PERMIT JTHORIZATION OF DCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	JED IN ACCORDANCE WITH R PORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE IN MIGHT OF DISPOSAL OUTSIDE OF CALL	CIFIED \$7.00	08/21/19 James Ha	998	9812320	CAL REGISTRAR ISSUING	PERMIT
AN	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF D IN CAUFORNIA P.O.Box 85222, St 92186-5222	1 1 15 0	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR			RNIA	•
10 0001	A. BURIAL (INCL B. CREMATION		PPLICABLE ITEMS	E. TEMPORARY ENVA	RNIA			ONER'S USE ONLY PENDING—REMAINS LOG ddress)	CATED AT
L	BURIAL	11A. NAME AND A	Mt. Hope Ceme	etery	118. DATE BURIED	1	SIGNATURE OF PER	SON IN CHARGE OF BUI	RIA
ABLE TTEMS	CREMATION	12A. NAME AND A	P.C.I.	REMATORY	128. DATE CREMATI	ED 12C.	SMATURE OF PER	SON IN CHARGE OF CRE	MATIC
ILL APPLICA	SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C.	SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148 DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH	IATURE OF PERSON IN THE CARRIER	CHARGE -
O	The state of the s	TEA ADDDESS NE	ADEST BONIT ON SHORE INC	OF OTHER DESCRIPTION SHE.	160 DATE OF	1 150	SIGNATURE OF REE	SON IN THE PERSON	A THURSD

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.

DISPOSITION

CHARGE OF DISPOSITION

PICIENT TO IDENTIFY PINAL PLACE AND CA DISTRICT OF DISPOSITION

OR DISPOSITION OTHER

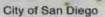
THAN IN A CEMETERY

OF CREMATED RE-

-IF APPUCA



MT. HOPE CEMETERY INTERMENT ORDER



Date 8-21-98

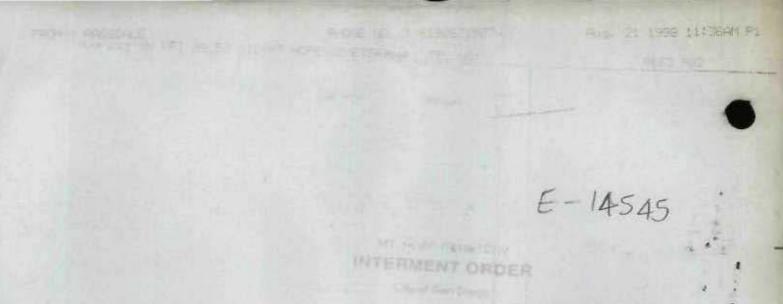
in a LINER	Funeral, date, time MON. 8-34
Church, Chapel, Graveside Chul	3:30 p.m. of regular work day of an extra charge of \$ 150.00
will be applied and billed to undersig	Y .
Lot 64 Grave 5	RowSection\ Division/Black\1
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
THE RESIDENCE OF THE PROPERTY	AUG 2 4 1998 190.00
Manding Cost	145.00
Flower vases - Marker setting fact.	CEMETERY I
Recording and filing fee	Y OF SAN DIEGO, CALIF!
Sales taxes	14.73
RTUANY to	Total Due
ING CHECK	Paid receipt number R - 50 3-23 1664.73
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make d that I have the right to make this aut any liability on account of said authority	isposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from orization and interment.
I hereby authorize the interment in I	at ×
hold under deed.	Signature V V N
Signature of recorded holder of deed	Address
	City In Code **Winghorn**
	Invoice #
Work Order # E 14545	Acct. #

O Printed an recycled paper

PER SKIPPER IS A VET.

Stratory Print

MATERIAL PROPERTY.



BP-15-510

MINITED TO SELECT THE WORLD SELECT THE SELEC

The state of the s

Taggito Federal Alexander Charles and Char

E 14545

Service and the service of the servi

E-14545

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	The state of the s	MIDDLE	IC. LAST (FAMILY)	Jr.	2. DATE OF BIRTH MONTH, DAY YEAR 04/04/1941	3. DATE OF DEATH 4 SEX MONTH DAY YEAR 08/14/1998 H
San D	degå		SAN DIEGO		NAME RELATIONSHP, FULL MA OF INFORMANT egina Howard, Si	
Anderson	-Ragadala Mort	neral director or Person :.; 5050 Federa o, CA 92102	1 Blvd.	APPLICABLE S	027 "L" St. an Diego, CA 901	.02 con taking primit, 68. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowled Section 10375 of th	gs as applicant that the proposed dispose Health and Safety Code, and was author	ostion stated herein to one of the rided current to Section 7100 of th	dispositions authorized by benefits and Sainty Code.	Sebbre whele	08/21/1990
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE GALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT.	ACCORDANCE WITH PROVI- HEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED OF DISPOSAL OUTLINE OF CALIFORNIA.	\$7.00	08/21/199	SSUED 9C. SIGNATURE OF LOC	AL REGISTRAS ISSUING PERMIT
	Vital Records;	AR OF DISTRICT OF DEATH AUGUSTO BOX 8522 Diego, CA 92186	2 # 5		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORN	NIA O
B. CREMATION		OTHER C	E. TEMPORARY ENVA	PINIA	L DISPOSITION P	PENDING-REMAINS LOCATED AT
BURIAL	THE PARTY OF THE P	s of CALIFORNIA CEMETER tery; 3751 Mark Diego, CA 921		8-24-98	11C. SIGNATURE OF PERS	ON IN SHARGE OF BURIAL
GREMATION	12A. NAME AND ADDRES	S OF CALIFORNIA CREMATO	ORY	129. DATE CREMATE	D 12C. SGNATURE OF PERSO	ON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A NAME AND ADDRES	S OF CALIFORNIA FACILITY	RECEIVING REMAINS	ISB. DATE RECEIVE	ED 13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148 DATE SHIPPEL	OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY	POINT ON SHORELINE, OR OT FINAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSI CHARGE OF DISPOSIT	

COPY 2 IS RETAINED BY 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

	N 1-16 1	Date: 8-	24		98
on thousand his fu	e Address: 5050 teder	100 De	pilars (\$ 16	64.7	3)
Lot 64 Grave	5 Row	Section		vision \	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	O CREDIT 20% Sales Care 80% Sales of Lots Opening Cicoling Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77185 100	179	000000
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY I MILLETT	Misc Pros Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390	14	73 73

MT. POPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-24-98

You are hereby authorized and instru	ucted, subject to your rules and	regulations, to inter	the remains
in a Sould be all the State of Suntai Container Church, Chapel, Graveside	0.00	how 8-27	Mortgary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or	an extra charge of \$	División de la compansión de la compansi
will be applied and billed to undersig	ned. X		10000
Lot 4781 Grave	Row Section	Division/Bleck	10
Grave space & Care Fund	In-Ned E-	8135 -	0
Additional spaces and care fund		\$	
Opening/Closing & Setup	PAID	3	75.00
Burial Container	1000	3	90.00
Handling Fees	AUG 2 5 1990	3	20.00
Flower vases - Marker setting fee	MT. HOPE CEMETERY		500
Recording and filing fee	LA OF YOUR DITTER	,	9.45
Sales taxes	Total Paid receipt number R-	Due	49.45
. X (,		Balance due	
I hereby certify I am the and this is your authority to make di that I have the right to make this authority on account of said authority on account of said authority on account of said authority or account	horization and I agree to hold M	of the above nami indicated. I certify ar it. Hope Cemetery ha	nd represent
I hereby authorize the interment in le hold under deed.	ot I Segnature	Lincol	N AVE
Signature of recorded holder of deed	X S D C Tetaphoria 7 -	260-134	72103
Work Order # E 14546	Invoice #		
	7.0047.11		

E-14546

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	- 11	C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
KEITH		L		RU	ISSELL		04/14/1936	08/	23/1998	M
SA. CITY OF DEATH			5	B. COUNTY OF DEATH ENTER STATE	-OUTSIDE CALIF.,		RELATIONSHIP, FULL M	IAILING ADD	RESS AND Z	IP CODE
SAN DIE	The same of the sa		1	SA	N DIEGO	120020000	N. RUSSELL	- WI	FE	
A. TYPED NAME AND AL	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR	R OR PERSON ACTI		F. LICENSE NUMBER	1271		ENTE		
CLAIREM	ONT MORTUAL	RY		22117	APPLICABLE	SAN	A STATE OF THE PARTY OF THE PAR	2103		4
4266 MT	. ABERNATH	Y AVENUE, SA	M DIEGO.	GA F	D-1126	BA. SIGN	WORE OF APPLICANT-	eroan taking par	mit, 8B. DAT	E SIGNED
ACHIOMLEDGMENT OF A		cknowledge as applicant that 1376 of the Health and Safety Co				· 1	uton n	ner	08/2	26/199
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE ORNIA HEALTH AND SA	AFETY CODE	AMOUNT OF FEE PA	VICTORIA	West Property III	9C. SIGNATURE OF LO	EAL-REGIS	TRAR ISSUIN	IG PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	TY FOR THE DISPOSITIO			VIGIORIA	ALL LON	9812522			
LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSEE	CONTRACTOR	7.00	08/26/19	98				
ANY CHANGE IN DISPOSE	BD. ADDRESS OF HE IF DEATH OCCURRE	EGISTRAR OF DISTRIC	CT OF DEATH-				HET OF DISPOSITION— THER DISTRICT IN CALIFO	RNIA		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX	85222		1 22-22		A MALENCE				
DISPOSITION.	SAN DIEGO	O, CA 92186	-5222							
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR COR	ONER'S	USE ONL	Y
A. BURIAL (INCLI	DES ENTOMBMENT	LANGE OF STREET	□ E	TEMPORARY ENVAL	JLTMENT		L DISPOSITION	PENDING-	REMAINS LO	OCATED AT
B. CREMATION			F	DISINTERMENT	E 11	- 6	(Name and A	ddress)		
	OF CREMATED REMA	AINS OTHER	Пе	SHIP IN TO CALIFOR	RNIA		75.00			
D. SCIENTIFIC U			Пн	TRANSIT TO OUTSID	DE OF CALIFORNIA					
	110 MANE AND AL	DORESS OF CALIFORN	NIA CEMETERY		11B. DATE BURIED		SIGNATURE OF PER	SON IN CU	ADOE OF D	HER AL
BURIAL		PE CRMETERY	MIN DEMETERS		I TIB. DATE BURIEU	1 110	pidiski the or year	11	ANGE OF B	CHANGE
BURIAL	Control of Action Control	STORY OF THE PROPERTY OF THE P			8-27-9	81.	11/1	MX		-
9	The state of the s	CET STREET,	THE RESERVE OF THE PERSON NAMED IN	O, CA 92102		SEE S. COR	SMINATURE OF PERS	NON IN COL	POE OF CO.	
2	12A. NAME AND AL	JUNESS OF CALIFORN	NIA CHEMATOHY		128. DATE CREMATE	120	SIGNATURE OF PER	SON IN CHA	MUE OF CK	ENLON
CREMATION						1				
?					1	1				
SCIENTIFIC	13A, NAME AND AD	DORESS OF CALIFORN	NIA FACILITY RE	DEIVING REMAINS	138. DATE RECEIV	ED, 13C	SIGNATURE OF PER	SON IN CH	ARGE OF FA	ACILITY
USE					1	1				
										•
		DORESS IN RECEIVING			148. DATE SHIPPE	D 140	ADDRESS AND SIGN			CHARGE
TRANSIT	REMAINS OR I	CREMATED REMAINS	ARE TO BE SHIF	PED	I THE PARTY OF THE		OF PLACING WITH T	HE CARRIE	H	
					!	1-				*
)	15A. ADDRESS NEA	REST POINT ON SHORE	ELINE, OR OTHER	DESCRIPTION SUF-	158 DATE OF	150	SIGNATURE OF PER	SON IN	15D. LICENSE	NUMBER
SCATTERING AT SEA OR		INTIFY FINAL PLACE A			DISPOSITION	1	CHARGE OF DISPOS			AATED RE-
DISPOSITION OTHER THAN IN A CEMETERY					i	1		- 1	-# APP	
THE REAL PROPERTY.										

COPY 2 IS RETAINED BY 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

From Field dusell Out House Ometre in full Payment of	Address: 626 & Due	Date: Dollars (\$	1199 42 1149 42	10
Lot 4731 Grave	Row Se	ction	Division 10	-
Acct. No. W.O. BALANCE DUE Pre-Need Lot At Need On Acct		CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burist 100 Conturiers 77182 — Handling Fee 77185 — Recording 5 100 Misc. Ferm 77183 — Pre-Need 50033 Trust 90022 —	375 00 320 00 320 00 45 60	- 0707
Pre-need Trust Cash Check CAC-212 (Rev. 5-94)	Issued By Allullian	Sales Tex 60101 78390 — TOTAL PAID \$	1145 45	5

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
ina ash Varit	Funeral, date, time FN SCP+471.
Church, Chapel, Graveside	de : Lamba Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge of \$
Ill be applied and billed to undersigned.	
Lot 1297 Grave Row	The second secon
Grave space & Care Fund	4- Ned A-8005 -
Additional spaces and care fund	
Opening/Closing & Sqlup	105.00
Burial Container	\$5,00
Handling Fees	60,00
Flower vases - Marker setting AUG 1	1998
Recording and filing fee MT. HOPE C	EMETERY 45.00
Sales taxesCITY of SAN DI	EGO CALIF
	Total Due
Pai	id receipt number R - 30320 269.26
X Last.	Strl Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold Mt. Hope Cometery harmless from
I hereby authorize the interment in lot I	X
hold under deed.	Y 6206 CAMINITO SALADO
Signature of recorded holder of deed	Y SAN DIEGO 92111
	(9619) 278-7947 Zin Curini Telephone
	Invoice #
Work Order # E 14547	Acct. W
REA-104 (7-96) This inform	mation is available in alternative formats upon request.

O Printed on registed paper.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY-MAKE NO ERASURES. WHITFOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST GAN	MLY)		2. DATE OF BIRT		OF DEATH 4 SI
LEE		P.	Cummi	NGS		06/29/20	PARKET BOOK NOT THE	5/97 F
A. CITY OF DEATH			58. COUNTY OF ENTER STA	DEATH-OUTSIDE CALIF	B. NAME,	RELATIONSHIP, FU	ILL MAILING AD	DHESS AND ZIP CODE
Tucso			ARIZ	DALA		DAVI	PAICE	WEEL-SO
DAVIDA.		6206 CAMIN	ITO SALADO	F. CALIF. LICENSE NUMBER —IF APPLICABLE	SAN	DIEGO,	CH. 92	
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby a Section 10:	canowiedge as applicant that the p 376 of the Health and Safety Code, a	roposité disposition stated ferrir is o no was authorized pursuant to Section i	ne of the dispositions authorized by 1100 of the Health and Safety Code.	1	bell	estr	208-24
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CRINA HEALTH AND SAFE TY FOR THE DISPOSITION S ID RIGHT OF DISPOSAL OUTSIDE OF	PECIFIED & T.E.	08 /2 4/		9C. SIGNATURE OF	ELOCAL REGI	STRAR ISSUING PER
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	90. ADDRESS OF RE	EGISTRAR OF DISTRICT (D IN CALIFORNIA	OF DEATH—	PE ADDRESS OF REGISTRAR IF DISPOSITION IS to occur	OF DISTI	THE DISPOSITION OF DISPOSITION OF DISTRICT IN CO.	ALIFORNIA VI	Tal Keep 86-522
	White the second	DOLLOADI E ITELAD			-	FOR C	CORONER'S	USE ONLY
=	UDES ENTOMBMENT)	PPLICABLE ITEMS	=	ENVAULTMENT			TION PENDING	REMAINS LOCATE
A. BURIAL (INCL.) B. CREMATION	OF CREMATED REM EMETERY ISE	AINS OTHER	F. DISINTERME	NT	_	(Name a	ind Address)	TARGE OF BURIAL
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C. O. SCIENTIFIC U	OF CREMATED REMEMETERY ISE 11A. NAME AND ALL MALL AT	AINS OTHER	F. DISINTERME G. SHIP IN TO H. TRANSIT TO CEMETERY TO STORY T	NT CALIFORNIA OUTSIDE OF CALIFORNIA	ED 110	(Name a	PERSON BY	
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C O. SCIENTIFIC U BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND AL MOLINT 3751 MA	DORESS OF CALIFORNIA	F. DISINTERME G. SHIP IN TO H. TRANSIT TO CEMETERY TO STORY T	CALIFORNIA O OUTSIDE OF CALIFORNIA 118. DATE BURILE 19-4-9 128. DATE CREMA	ED 110	SIGNATURE OF	PERSON IN CH	HARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY ISE 11A. NAME AND ALL AT 375 / MA 12A. NAME AND ALL AT 375 / MA 13A. NAME AND ALL AT 375 / MA 13A. NAME AND ALL AT 375 / MA 13A. NAME AND ALL AT 315 / MA 13A. NAME AND ALL AT 315 / MA 14A. NAME AND ALL AT 315 / MA 14A	DORESS OF CALIFORNIA	G. SHIP IN TO H. TRANSIT TO CEMETERY CHEMATORY FACILITY RECEIVING REM	CALIFORNIA O OUTSIDE OF CALIFORNIA 118. DATE BURILE 129. DATE CREMA	TED 120	SIGNATURE OF	PERSON IN CIPERSON IN CI	HARGE OF CREMA

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.

92

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: David Cates! The Hand States! In Payment of	Address: 6206 Lament	Date: Do	Jan 0.	26,
Lot 1397 Grave	Row So	ection3	Division Block	n 8
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.		67007 77184	
Acct. No	The same of	Opening/	100 77184 100 77181	05 00
W.O. F 1991		Burial Containers	77182 100	60 00
		Recording & Misc. Fees	77185	45 00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	401 10 1	Pre-Need Trust Sales Tax	63033 9022 60101 78390	4 26
AC-212 (Rev. 5-94) 6148	ISSUED BY J. MUNUTO	TOTAL PAID	1 21	09 26

charles in

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/98

maxim.	Date of
You are hereby authorized and instructed subject of Rhonau D. Boo	to your rules and regulations, to inter the remains : 0
Type of Burial Containing	ral, date, time
Church, Chapel, Graveside	W: WBWW Mortuary
All Funeral cars must arrive before 3:30 p.m. of re-	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 85 Grave 12 Flow Grave space & Care Fund DUL NU	section 15 Division/Blook 7
Additional spaces and care fund	
Opening/Closing & Setup	106.1/1
Burial Container	55.00
Handling Fees	00.00
Flower vases - Marker setting tee	98
Recording and filing fee MT. HOPE CEM	40,00
Sales taxes CITY of SAN DIEGO	CALIF T. ZU
	Total Due
Paid recei	pt/number 20321 20920
Valation	Balance due
and this is your authorify to make disposition of rethat I have the right to make this authorization and any liability on account of said authorization and in	of the above named decedent emains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetery harmless from
	X. Chatricia Turner
I hereby authorize the interment in lot I hold under deed.	X8051 Solana Steet
	CAN NEED 92114
Signature of recorded holder of deed.	Cty 619 698243 240 Code
	Invoice #
Work Order # E 14548	Acet. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14548

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

CREMATION	& BURIAL CHAP	BOOKER 5B. COUNTY OF DEATH ENTER STATE NEVADA RISON ACTING AS SUCH 7B. CAL	D	10/14/1963 08/07 MME, RELATIONSHIP, FULL MAILING AD HIPORMANT	7/1998 F DRESS AND ZIP CODE
CREMATION	& BURIAL CHAP	ERSON ACTING AS SUCH 78. CAL	D	INFORMANT'	ORESS AND ZIP CODE
CREMATION	& BURIAL CHAP	NEVADA PRSON ACTING AS SUCH 78. CAL	D		
CREMATION	& BURIAL CHAP			EANDRE DOUGLAS-SON	
ON BLVD.,		EL 1	APPLICABLE	038 VALLE ST. AN DIEGO, CA 92113	
	SAN DIEGO, CA	92115 F		SIGNATURE OF APPLICANT—Person taking p	
CANT Thereby a Section 10	cknowledge as applicant that the proposition of the Health and Safety Code, and	used disposition stated them is one of the was authorized pursuant to Section 7150 of the	dispositions authorized by Health and Safety Code	Fin ablas	_ \08/26/1998
IONS OF THE CALIF NO IS THE AUTHORIT I THIS PERMIT.		CODE CIFIED \$2.00	08/26/1998	BED, SC. SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT
ALL PROPERTY OF THE PARTY OF TH		Torring.	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		
		! VI	TAL RECORDS ~	P. O. BOX 85222	
STION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	USE ON
HA NAME AND ALL MT. HOPE SAN DIEGO	DDRESS OF CALIFORNIA C CEMETERY 3751 , CA 92102	H TRANSIT TO OUTS	118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	
ACIFIC CR	EMATORIUM, INC		8-27-98	12C SHOWTURE OF PERSON IN CI	HARGE OF CREMATION
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DÄTE SHIPPED	14C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARP	F PERSON IN CHARGE
			15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
	THE PERMIT. THE PERMIT. THE PERMIT. THE THE THE PERMIT. THE	IN THE AUTHORITY FOR THE DISPOSITION SPETTINS PERMIT. THE THE PERMIT. THE THE MONT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALL ADDRESS OF REGISTRAR OF DISTRICT OF IT DEATH OCCURRED IN CAUPORNIA ETION(S) CHECK APPLICABLE ITEMS ES ENTOMBMENT) THE CREMATED REMAINS OTHER ETERY THE NAME AND ADDRESS OF CALIFORNIA COME. THE COMETERY 3751 SAN DIEGO, CA 92102 24 NAME AND ADDRESS OF CALIFORNIA COMETER COM	THE PERMIT. THE THE PRIMIT ENES NO RIGHT OF DESCRIPTION SPECIFIED ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUPORNIA ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUPORNIA ATTOMICS) CHECK APPLICABLE ITEMS ES ENTOMBMENT) F. CREMATED REMAINS OTHER ES ENTOMBMENT F. CREMATED REMAINS OTHER ES ENTOMBMENT TALL NAME AND ADDRESS OF CALIFORNIA CEMETERY ATT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 2A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. TOTAL CRANE ST. LAKE ELSINORE, CA 92530 BA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS THE THE PRIMIT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION THE THE PRIMIT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION TOTAL PROMITS TO THE PROMITS OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION THE THAM PRIMIT THE THE THE THE THE THE THE THE THE TH	THE AUTHORITY FOR THE DISPOSITION SPECIFIED THE PERMIT. THE PRIME GIVEN NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUPORNIA THE DEATH OCCURRED IN CAUPORNIA ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DESPOSITION IS TO OCCUR IN VITAL RECORDS— SAN DIEGO, CA STION(S) CHECK APPLICABLE ITEMS SE ENTOMBMENT) E TEMPORARY ENVAULTMENT F DISENTERMENT G SHIP IN TO CALIFORNIA IA. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 2A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ACIFIC CREMATORIUM, INC. 371-J CRANE ST. LAKE ELSINORE, CA 92530 B-27-98 SAN DIEGO, CA 92102 2A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ACIFIC CREMATORIUM, INC. 371-J CRANE ST. LAKE ELSINORE, CA 92530 B-27-98 SAN DIEGO, CA 92102 CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED THE PRIME SHIPPED 14B. DÂTE SHIPPED 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO DENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF DISPOSITION	THE AUTHORY FOR THE DISPOSITION SPECIFIED THE PERMATE MAN SO SIGN OF DESPOSITION SPECIFIED THE THE PRIMATE MAN SO SIGN OF DESPOSITION SPECIFIED THE THE PRIMATE MAN SO REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS — P. O. BOX 85222 SAN DIEGO, CA 92186—5222 FOR CORONER'S THE SE ENTOMBMENT) THE DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA THE DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA THE DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA THE DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA THE DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA THE DISPOSITION PENDING (Name and Address) FOR CORONER'S THE MAIN SO THERE THE DISPOSITION PENDING (Name and Address) THE DISPOSITION THE DISPOSITION PENDING (Name and Address) THE DISPOSITION PENDING THE DISPOSITION PEN

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

MOUNT HODE CEMETERY

PINKAUDITOR	527-3400	Plan		98
From Patricia L Tun	Address 8051 Solah	a Dete \$185	92114	10
in full Payment of Int	ement of this	da D Bollars	pr	
Lot 85 Grave	2 Row	ection_15	Division Block	7_
Acct. No. W.O. E-14548 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184 - 60% Sales 100 of Lots 77184 - Opening/ 100 Closing 77183 - 807182 - 100 Containers 7182 - 100 Handling Fee 77182 - Recording 8 Recording 8 Recording 8 77183 - 7	105	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	Catma Vallne	Pre-Need 63033 Trust 9022 Sales Tax 80101 76380 TOTAL PAID \$	269	20 24

MT. HE CEMETERY

City of San Diego

Date 8-24-98

You are hereby authorized and instructed, sul	oject to your rules and regulations, to inter the remains
or Cristis A swell	A
in a Old voult F	funeral, date, time Wed. 8-26 11:00
Church, Chapel, Graveside Witness	: Regedale Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 33 Grave 9 Row	Section 16 Division/Block 7
Grave space & Care Fund	Mex 0 5500
Additional spaces and care fund	AIR I
Opening/Closing & Setup	AID. 105.00
Burial Container	55.00
Handling Fees AU	624 1998 60.00
Flower vases - Marker setting fee	PE CEMETERY
	AN DIEGO CALIF 45.00
Sales taxes	4.26
	Total Due
Paid n	eceipt number R-50322 269-26
X CM	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from nd interment.
I hereby authorize the interment in lot I hold under deed.	Signature TRINICADO
Signisture of recorded holder of dead	City 1 Saprose
Work Order # E 14549	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	16. MIDDLE	Howell,	Sr.	2. DATE OF BIR MONTH 0AY92		
5A	CITY OF DEATH	n Diego		SA COUNTY OF DEAT ENTER STATE San Diego		name, relationship, Fi of informant Penelope Goov		
7A	Anderson-	Ragadale Mo	A-FUNERAL DIRECTOR OR PERSON OFT.; 5050 Federal Diego, CA 92102	Blvd.	LIF LICENSE NUMBER	29870 Goldmin Sun City. CA DA SIGNATURE OF APPLICA	e Circle 92586	
	ACKNOWLEDGMENT OF A	PPUCANT I hereby a Section 10	cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was author	oppition aboted herein is one of the proved gursawet to Section 71.00 of I	n dispositions authorized by the Health and Safety Gods	Deblu Us	eleans	08/25/1998
	PERMIT THORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND BAFETY CODE. BY FOR THE DISPOSITION SPECIFIED BY RIGHT OF DISPOSAL DUTIEN OF CALFORNIA.	9A. AMOUNT OF FEE F	38 PATE PERMIT 08/25/199	BC. SIGNATURE	OF LOCAL REGISTE	RAN ISSUING PERMIT 12409
7	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF RE VITAL RECO	EGISTRAR OF DISTRICT OF DEATH D of CALIFORNIA BOX 852 San Diego, CA 92	22 "		OF DISTRICT OF DISPOSITI I IN ANOTHER DISTRICT IN C		
10	AUTHORIZED DISP	OSITION(S) CHECK A				FOR	CORONER'S U	SE ONLY
	B. CREMATION		AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	DANIA		TION PENDING—RI and Address)	EMAINS LOCATED AT
	BURIAL	Mt. Hope C	coness of California Cemete Cemetery; 3751 Mar San Diego, CA 921	ket St.	118. DATE BURIED	11C. SIGNATURE OF	PERSON IN CHAF	AGE OF BURIA
APPLICABLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATI	ED 12C. PIGNATURE OF	PERSON IN CHAR	GE OF CREMATION
50	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF	PERSON IN CHAP	RGE OF FACULTY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		SIGNATURE OF P	ERSON IN CHARGE
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA DISTR	THER DESCRIPTION SUF-	15B DATE OF DISPOSITION	15C. SIGNATURE OF DI		SD LICENS. NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



CITY OF SAN DIEGO, CALIFORNIA

E-14549

50322



MOUNT HOPE CEMETERY 527-3400

From: List is Hardle for the Payment of	Address: 55	SI Trinid	Date: 8	Jan Diego Hars (\$ 269.12	921
Lot 32 Grave	9	- RowSe	ection 16	Division Block	7
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC:212 (Rev. 5-94)	NOT VALID FOR PURPOSE ST	ATEOUNLESSSTAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees Pra-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77181 100 77181 100 77181 100 77183 100 77183 63033 9022 60101 78390	00 00 00 00 26 26



City of San Diego

Date 8-24-98

ina DOUBLE DEPT	Funeral, date, ti	me FR	8-3	11:00
Church, Chapel, Graveside	URCH GRAVESIDE	5.D. 1	LEHOR	INL Mortuary.
All Funeral cars must arrive befo	re 3:30 p.m. of regular work	day or an	extra charg	e of \$ \50.00
will be applied and billed to unde	ersigned.			
Lot 13 5 Grave 4	Row Section	3	_ Division	Block 13
Grave space & Care Fund				795.00
Additional spaces and care fund				
Opening/Closing & Setup	80-2	170	1	375.00
Burial Container	PD IN FU	トレ		380.00
Handling Fees	q	3		340.00
Flower vases - Marker setting fe			<i>_</i>	
Recording and filing fee				45.00
Sales taxes				24. 45
orturn to		Total Due	9	1944.45
ne check	Paid receipt number	503	30	1000.00
1			Balance d	ue <u>944.45</u>
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a	authorization and I agree to	above Indi-	cated. I ce	named decedent rtify and represent ery harmless from
I hereby authorize the interment	in lot I			
hold under deed.	Address	-	120	V
Signature of recorded holder of deed.	City	3	200	Zip Code
	V			
	Invoice #	30	4210)

MT. HOPE CEMETERY

City of San Diego Date 8-24-98 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains DONALD JONES Jr. B-18 12 DOUBLE DEPTA Funeral, date, time: F.R. Church Chapel Graveside CHURCH GRAVESIDE S. D. MEHORIAL Mortuary All Funetal cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. Division/Block 795.00 Grave space & Care Fund Additional spaces and care fund 375.00 Opening/Closing & Selup 380.00 Burial Container..... Handling Fees Flower vases - Marker setting fee 45.00 Recording and filing fee Sales taxes MORTURAL to Total Out Bring CHECK Balance due t hereby certify I am the and this is your authority to make disposition of remains as above indicents I have the right to make this authorization and I agree to hold Mr. He any liability on account of each authorization and interment. I heraby authorize the interment in lot I hold under deed. Mangland of Larry Steel Builder of Good 14550 Work Order # E REA-104 [7-86] This information is available in alternative formate upon request.

1944

05,28/1990 12:4 -TALE-28-196 FRI PRIOR ISIN' HOPE CHIEFERY F - 14550MT HOPE CEMETERY San Diego California August -944.45 There days after gata for value received, the undersigned maker promises to pay San Diego City Trespoter, or order warren Street, San Derpo, GA 92101 me aim of the Ind hunder of the four on the unpaid principal a me rate of 12 percent per annum, payable on demand Should in a note not be paid when due, I shall the eather bear interest on the principal interest after maturity will Content the rate indicated above. Principal and interest are payable in leaf. I money of the United States. The maker will be liable and consetts to renewals, replacements and estimations of time for payment hereof before, at or after Amaturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person, who signs this hale agrees that recourse may be held against highlier begants properly for any obligation professed hernite. If any action be instituted an time sole, the unitersigned promises, to pay augh such as the Court by fix as afformey a fees. Bert II, Chapter I. Arteste E. Paragraph, 1525 of the State of California Health and Safety Code authorizes the removal of any remains from a piot for a high-time purchase price is past doe and unpaid DOMESTIME V/ TX OSCIPLES JONES MENTALLY Y GRANVILLE JONES ACCRES X 8869 MILBURY AVE Spring Dalley CA 91977 CALIFORNIA DRIVER LICENSE NUMBER X 20 49 36/2

at the rate of 12 percent per annum, payable on demand.

NOTE

944.45	San Diego, California	ugust 28	19.9
Thirty days after date for value received 3751 Market Street, San Diego, ÇA 921	the undersigned maker promises to pay s	San Diego City Treasure	r, or order at
with interest from Septen	Wer 29,1998	1	aid principa

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will abcrue 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.

S

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

PRINT NAME X		SIGNATURE /		
ADDRESS X				
CALIFORNIA DRIVER LICENSE NUMBER	X	ssn * <u>X</u>		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

Donald	NT-FIRST (GIVEN)	1B. MIDDLE	10.	LAST (FAMILY)			DATE OF BI	RTH 3 DA	BURE DEV	TH 4. SEX
Donald -				Jones	Jones 07/16/1955 08/19/1998					
A CITY OF DEATH	San I	Diego		COUNTY OF DEATH- ENTER STATE Sat	n Diego	OF INFO	FMANT	full MAILING /		ND ZIP CODE
A. TYPED NAME AND AD			R OR PERSON ACTING	AS SUCH 7B. CALIF	LICENSE NUMBER	2000000	Milbur		ruer .	
SAn Dieg	o Memorial	Chapel			APPLICABLE	San	Diego,	CA. 919	77	
2441 Uni	THE RESIDENCE OF THE PARTY OF T	e. San Dieg			A STATE OF THE PARTY OF THE PAR	A. SIGNA	URE OF APPLIC	CANT-Person takin	penii, 88.	DATE SIGNED
ACKNOWLEDGMENT OF A		schnowledge as applicant that 1376 of the Health and Salety C	ade, and was authorized pursu	ant to Section 7100 of the	lealth and Safety Code.	14	HIGH	age,	#1130A	5/28/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE FORNIA HEALTH AND S TY FOR THE DISPOSITION NO NIGHT OF DISPOSAL OUTSIEN	ON SPECIFIED	MOUNT OF FEE PAI	08/28/	sseeb, s	C. SIGNATURE	OF COBAL RE	GISTRAR IS	SUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital R	egistran of Distriction Caufornia ecords; Po go, CA. 921	Box 85222	A STATE OF THE PARTY OF THE PAR	ESS OF REGISTRAR (POSITION IS TO OCCUR	William Inches	PRODUCE STREET, STREET	The state of the s		•
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS	10.00			1	FOR	CORONER'	S USE (DNLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	TIA. NAME AND A		G S	ISINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSIL	What was a second second	1 110	SIGNATURE C	OF PERSON IN	CHARGE (OF BURIAL
BURIAL	THE RESIDENCE OF THE PARTY OF T	DDRESS OF CALIFOR De Cemetery; D, CA. 92102	3351 Mark	et St.	TIG. ONTE BONIES		11	1 -1	0	
	San Diego	e Cemetery;	3351 Mark	et St.	SE DANGERENATE		SIGNATURE	e repostati	CRANGE O	F CREMATION
	San Diego	c Cemetery; CA. 92102	3351 Mark 2 RNIA CREMATORY		~	D 12C.	1	7-7-		•
CREMATION SCIENTIFIC USE	San Diego 12A. NAME AND AI 13A. NAME AND AI	c Cemetery; , CA. 92102 DDRESS OF CALIFOR	3351 Mark RNIA CREMATORY RNIA FACILITY RECEI	IVING REMAINS	SE DANK CHENKIN	D 12C.	SIGNATURE C	7-7-	CHARGE (OF FACILITY
CREMATION SCIENTIFIC USE	San Diego 12A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI REMAINS OR	DDRESS OF CALIFOR	3351 Mark 2 NIA CREMATORY RNIA FACILITY RECEI G STATE OR COUNTS ARE TO BE SHIPPE	IVING REMAINS TRY WHERE ED	13B. DATE RECEIV	D 12C.	ADDRESS AN OF PLACING	D SIGNATURE WITH THE CAP	OF PERSO	OF FACILITY

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.

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY 527-3400

War I have I have	hat	7-3400	Date:	8/27	7	98
From The Payment of To	Address:	Design	del Jens	ollars (\$	010.00	- CH
Lot Grave	Ц	_ Row	_ Section		Division /	
Acct. No	NOT VALID FOR PURPOSES "PAID" IN THIS SPACE.	STATED UNLESS STAME	20% Sales Care 89% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77182 100	159	60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-84)	ISSUED BY AM	y Dak	Misc Fees Pre-Need Trust Seles Tax TOTAL PAID	77183 63033 9022 60101 78390	KK	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8 | 25 | 98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains,
of Portion Dell Tri 20 1.0
in a The Funeral, date, time + 100. Aug 271.
Church, Chapet, Graveside Tavolal A Mortuary,
All Funeral cars must arrive before 3:30 p.m. of regular work pay or an extra charge of \$
will be applied and billed to undersigned. Wed 1-4 11:00
2 0
Lot 65 Grave Row Section Division/Block
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burlal Container FVV 95.00
Handling Fees 10-2-90 50.00
Flower vases – Marker setting fee
Recording and filing fee
Sales taxes 7.36
37X731/2 X 101/2 Total Due 5873
Paid receipt number R-5034 300,00
Belance due 287.36
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.
X a Nama an acll
I hereby authorize the interment in lot I hold under deed.
hold under deed. \[\text{Apt-169}{3565 Grove ST Apt-169} \]
Signature of recorded holder of cleed > Lernen Cenne 91945 City 667-4366 Pip Code
Votephane
2010210
Work Order # E 14551 Invoice # 304234
Work Order # E 14551 Acct. # 09(2422
REA-104 (7-96) This information is available in alternative formats upon request.

O Printed on recycled paper

W.O. # E- 14551

NOTE

1998
, or orde
DOLLARS
d principal

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 IN BELL	SIGNATURE N Mary on Bell
ADDRESS X 3565 Grove St Apt 169	
CALIFORNIA DRIVER LICENSE NUMBER X CY228149 57	

E- 14551

11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2.	DATE OF BIRTH	3. DATE OF	DEATH 4.	SEX
Ashley		Laclair	Bell		03/30/1987 08/07/1998				
5A. CITY OF DEATH	Glendale		SB. COUNTY OF DEAT ENTER STATE	Nevada	THE PERSON NAMED IN COLUMN	ELATIONSHIP, FULL M		SS AND ZIP CO	DE
	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	-FUNERAL DIRECTOR OR PERSON	N ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER		PO Box	740559		
San Die	go Memorial	Chapel	1	D-1575		San Di	ego, CA	. 92174	
		e. San Diego CA	92104	כוכו-ע	BA. SIGNAT	WRE OF APPOICANT	erson taking permit	BB. DATE SIC	INED
ACKNOWLEDGMENT OF AF	PPLICANT ferrefly act Section 1037	nowledge an applicant that the proposed dis 6 of the Health and Safety Code, and was auth	position stated become is one of the natural personnt to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	> fly	and the dear	150	08/28/1	998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORITY IN THIS PERMIT.	D IN ACCORDANCE WITH PROVI- IRNIA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED BISHI OF EXPOSAL DUTING OF CALIFORNIA.	The state of the s	09/01/	Consequences	SIGNATURE OF LO	CAL REGISTRA	AR ISSUING PE	RMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REG	DISTRAR OF DISTRICT OF DEAT IN CAUFORNIA		ORESS OF REGISTRAR OF DISPOSITION IS TO OCCUP Vital Record San Diego. (is; PO	Box 85222	INIA *		
10. AUTHORIZED DISP	OSITION(S) CHECK API	PLICABLE ITEMS		DUI DYERA'S	10. Za	FOR COR	ONER'S US	E ONLY	,
B. CREMATION	11A. NAME AND ADI Mount Hop	DRESS OF CALIFORNIA CEMETE C Cemetery; 3751 CA. 92102	ERY		1110.8	1. DISPOSITION (Name and A	idresa)		
CREMATION	12A, NAME AND ADI	DRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATE	ED 120. 5	SIGNATURE OF PER	SON IN CHARG	E OF CREMAT	ION
SCIENTIFIC USE	13A, NAME AND ADI	dress of California Facilit	Y RECEIVING REMAINS	138. DATE RECEIV	ED 130. S	SIGNATURE OF PER	SON IN CHAR	GE OF FACILIT	Υ .
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPPE	D 14C.	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PE HE CARRIER	RSON IN CHAI	RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDEN	EST POINT ON SHORELINE, OR O HTTFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE NUMB OF CREMATED MAINS DISPOSE —IF APPLICABLE	RE- ER

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



9-1

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Mary Bell In part Payment of 1	Address: 3565 Arous	Dotte: Opt 169 Dollars (\$	300.00 ,
L'ot \65 Grave		Section 3	Division 9
Intoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 87007 20% Sales Care 77184 —	39 00
Acct. No.		60% Sales 100 of Lots 77164 —	15600
W.O. E - 14551	NP 1 1 NP N	Opening/ 100 Closing 77181 —	105 00
20714		Burial 100 Containers 77182 —	
BALANCE DUE _ 30 / 30		Handling Fee 77185 —	
	The state of the s	Pecording 5 100 Misc. Fees 77183 — Pre-Need 63033	
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	20.00 00	Trust 9022 — Sales Tax 60101	
AC-212 (Rev. 5-84)	ISSUED BY D. Muldlin	78390 — TOTAL PAID 1	300 00

CITY OF SAN DIEGO, CALIFORNIA

51152



WHITE... TO CUSTOMEA CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

		Date: 5	17	19
From: Mary Dell	Address: PO Bot 7	110-7	en Dujo	9217
One turket Three	- 1/100-	Dol	lars (\$ 103 , 78	1
n Lull Payment of No.	who litters tee	and go	warried	love
I was for all	cen Bell			
Lot 65 Grave	Row	Section 3	Division Block	9
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPER	20% Sales Care	57007 77184	-
Acct. No.	The second of th	86% Sales of Lots Opening/	100 ° 77184 —	
N.O. E- 11951	the reserve	Clasing 7	7181	00
BALANCE DUE		1	100 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.0
		Recording 8	100 60	00
Pre-Need Lot D At Need D On Acct D		Pre-Need 6	13033 9022	
Pre-need Trust Cash Check	0 01 1111 -	Sales Tue (50101 78390	.70
AC-212 (Rev. 5-94)	ISSUED BY A MACHILLA "	TOTAL PAID	1 103	78

MOCK UP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date \$25 98

in a Type of Buckl Conserver. Funeral, date, time That A	-011
in aFuneral, date, time	100 0-11
Type of Buran Contents	TON TITLE
Church, Chapel, Graveside	Monuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra char	ge of \$
will be applied and billed to undersigned.	n a van
Lot 85 Grave 12 Row Section 15 Division	n/Block
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	.,
Flower vases – Marker setting fee	.,,,,,,
Recording and filing fee	
See 5-14548 Total Due	NIC
Balance	due
I hereby certify I am the of the aborand this is your authority to make disposition of remains as above indicated. I c that I have the right to make this authorization and I agree to hold Mt. Hope Cemany liability on account of said authorization and interment.	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	
Address	
Signature of recorded holder of dead City	Zip Cuée
Telephone	
Invoice #	
Work Order # E 14552 Acct. #	

Jang Popular

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/98

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/Brock 7
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	r: Lillie Pearpon
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	yer yee 45.00
Sales taxes	1120
Pr	Total Due 45.00 45.00 Balance due
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	Symmy 420 So 45 ST
	Dan Neon Ca
Signature of recorded holder of deed	Toluphone 19 76430 Fall

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

PINKAUDITOH	527-3400	8/4	26.	98
romannie campbe	ll Address: 420 S. 45	+ Pate: OF.	SD 921	13
juty files	-nolin -	2/20/2	ollars (\$ 45.0	0_,
Payment of TYU	offer of act	DWINI	10 15	
ot 235 Grave 2	RowS	ection 14	Division Block	7
Acat, No	NOTVALIDFOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Cary 80% Sales of Lots Opening/ Closing Buriel	77164 100 77164 100 77164 100 77161	
BALANCE DUE		Containers Handling Fee Recording & Misc. Fees Pre-Need	77182 100 77185 100 77183	00
Pre-Need Lot	The time Avallo	Seles Tax	60033 9022 60101 78390 \$ 46	0



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

QUITCLAIN DEED

In considera	tion ofOne Do	ollar and othe	r considerat	ions	
	-				
I/We Xe	elie PE	arson	Lauge	tu of Ge	Chert Joh
DO HEREBY RE	MISE, RELEASE, AND	QUITCLAIM to		Campbell	
				CONTRACTOR STORMAN	***
all that Cem	setery property sit	tuated in Moun	t Hope Cemet	ery, in said (city of
San Diego, C	county of San Diego	o, State of Ca	lifornia, de	scribed as fo	llows:
Lot 235 G	irave 2 Row _	Section	14 Divis	ion/Block 7	
TO HAVE	AND TO HOLD the	above-describe	d guitelaime	d property un	to the
	B. Campbell				
					-
WITNESS	my/our hand this	_ 13th do	y of Febru		19 96
	1		. 0	00	
	THE PRESENCE OF	x	Tilles	1/ Ear	eon
THE FOLLOWIN	NG WITNESSES:				
+ atti	Wilkeron		25 - 4-36	t verdice and	
Eva 10.13	sigh Mota			Va.	
	nesses	-			

MT. HOFE-CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-27-98

Type of Burnel Contener. Church, Chapel, Graveside		Funeral, date, tir			Mortuary.
All Funeral cars must arrive befo			man and	The state of the s	
will be applied and billed to unde			the Market State		
Lot 1118 Grave	Row	Section	1	Division/Bloc	8
Grave space & Care Fund	0.	e-Need		1402	0
Additional spaces and care fund			***********		
Opening/Closing & Setup	Pre.	hud 1	E-	10416	4
Burial Container				vi .	-
Handling Fees		l,		M	4
Flower vases – Marker setting fe	e				
Recording and filing fee	*************	HARRIST COCCOUNTY STATES		**	-0
Sales taxes		u		*	0
Katerfrench Jameste	~		Total D	ue	-0-
9-8-30	Pair	d receipt number_	2		
1				Balance due	
I hereby certify I am the and this is your authority to make that I have the right to make this any llability on account of said and the said and the said are said are said and the said are said and the said are said and the said are said are said and the said are said are said are said are said and the said are said are said are said are said and the said are	authorizati	on and I agree to I	above in	of the above nan dicated. I certify a Hope Cemetery h	and represent
I hereby authorize the interment hold under deed.	in lot I	Signature Address	SP	TACHE	0
Signature of recorded houses of deed		Vegy	MT	711	Zip Code
		Telephone			
Work Order # E 1455	4	Invoice #			

@Printed on recycled paper

E-14554

MT HOPE DEMETERY

INTERMENT ORDER

Cry of Sim Diego

		Peg. 8-37	98
	A STATE OF STREET STREET, STRE	impley	Median
Lot 1116 October	Pre-head &	Dhrsion Die	8
Andrew a spendy sing care hind Open restoring A Descrip June Continue Handling Page	Ru hud #	10916	400
However States and here has been part of the part of t	6	VI VI	900
	AND REAL PROPERTY AND PERSONS ASSESSED.	Propulation of the about to proposed, 1 person in Topic Committee	
Charles of Report to the Control of	J. Care	S. V. S.	4 92 103 6

marcus E 14554

Married Woman

The Art Harris is analysis or promising to 1900 upon reques

E-14554APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 90

USE BLACK INK ONLY-MAKE NO ERASURES WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (QIVEN) 1B. MIDDLE ESTHER EULALIA		ENT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	2 DATE OF BIRTH 3 DATE OF DEATH 4 SEX
		EULALIA	FOWLER	0171071908 0872671958 F
5	A. CITY OF DEATH	San Diego	58. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Naomi C. Jackson - Sister
7.1	Humphrey (DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC Chula Vista Mortuary Vay Chula Vista CA 91911	TING AS SUCH 78. CALIF LICENSE NUMBER IF APPLICABLE F-964	809 Sutter Street San Diego CA 92103
_		I the charter of the back of the second district		BA SABNATURE OF APPLICANT—Propositions permit 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10376 of the Health and Satisty Code, and was authorized	d pursuant to Section 7100 of the Health and Salety Gods.	Juita Ching 108/28/1998
	PERMIT UTHORIZATION OF OCAL 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.	\$7.00 98.0ATE PERM \$7.00 J.E. KI	
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA Vital Records P.O. Box 85 San Diego CA 92186-5222	I IF DISPOSITION IS TO OCC	A OF DISTRICT OF DISPOSITION— CUI IN ANOTHER DISTRICT IN CAUFORNIA
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
	B. CREMATION	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTMENT F. DISINTERIMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	
	BURIAL	Mt. Hope Cemetery 3751 Market St. San Diego		1/2.1/
		Oceanview Crematory - 1625 G Costa Mesa CA 92626-5554	isler Ave. 128 DATE CREMA	11 1) 1100-1
THE STREET	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RI	ECEIVING REMAINS 13B. DATE RECE	IVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO- REMAINS OR CREMATED REMAINS ARE TO BE SH N/A		PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
1	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT N/A		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATER 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

Dell 9	Funeral, date, time July 9-	1 1:00
Type of Burial Containing	cravisid: Rossdali	1,00
THE RESERVE OF THE PARTY OF THE		Mortuary.
All Funeral cars must arrive before 3:30 p.r		e of \$ 150-0
vill be applied and billed to undersigned.	Aw	
12 Line	3	10
ot 144 Grave 1 Row_		Brock 17
Grave space & Care Fund	63 20%	895.00
Additional spaces and care fund		- 20 - 2
Opening/Closing & Setup		3 /5.00
Burial Container		190.00
landling Fees		145.00
Plower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes	14.36	14.73
	Total Due	1664-73
Pai	id receipt number K-50339	839.3
X	Balance du	e 832.31
hereby certify I am the Mothe	of the above	named decedent
and this is your authority to make dispositi hat I have the right to make this authorizat	tion and I agree to hold Mt. Hope Cemete	tify and represent ery harmless from
any liability on account of said authorization	on and interment.	
hereby authorize the interment in lot I	Signature	
nold under deed.	X 2557 Manzan	A WAY
Signature of recorded bolder of dend	× 30 CA	92139
	x 472-0767	Zip Code
	Kalaphone	-0.7
	Invoice # 304219	

@ Printed on recycled paper

832.00 832.36	NOTE	
\$ 834.00	San Diego, California	98 12 Tengu
Thirty days after date for value received, to 3751 Market Street, San Diego, CA 9210 with interest from	the undersigned maker promises to pay Sar 1, the sum of suphil understabil	Diego City Treasurer, or order at DOLLARS on the unpaid principal
at the rate of 12 percent per annum, pay-	able on demand.	
accrue at the rate indicated above. Princi will be liable and consents to renewals, maturity, and waives presentment, dema person who signs this note agrees that	ie, it shall thereafter bear interest on the pri pal and interest are payable in lawful mone replacements and extensions of time for p and and protest and the right to assert any recourse may be held against his/her separated on this note, the undersigned promise	ey of the United States. The maker eayment hereof before, at or after y statute of limitations. A married arate property for any obligation

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.

1 2557 manzana way

W.O. # F- 14555

MT. HOPE CEMETERY

ANDERSON-RAGSDALE MORTUARY
619-263-3141 FAX 619-263-1507
5050 FEDERAL BLVD.
SAN DIEGO, CA 92102

August 31. 19 98

PAY
TO THE ORDER OF Mount Hope Cemetery

Grave For Calvin Fisher

ANDERSON-RAGSDALE MORTUARY
619-263-3141 FAX 619-263-1507
5050 FEDERAL BLVD.

August 31. 19 98

DOLLARS

Union Bank Eurlit A Februa 1908 Eurlit Avenue San Diege, CA 12109

Down payment (50%)

11*004-28011* 1: 12 2 20004-961:01 50009 2 5 6

ele ...

8-31-98 =-14555 Per Distrit Ryshala to bury slesh for 832-00 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14555

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS (A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE 02/01/1982 Calvin Fisher Jerome • M 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE Harold Walker, Step-Father San Diego San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIFORNIA FUNERAL DIRECTOR O 2557 Manzana Way San Diego, CA 92139 F-1329 San Diego, CA 92102 SA. SIGNATURE OF APPLICANT—Ferran laking permit, 88. DATE SIGNED I bereby acknowledge as applicant that the proposed disposition stated horsen is one of the dispositions authorized by 08/27/1998 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Fealth and Salety Code, and was authorized purpoint to Section 7100 of the Health and Salety Code 98. DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 08/27/1998 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A, AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERIMIT. Bullliams. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA. LOCAL REGISTRAR RE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI Vital Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY TIC. SIGNATURE OF PERSON IN-CHARGE OF BURIAL 18. DATE BURIED Mt. Hope Cemetery; 3751 Makket St. BURIAL San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C MONATURE OF PERSON IN CHARGE OF CREMATION CREMATION 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 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.



MAINS DISPOSER

-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

OFFICIAL RECEIPT

From:

Invoice No. Acct. No.

BALANCE DUE

Pre-Need Lot

Pre-need Trust

AC-212 (Rev. 5-94)

Cash

CITY OF SAN DIEGO, CALIFORNIA

Row

NOT VALID FOR PURPOSE STATED UNLESS:

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Grave

On Acct D

ISSUED BY

Check

Payment of

MOUNT HOPE CEMETERY 527-3400

377	n FIS	ollars (S	832	192,
S	ection		Division Block	2
TAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Hendling Fee Recording & Misc. Fees	67007 77184	716	000
Un	Pre-Need Trust Sales Tax	63033 9022 — 60101 78390 —	832	37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8 27 198

You are hereby authorized and instructed, sul	oject to your rules and regulations, to inter the remains
in Ther	Funeral, date, time Soft AUG 29 1:00
Town of Should Contamons	gwide Ragsdall Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$ 160.00
will be applied and billed to undersigned.	
Lot 250 Grave 5 Row_	Section 2 Division/Black 12
Grave space & Care Fund	, 795.00
Additional spaces and care fund	3750
Opening/Closing & Setup	- 515.W
Burial Container	1/150
Handling Fees Sat-	urday O.T. 600.00
Recording an Hilling for	45.0
Sales taxes . A. I. J.	14:12
AUG 2 7 1998	Total Due
MT. HOPE CEMETERY	Balance due
I here CITY of SANDEGO CALIF	of the above named decedent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from nd interment.
I hereby authorize the interment in lot I	Sena Arrox
hold under deed.	Angress 1703 Logan Aunts
Signature of recorded holder of deed	Caty (619) 263-6363 (619) 702-395
	Telephone
	Invoice #
Work Order # E 14556	INVOICE #

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14556

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

66

IA. NAME OF DECEDE	NAT THE PARTY OF T	18. MIDDLE	Jennings				DATE OF DEATH	4. SEX
	San Diego		SB. COUNTY OF DEAT ENTER STATE San Diego		OF INFORMANT	nnings, I	NG ADDRESS AND Z	P COOE
	Ragsdale M	Diego, CA	92102 F-	FAPPLICABLE 1	an Diego	APPLICANT - FEMALE	05 I taking permit, BB. DAT	COMMUNICATION OF THE PARTY OF T
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that th X76 of the Health and Safety Goo	e proposed disposition stated territ is one of the le, and was authorized parasont to Section 7150 of the	e dispositions milliorized by he Health and Salety Code.	alle	Wells	08/25	/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W ORNIA HEALTH AND SAL TY FOR THE DISPOSITION O HIGHT OF DISPOSAL OWITIDE	FETY CODE 4 SPECIFIED \$7.00	08/25/1996		TURE OF LOCAL	REGISTRAR ISSUIN 981244	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	egistrar of District Dily California Tds; P.O. Be an Diego, G		ORESS OF REGISTRAR O				
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ONLY	
B. CREMATION	COLUMN TO STATE OF THE PARTY OF	AINS OTHER	E. TEMPORARY ENV.	ORNIA		DISPOSITION PE (Name and Addre	NDING-REMAINS LO	XCATED AT
BURIAL	Ht. Hope C	oness of Californ emetery; 37. San Diego,	51 Market St.	118. DATE BURIED	11C. SIGNAT	JAE OF PERSON	IN CHARGE OF BI	RIP O
CREMATION	12A NAME AND AD	ODRESS OF CALIFORN	IIA CREMATORY	12B. DATE CREMATES	12C. SIGNATI	JRE OF PERSON	IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORN	IIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATI	JAE OF PERSON	IN CHARGE OF FA	ACILITY
TRANSIT		DRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPED		S AND SIGNATU	RE OF PERSON IN CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		URE OF PERSON OF DISPOSITIO		KATED RE- DISPOSER

COPY 2 IS RETAINED BY 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

Date From: Address: Dollars (Payment of Division Grave Row. Section. NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 77184 Invoice No. 20% Sales Core 80% Sales of Lots Aget. No. Opening/ 100 Closing 77181 Burist Containers 100 BALANCE DUE Handling Fee Recording & Misc. Fees Pre-Need 63033 At Need On Acct Pre-Need Lot 9022 Trust Pre-need Trust Sales Tax 50101 Check 78390 TOTAL PAID (SSUED B) AC-212 (Rev. 5-94)

Family will be in on story from to payment from check to cash.

E -14556

MT. HOPE CEMETERY INTERMENT GROEN

City of San Diego

Date 8/27/98

You are hereby authorized and instructed, sub	ect to your rules and reg	ulations, to inter the remains
or Elizabeth rel		0.01
in a IIII Visio of Burial Container . Fr	ineral, date, time MO	n 8-31
Church, Chapel, Graveside	N HW	neney Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	regular work day ar an	extra charge of \$
will be applied and billed to undersigned.		150
1 10	0	10
Lot 107 Grave 12 Row_	Section _ 5	Division/Block 2
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup.	AID	37500
	AID	19000
Burial Container	IG o 7 1009	745 11
Handling Fees	F40 190	110.00
Flower vases - Marker setting fee MT. He	OPE CEMETERY	450
	SAN DIEGO, CALIF	7472
Sales taxes:	.,	15/0/17
	Total Due	20 WISH TELLED
Paid re	ceipt number	22/1/201/201.13
V D.	l. +	Balance due
I hereby certify I am the and this is your authority to make disposition	I remains as above indi-	f the above named decedent caled. I certify and represent
that I have the right to make this authorization any liability on account of said authorization ar	and I agree to hold Mt. He	ope Cemetery harmless from
	× 11/1/2	un bell
I hereby authorize the interment in lot I hold under deed.	Signature AI P.	W 014/6
	Address	Diac. (00) 1/9
Signature of recorded holder of deed	City Con	Degle CM7 HOT
	Feliphone 619	488 2 746
	Invoice #	
Work Order # E 14557	Acct. #	

488-5553

PAID WAR

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

U	A. NAME OF DECEDE		1C. LAST (FAMILY)			E OF DEATH 4. SEX
5/	A CITY OF DEATH	SAN DIEGO	SAN DIRGO	OF IN	06/19/1943 08/ , RELATIONSHIP, FULL MAILING AS FORMANT	
71	PACI	PIC BEACH MORTUARY CASS STREET, SAN DIEGO, CA	ACTING AS SUCH 78. CALIF LICEN —IF APPLICA	SE NUMBER 33	HITNEY KELL - DAU 165 OCRAN FRONT W AN DIEGO, CA 9210 VATURE OF APPLICANT—resun talou.	ALK APT 2'
=	ACKNOWLEDGMENT OF A	I handly telepropletes an applicant that the proposed distant	stion stated terein is one of the depositions	authorized by	7//2	158 72 7/1568
	PERMIT UTHORIZATION OF OCAL 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 WITH THE PERMIT WITH THE PERMIT WITH THE PERMIT WAS AN AUTHORITY OF DISPOSAL OUTSEX OF CALIFORNIA.	PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O	Control of the Land of the Lot of	9C. SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT
A	A December of the Part of the	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNA VITAL RECORDS, P.O. BOX 852 SAN DIEGO. CA 92186-5222	I IF DISPOSITIO	F REGISTRAN OF DIST	RICT OF DISPOSITION— OTHER DISTRICT IN CAUFORNIA	
1 2 2 2	A. BURIAL ONCLU B. CREMATION		E TEMPORARY ENVAULTMEN F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF (FOR CORONER'S I. DISPOSITION PENDING (Name and Address)	-REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARKET STREET	5	-3/98	C. SIGNATURE OF PERSON IN C	HARGE OF BUILD
BLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	RY 125. I	ATE CREMATED 120	C. SIGNATURE OF PERSON IN CI	HARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 138.	DATE RECEIVED 130	C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		DATE SHIPPED 140	C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		DATE OF DISPOSITION	C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER IF APPLICABLE

COPY 2 IS RETAINED BY 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

€-14557

50332

MOUNT HOPE CEMETERY 527-3400

From Nhitney Kell Seven hundre	Address: P.O. BOX 9	Date: ST	92169
Payment of Int	ernant of Eli	124 beth	Fell
Lot 107 Grave	12 Row Se	ection	Division
Invôice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184	
Acct. No.		80% Sales 100 of Lots 77184 Opening/ 100	200
w.o. E -1450 /		Closing 77181 Burisi 100	190 00
BALANCE DUE	S1 (198 - 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Containers 77182 100 Handling Fire 77185	145 01
	The state of the last teaching	Recording & 100 Misc. Fees 77183	45 00
Pre-Need Lot At Need On Acct	Kalina a co	Pre-Need 53033 Trust 9022 Sales Tax 80101	
Pre-need Trust Cash Check C	ecura I VIII	78390	189 13
AC 212 (Rev. 5-94)	ISSUED BY	/ TOTAL PAID \$	102 10

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-31-98

na LINER		Funeral, date, ti	me FRi	9-	1:
Type of Burlat Container Church, Chapel, Graveside CH UR				ALE	Mortuary.
All Funeral cars must arrive before	3:30 p.m	of regular work	day or an extr	a charge	015 50.0
vill be applied and billed to unders	24	-			
at 800 Grave 3		Section	2		_ 11
ot Grave	Row	Section		Division/El	795.00
arave space & Care Fund					45.00
dditional spaces and care fund		15	9		
pening/Closing & Setup		(11)	LINE	<i>N</i>	375.00
iurial Container		110			190.00
landling Fees	SEP	8 1998			145.00
lower vases - Marker setting fee					-
tecording and filling fee	HOPE	CEMETER'	IF.		45.00
Sales taxes	01.900	DILLOCATION			14.73
			Total Due		1564.73
	Pai	d receipt number	R-503	61	1564.7.
			100	dance due	-0-
hereby certily I am the					amed decedent
and this is your authority to make that I have the right to make this au	dispositio	on of remains as	above indicat	ed. I certif	y and represent
iny liability on account of said aut	horization	and interment.	11901	260	y namiess irom
hereby authorize the interment in	lat I	X	TAIL	4	P
old under deed.	101.1	Signature	0/	1	9
		Address	38	la	
ignature of recorded halder of deed		Cey	20		Zip Code
		Telephone			
		to the second			
Nork Order # E 14558	2	Acct. #			

O Prisend on recycled paper

REA-104 (7-96)

Pagsdale Fax # ... 263-1507



THE CITY OF SAN DIEGO

E-14558



FAX TRANSMISSION

Date 8/31/98

To Debbit

Telephone 203-3141

Fax 203-1507

Subject Taren Cooper

From Catha
Telephone 527-3400
Fax 527-3403
Pages: including this cover sheet 2

"X'p" also let up know who will be repsonsible for and how the payment will be made. Please fax back to a share.



Please call 527-3400, if all pages are not received.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-98

na LINER	Funeral, date, time FRi	9-4 1:
Church, Chapel, Graveside CH URCH	GRAVESIDE RAGS DA	LE Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra	charge of \$\50.0
will be applied and billed to undersigned.	· Control of the cont	
010 2	0	11
Lot 80 Grave 3 Row	Section 2 Div	vision/Block
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		145.00
Flower vases - Marker setting fee		manualism
Recording and filing fee		
Sales taxes		14.73
	Total Due	1564.73
P	aid receipt number	
X	Bala	ince due
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizat	ition of remains as above indicated ation and I agree to hold Mt. Hope (above named decedent d. I certify and represent Demetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	X	Zie Code
	Thisphone	
	Invoice #	

REA-104 (7-96)

This information is available in alternative formats upon request.

C Printed on recycled paper

5es 01 1998 0914391 F1

INTERMENT ORDER

Asset In Received

36 73

Third over a straight

Parameters .

Participant Service

Spiriture.

795.00

375.00

146.00

14.73

M Dell Senses Place

Minist See-105

E 14558

THE R. P. LEWIS CO., LANSING

arteriot is exercise in attempt to a main place request

E-14558

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	ENT-FIRST (GIVEN)	Brianne	Cooper		N	IONTH DAY YEAR MONTH	OF DEATH 4. SEX
54	CITY OF DEATH	la Jilla	United Services	58. COUNTY OF DEATH ENTER STATE San Diego	CONTRACTOR OF	OF INFO	ELATIONSHIP, FULL MAILING AF FIMANT Norwood, Great	
74		Ragsdale H	a-funeral Director or Person ort.; 5050 Federa Diego, CA 92102	N ACTING AS SUCH 78. CAL	F LICENSE NUMBER	8611 San D:	Reagan Place iego, CA 92126 URE OF APPLICANT—From Sales	
	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed do 376 of the Health and Safety Code, and was auti			slel	bullen	08/31/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED DIRECTOR SEPOSAL QUIZZE OF CALFORNIA	\$7.00	98. DATE PERMIT 09/03/1991			STRAR ISSUING PERMIT
10	RY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEAT D IN CAUFFRED BOX 852 San Diego, CA 921	22	DRESS OF REGISTRAR I		T OF DISPOSITION— HER DISTRICT BY CALIFORNIA	
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	USE ONLY
The state of the s	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	PRNIA		I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
	BURIAL	Mt. Hope C	odress of California Cemetr emetery; 3751 Mar San Diego, CA		118. DATE BURIED	110	SIGNATURE OF PERSON IN C	CHARGE OF BURNAL
BLE MEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATE	ED 120.	SIGNATURE OF PERSON IN C	HARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DISTI</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150 LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

1302	527-3400	9.		92
From Rephale	Address: 5050 Febers	Blod	In Di	9210
one thousand Time Hy	Les listy Four " 33	100	ollars (\$ 156 Y	173,
IR Payment of	interned of teren	Coop	n	V. 100
Lot 86 Grave	3 Row Se	ection 3	Divisio -Block	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care	67007	39 100
Acat. No.		00% Sales of Lots Opening/	77184	75 00
W.O. E - 14220	The Resident	Closing Burial Containers	77181 100 77182	0 00
BALANCE DUE	The state of the s	Handling Fee Recording &	77185 100	45 00
Pre-Need Lot At Need On Acct	110-100 000	Misc. Fres Pre-Need Trust	7/183 — 63033 9022 —	13
Pre-need Trust Cash Check	11111	Sales Tax	60101 78390	14 73
AC-212 (Rev. 5-94)	ISSUED BY YOU SAN LANDAN	TOTAL PAID	1 15	64 10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

REA-104 (7-96)

Date 8-31-98

You are hereby authorized and instructed, s	A STATE OF THE STA	and regulations, to inte	er the remains
ina DOUBLE DOPTH CRYPT	Funeral, date, tim	E-P AUHT	2:00
Church, Chapel, Graveside CHAPEL	RAVESIDE.	HUMPHREY	Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work da	ay or an extra charge of	\$ 150.00
will be applied and billed to undersigned.		Service of the servic	
Lat 70 Grave 7 Row_	Section _	Division/Black	sk_11_
Grave space & Care Fund PRI	E-NEED	E-12461	D
Additional spaces and care fund			-
Opening/Closing & Setup	ι,	***************************************	0
Burial Container	Ŋ	7	-0
Handling Fees	11		-0
Flower vases - Marker setting fee			_
Recording and filing fee	^		4
Sales taxes	4	11	-0
		Total Due	_0
Paid	receipt number		
*		Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to ho	of the above na ove indicated. I certify old Mt. Hope Cemetery I	and represent
I hereby authorize the interment in lot I hold under deed.	Signature		
Signature of recorded holder of deed	You		Zip Code
	Plephone		
Work Order # E 14559	Invoice #_ Acct. #		

O Printed on recycled paper

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-98

na Double Deet H CR	YPT Funeral, date, tim	ATHUR	9-3	2:00
Church, Chapel, Graveside CHAPE			REV	Mortuary
All Funeral cars must arrive before 3:30	The state of the s			THE RESERVE OF THE PERSON NAMED IN CO.
will be applied and billed to undersigne	X A	ay or all online	chargo or c	
will be applied allo billed to diloci signe				
of 70 Grave 7 Roy	w Section) DIV	ision/ Bloc k	11
Grave space & Care Fund	RE-NEED	The second secon	64	D
arave apace a core r one	and the state of t	muðilamasila		-
Additional spaces and care fund	1,	V		17
Opening/Closing & Setup	h	",	-	9
Burial Container	The state of the s	,,		-6
Handling Fees				
Flower vases - Marker setting fee		11		1)
Recording and filing fee				-
Sales taxes				-6
		Total Due	mannin -	-0
	Paid receipt number _			
X		Bala	nce due _	
I hereby certify I am the and this is your authority to make disp				ed deceden
that I have the right to make this authorized in the said authorized	rization and I agree to h	old Mt. Hope (Cemetery h	armless from
I hereby authorize the interment in lot	, ×			
hold under deed.	× aignature			
Signatury of recorded holder of deed	Address			
STATES A STATES TO THE TRANSPORT OF CHARA	City			Zip Coo
	Viennane		100	
	Invoice #	· Land		
E 4AEEO				

REA-104 (7-98)

This information is available in alternative formats upon request.

@ Printed on recycled paper

APPLICATION 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 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX IC LAST (FAMILY) MONTH DAY, YEAR MONTH, DAY, YEAR WILLIE в. NACCARI 03/21/1924 08/30/1998 SA, CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Bill G. Strickland - Companion 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 3340 Del Sol Blvd.,#33 -IF APPLICABLE Humphrey Chula Vista Mortuary San Diego CA 92154 855 Broadway Chula Vista 91911 FD-964 BA. SIGNATURE OF APPLICANT-Perceptaing symmt, 8B. DATE SIGNED bereby acknowledge as applicant that the proposed dispersions stated by each is one of the dispersions, authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9C. SIGNATURE OF LOCAL AGGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- | 9A. AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 09/02/1998 9812880 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT 7.00 J.E. King NOTE: THIS PENNIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION 92186-5222 San Diego CA 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL TIR DATE BURIED Mt. Hope Cemetery BURIAL 3751 Market St. San Diego CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION M/A 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-

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



DISPOSITION OTHER

THAN IN A CEMETERY

MAINS DISPOSER

-IF APPLICABLE



WHITE...... TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY

	527-3400	0-110	ax
From Bull Ptrickland	Address 3340 Del S	SCPATE VOLSP#	338/0921
The hundred	Mitu sian +	/8// (Dollars (\$,]	48.78,
in 500 Payment of 1770	are Was Heling	ce and	
To all vanis	you flower vacce	AT WILLE	Naccau
Lot 702 Grave 0	RowSe		Division Diock
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	
Acct. No.		60% Sales 100 of Lots 77184	
w.o. E 1400 1	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Closing 77181 100	0 00
BALANCE DUE	7.5	Containers 77162 100 100 17185	3 00
	STATE OF STREET	Recording & 100 / 77183	25 0
Pre-Need Lot	Mana mate	Pre-Need 63633 Trust 9022 Sales Tax 60101	-78
21152	ISSUED BY	TOTAL PAID 1/4	18 1/8
AC-212 (Nev. 5-54)	TO CONTRACT OF THE PARTY OF THE		0 10



GREENWOOD to BRING VAULT .

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

	0 1	- 9	2	
Date	1-	1-9	U	

na VANTAGE VAULT	_ Funeral, date, time TH	UR 9-3 12.
Church, Chapel, Graveside CHAPEL		
All Funeral cars must arrive before 3:30 p.	m. of regular work day or ar	extra charge of \$ 150
will be applied and billed to undersigned.	Wellen	a Hords -
		Married In
Lot 3714 Grave Row_	Section	Division/Bleek \0
Grave space & Care Fund PRE	NEED E-3	036
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burlal Container	DAID	
Handling Fees	LAID	185.00
Flower vases - Marker setting fee	SFP o 1 1998	
Recording and filing fee	VEUL	45.00
Sales taxes	HOPE CEMETERY	1 -
	of SAN DIEGO, CALL	bo5.0
Pa	id receipt number VIS	a 605.0
~		Balance due
hereby certify I am the	5 B. tack	of the above named decede
and this is your authority to make disposit that I have the right to make this authorizat	ion of remains as above inc	ficated 1 certify and repress
any liability on account of sald authorization	on and interment.	Topo Committee Transmittee Transmittee
hereby authorize the interment in lot I	1 Milelle	in a Hardy
hold under deed.	7 231 Ch	la Viela 1th
Signature of recorded holder of dead	Address Address	Visto 91916
	City	Zin Ci

E-14560

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH IA. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 4 SEX 18 MIDDLE MONTOUND YEAR MONTH DAY YEAR 08/31/1998 FLORENCE EDNA HARDY 09/10/1906 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., OF INFORMANT ENTER STATE SAN DIEGO CHULA VISTA WILLIAM A. HARDY - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 7B. CALIF LICENSE NUMBER 231 CHULA VISTA STREET -IF APPLICABLE GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE CHILA VISTA, CA 91910 SAN DIEGO, CA 92102 FD-843 BA. SIGNATURE OF APPLICANT—Person taking person, 8B. DATA SIGNED I benefity acknowledge as applicant that the proposed disposition stated benefit is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7390 of the Health and Safety Code. 09/02/1998 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE GA. AMOUNT OF FEE FAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LIGCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND BAPETY CODE VICTORIA MEZA 9812888 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT 09/02/9998 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OURSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-98. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CAUFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF C 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE

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

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

14B. DATE SHIPPED

DISPOSITION

15B DATE OF

14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

TRANSIT

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

16C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

15D. LICENSE MUMBER

OF CREMATED RE-

MAINS DISPOSER

-- IF APPLICABLE



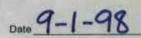
Premed

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



You are hereby authorized and instr		egulations, to inter the remains
ASh Valut	Funeral, date, time	201
Type of Surad Comany	Weside Pin	ham Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular work day or ar	n extra charge of \$
will be applied and billed to undersig	ned	
Lot 113 Grave 5	Row Section	Division/Bleek 11
Grave space & Care Fund	neca = 10	0324 &
Additional spaces and care fund		
Opening/Closing & Setup	DAID	105.00
Burial Container		55.00
Handling Fees	SFP n 1 1998	40.00
Flower vases - Marker setting fee	INFULL	115.00
Recording and filing fee	MT. HOPE CEMETERY CITY of SAN DIEGO, CALL	
Sales taxes	CALL OF SAIN DIEGO, CAL	4:20
(200	Paid receipt number	50348 26921
Mu /		Balance due
I hereby certify I am the and this is your authority to make d that I have the right to make this aut any liability on account of said author	sposition of remains as above inc horization and I agree to hold Mt. I	of the above named decedent dicated. I certify and represent Hope Cemetery harmless from
I hereby authorize the interment in le	X Lew	cel Lackeny
hold under deed.	725	34 51
Signature of recorded holder of deed	- XIMP	Boh CAC Ep Godo
	John 429	-846/
- 44-44	Invoice #	
Work Order # E 14561	Acat. #	-

@ Printed as recycled paper

This information is available in alternative formats upon request.

Pinkham

E-14561

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the le	egal right to take custody of the herein named deceased and
emated remains of:	cremated remains and hereby acknowledge receipt of the
NAME OF DECEDENT: /helma	Ukeiman
The undersigned further assumes full responsibility f	or the lawful and proper disposition of said cremated remains.
	hold harmless the above named mortuary, its agents and hable attorney fees, and against any loss it or any of them may of, or disposition of said cremated remains.
Further, the above named mortuary, shall be held ha by the mortuary.	rmless from any defects or faults of any container not supplied
Dated this 3 day of Sept	19.98.
Address: Street City	State Zip
Signature: atma in Durgeon	-Avallow
Authorized Representative U	Relationship to Deceased
Signature:	
Authorized Representative	Relationship to Deceased

OFFICIAL RECEIPT

WHITE TO CUSTOMER DANARY GEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

	527-3400	0	1	98
From: Lowell Acterm	an 7105 3rd	St. mi	perial Bei	achall
Two hundred	pixly hipe +2	6/100 po	ollars (\$209.2	0
In Payment of MU	erment of on	uma	AUUL	nan
Lot Grave	5 Rows	ection	Division Brock	
Infoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID: IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 100	
Acct. No		of Lots Opening/ Closing	77184 106	20
W.O. BALANCE DUE	Str. Comment	Burial Containers	77182 100 //	24
DALANCE DUE		Handling Fee Recording & Misc. Fees	77185 46	(D
Pre-Need Lot ☐ At Need ☐ Øn Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	TA Francon all la	Pre-Need Trust	60033	210
AC-212 (Rev. 5-94) 2(5)	Issued by TVILLE	CHOTAL PAID	80101 2 109	20

MT HORE CEMETERY INTERMENT ORDER

City of San Diego

	Date 9/2/98
	10:00 charl 1:00
You are hereby authorized and instructed	, subject to your rules and regulations, to inter the remains
or Drane Burer	Tue Sept.8
ina luner	Funeral, date, time
Church Chapel, Graveside NWCh	tansial CA BUILD Monuary
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra charge of \$ 150.00
will/be applied and billed to undersigned.	Dell.
VLot 148 Grave 10 Row	
Grave space & Care Fund	CC 95 10/0 895.00
	7-0
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
	14.12
30 day note	Total Due
P	aid receipt number <u>17-503(60</u> <u>300.00</u>
	Balance due 864.73
I hereby certify I am the	STER of the above named decedent
that I have the right to make this authorize	tion of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cernetery harmless from
any liability on account of said authorizati	on and interment.
I hereby authorize the interment in lot I	Signature Signature
hold under deed.	> 9034 Kenurade
Signature of recorded holder of deed	Solika Valley Ch gint3
	Car 619 JULS - USSE 219 Code
	Telephone
	Invoice #_ 304469
Work Order # E 14562	Acct. # 096 485
	ormation is available in alternative formats upon request.
	11.10

CITY OF SAN DIEGO, CALIFORNIA

50360



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

		Date:	918	
From De Durall 1 1/4/2	Jula Address; 9634 Keni	weed Dr	Sping V	alley
Eight hund		D	ollars (\$ SUC	2.000,
In Payment of	terment of Di	anc B	aker.	
Lot Grave	RowS	ection	Division Block	12
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	34 00
Acct. No.		80% Sales of Lots	77184 77/	6 00
w.o. 8 64.73		Opening/ Closing Burial	100 77181 160	
BALANCE DUE E-14562	1	Containers	77182 100	
THE COMPANY OF THE CONTRACT OF		Handling Fee Recording & Minc. Fees	77185 100 77183	
Pre-Need Lot At Need On Acct	1) 2	Pre-Need Trust	89033 9022	
Pre-need Trust Cash Check	Kann Buk	Sales Tax	60101 78890	00 10
AC-212 (Rev. 5-94)	ISSUED BY	TOTAL PAID	, 00	00

ter better	_	4.4		_		-		
88.	-	-	00	_	CEM	ET	EDV	
no i	100	п.	0	-	CEIN			

w.o. # 14562

NOTE

San Diego, California S	ptember 8 1996
ersigned maker promises to pay	San Diego City Treasurer, or order as ty four 73/100 DOLLARS on the unpaid principal
demand. Ill thereafter bear interest on the	principal. Interest after maturity will
	om of Eight hundred six 98 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 DEBULAH LUROUIA SIGNATURE X LLE GRAFILLY CA 91911

ADDRESS X 903 4 KW WOOD DE #13 SPEING VAILEY CA 91911

CALIFORNIA DRIVER LICENSE NUMBER X C 4520771 SSN #2 549-31-2315

E- 145G2

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR DIANE CHRISTINE BAKER 12/10/1965 08/31/1998 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO. 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO DEBORAH MURGUIA-SISTER 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 9034 KENWOOD DR., #13 -IF APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL SPRING VALLEY, CA 91977 F-1357 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 BA. SIGNATURE OF APPLICANT—Person taking count, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT chon 10376 of the Health and Safety Code, and was authorized purposed to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. BA. AMOUNT OF FEE PAID, BB. DATE PERMIT ISSUED, BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 09/08/1888 **AUTHORIZATION OF** IN THIS PERMIT \$7.00 LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALEDOWNA. K. WALKER 9813088 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA IF DEATH OCCURRED IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS - P. O. BOX 85222 DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL I IB. DATE BURIED BURIAL MT. HOPE CEMETERY 3751 MARKET ST. 8.98 SAN DIEGO. CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED! 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC. USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. DICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION 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.



DISPOSITION OTHER

THAN IN A CEMETERY

MAINS DISPOSER

IF APPLICABLE

martin from CABurial to Call to Call to Wary payment date paheauled

E-14562 mailings

Dibrich hunguistonist

Dibrich hunguistonist

Dibrich hunguistonist

July Je in 9,00 permit

The morning to to US.

They morning to to US.

She will come

SAID She will come

in



MT. HOPE SEMETERY INTERMENT ORDER

City of San Diego

Date 9/2/98

na Linese	Funeral, date, time FRICK SEP 4.+h. 1100
Church, Chapel, Graveside Chapel /6	Braveside: CABunal Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
ot 233 Grave 2 Row_	Section 2 Division/Block /2
Grave space & Care Fund	77 89 96 895 00
Additional spaces and care fund	
Opening/Closing & Setup	-98 375 N
Burial Container	190.00
landling Fees	145,00
Nower vases - Marker setting fee	
Recording and filing fee	16 ND
Sales taxes	14.73
train .	Total Due
prink white Paid	receipt number R-50357 832.73
the good coop ac	Balance due \$32.0
hereby certify I am the	of the above named decedent
hat I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
hereby authorize the interment in lot I	Signature Partie
old under deed.	1650 Saclavento
Qualture of recorded holder of deed	& spaing Valley of 919
	Tatephone 194-461-2576
	The state of the s
E 14502	Invoice # 304440
Nork Order # E 14563	Acct.# 096474

Call Kim/Jeunette Regarding 50% down of \$ 832.00.

BET	137	ODE	CEN	ACT	EDV
IVI I .	ш	UPE	CEN	151	ERY

w.o. # E - 14563

NOTE

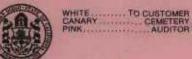
\$ - 832.73	San Diego, Califo	omia September 2	1998
Thirty days after date for value received, 3751 Market Street, San Diego, CA 9216 with interest fromOCHOOR	the undersigned maker promise 01, the sum of Eight hun 4, 1998	dred thirty two 13/17	urer, or order at DOLLARS paid principal
Should this note not be paid when decrue at the rate indicated above. Prince will be liable and consents to renewals maturity, and waives presentment, demperson who signs this note agrees that contained herein. If any action be instituted in the result of the result o	cipal and interest are payable in I replacements and extensions on and and protest and the right to recourse may be held against I	awful money of the United Star of time for payment hereof before assert any statute of limitation his/her separate property for a	tes. The maker fore, at or after ons. A married any obligation
Part II, Chapter I, Article 2, P. authorizes the removal of any re	aragraph 7528 of the State of mains from a plot for which the p		
ADDRESS V 658 TOP Sa		Vizina Park Spran Valle	et _
CALIFORNIA DRIVER LICENSE NUMBER		_ssn # x 550-39-0	1139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH DAY, YEAR PARKER KEAIN DERRIK 04/24/1960 09/02/1998 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH ENTER STATE OF INFORMANT VIRGINIA PARKER-WIFE SAN DIEGO LA MESA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 658 SACRAMENTO AVE. -IF APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL SPRING VALLEY, CA 91977 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 P-1357I hereby acknowledge as applicant that the proposed disposition stated herein is one of the depositions authorized by Saction 10376 of the Health and Salety Code, and was authorized pursuant to Saction 71,00 of the Health and Salety Code. 09/03/1998 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LEG CAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 09/03/1998 \$7.00 AUTHORIZATION OF IN THIS PERMIT. LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALLYOURA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS-P.O. BOX 85222 DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY *A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY O. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA 92002 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI CREMATION PPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DR MAINS DISPOSER DISPOSITION OTHER --- IF APPLICABLE THAN IN A CEMETERY

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



MOUNT HOPE CEMETERY 527-3400

From to Durid	Address: 58	30 th Cyn	Date: 9-	Ven	Buyo 837.7	92115
In Payment of	pturet of	Revin P	arken	ollaro (e	Division \	3
Lot 233 Grave	d	_RowSe	ection 9		-Block	~
Invoice No.	NOT VALID FOR PURPOSEST	TATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184 —	179	00
Acct. No		1	80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	100 77184 — 100 77181 — 100 77182 — 100 77185 —	639	0.0
Pre-Need Lot	ISSUED BY S. W.	- The	Misc. Fees Pre-Need Trust Sales Tex TOTAL PAID	60033 9022 — 60101 78390 —	832	73



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-3-98

You are hereby authorized and instructed, s	subject to your rule:	s and regulations, to	inter the remains
OF PAULINE ARM	ITAGE		1 1116
in a LINER	THE RESERVE OF THE PARTY OF THE	Control of the Contro	1 11:0
Church, Chapel, Graveside DELIVE	RY ONLY :	YPRESS V	IE W Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work d	ay or an extra charg	ge of \$ 3. K.
will be applied and billed to undersigned			
Lot 50 Grave 7 Row	Section _	a Division	Allock 19
Grave space & Care Fund	- need	D-6554	-0
Additional spaces and care fund	5 T		
Opening/Closing & Setup	Į.	1/	0
Burial Container			4
Handling Fezs			-0
Flower vases – Marker setting fee		-	
Recording and filling fee	h	11.	0
Sales taxes			+
		Total Due	-0-
Pai	d receipt number _		
V		Balance o	lue
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to h	bove indicated. I ce	e named decedent rtify and represent tery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	200	7
Signature of recorded halder of deed	Cey Telephone	South States	Zip Cude
Work Order # E 14564	Invoice #_ Acct. #		

O Prised or recycled paper

This information is available in alternative formats upon request.

INTERMENT OFFER

E-14564

City of San Diego .

000 9-3-98

IN LINER	ARMIT	otto tinta tie		
Church, Chapel, Gravapide 3 E 1	LYPRY	DULY K	CYPRESS V	IR here
All Funeral cars never prove before	3:00 p.m. of 11	gulas mork	ay or an extra chee	The state of the s
will be social and billed to unders	gness			,
Lot 50 Grave 7	44	Macken	R Division	March 12
Grave space 5 Care Fund	In.	reed	0-6554	-B-
Additional spaces and care fond			1100 0000 0000 140	
Descring/Clearing & Strup.		12	4	0
Juliat Containur		BEILE		-
turning Fass		111	11	-
lower vesos - Marker setting fee	practically and and		San Carrie Street	
lecording and filing few		Bi	11	0
even taxen				
			collect Charac	0
	Paid munip	A CONTRACTOR OF THE PARTY OF TH		
VIV			Maria S	
suredy cortify I am the A	EUS	March Hall	Balance du	
of the layer extremy to make or all have the record of said sufficient of said sufficient of said sufficient of said sufficient or account or said sufficient o		Pgive tomas ement:	n his Hope Cultura	by and represent
ervby authorize the twenness is bu	X		- Daniel	
id sodar deed.	X	THE PE	84 P.R.	
The se is to be property of the p	- >			
	X			



CYPRESS VIEW BONHAM BROTHERS

MAUSOLEUM, MORTUARY & CREMATORY

1953 Undertal Avenue at 40th Street, San Diego, California 92113 Phone 1613: 264-3168 Fax (619) 264-6919

SAX COVER SHEET
Date: 9-5-98 Refinement Deliver to: SUE
Deliver to: SUE
Company name: PAT. Hoff
Fax numbers 527-3903
Total number of pages (including cover sheet):
From:
Phone number: (619) 264-3168
Fax number: (619) 264-6919
Special instructions or comments:
WE will call to set up
DECIMELY OFTE + TIME, AND WICE
BRING ORGINAL MIRENET ORDER.
THANKS
JR_

MT. HOPE CENETERY INTERMENT OFDER

City of San Diego .

Date 9-3-98

- Committee of the comm	une at date, ti		
hurch, Chapel, Gravasida DELIVERT	DULY	cypress vie	W mortuery.
I Funeral cars must arrive before 3:30 p.m. o	s regular work	day or an extra charge of	
ill be applied and billed to undersigned.			<u> </u>
ot 50 Grave 7 Row	Section	A DIVISION/Blen	, la
0		D-6554	# 19 m
rave space & Care Fund		W-0271	
dditional spaces and care fund	11	1,	0
berand o oaskummin		}	+
Juriel Container,	13 122 14		#
landling Fees	The second secon	The state of the s	
lower vases - Marker setting lee	1 1	11.	6
Sales taxes			4
		Total Due	-0
Paid /	ecelpt number		
~ N		Balance due	
hereby certify I am the		of the above ne	med decedent
hereby cartify I am the Act of the and this is your authority to make disposition that I have the right to make this authorization	and I agree to	above indicated. I certify	and represent permiss from
any liability on account of said authorization a	und interment	11/1/	`
hereby authorize the interment in lot I lold under deed.	- Nording	22011 001-	
with all the second	1	X84 KOBLE	s way
Agendative at electrosed halder of good	>	SAN DIEGO,	CA. 7211
	Number	460-405	0
Nork Order # E 14564			
		-	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

artication and remain for the source of the state of

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR 07/17/1910 09/03/1998 Pauline Pear Armitage 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALIF. 5A. CITY OF DEATH ENTER STATE San Diego Santee Scott Armitage-Nephew 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 8784 Robles Way -IF APPLICABLE Cypress View/Bonham Brothers San Diache CA 92119 3953 Imperial Ave, San Diego, CA 92113 FD670 8A. SIGNATURE OF APPLICANT—Forum taking permit, 8B. DATE SIGNED I berefy adequately as applicant that the proposed disposition stated ferein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 09/08/1998 Section 10376 of the Health and Salety Code, and was authorized pursuant to Section 7350 of the Health and Salety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A, AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIGHS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9813209 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 09/09/1998 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. \$7,00 C. Jorgensen LOCAL REGISTRAR RE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Vital Records TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION. PO Box 85222, San Diego, CA 92186-5222 (--) FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA I LIC SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED BURIAL Mount Hope Cemetery 1-11-98 3751 Market Street, San Diego. 12C. BIGNATURE OF PERSON IN CHARGE OF CREMA 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED CREMATION APPLICABLE H/A 13B. DATE RECEIVED. 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE COMPLETE ALL H/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. BIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE

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

THAN IN A CEMETERY

FAMILY to BRING AShes BRING DAY of Service

REA-104 (7-96)

INTERMENT ORDER

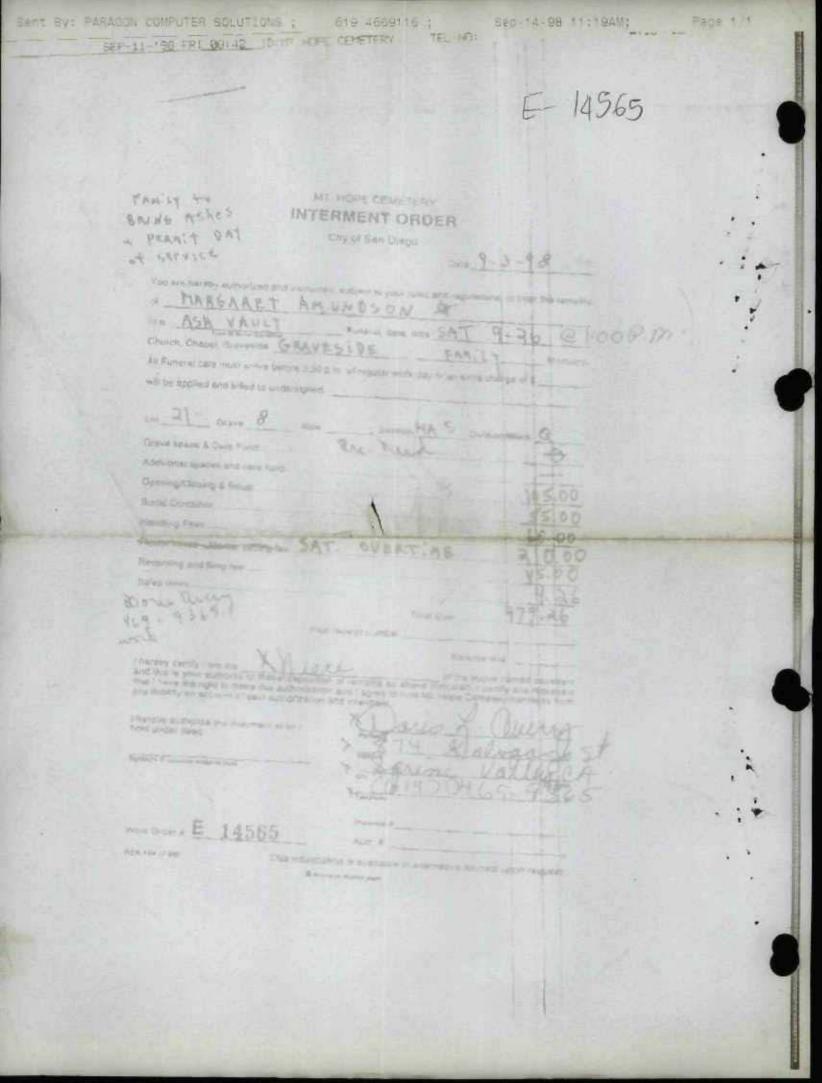
City of San Diego

Date 9-3-98

	ted, subject to your rules and regulations, to int	er the temphs
na ASA VAULT	Funeral, date, time SAT 9-3	6 2:0
Church, Chapel, Graveside GRAV	PSIDE : FAMILY	Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge o	18
vill be applied and billed to undersigne	ed	7011
21 0		
ot Grave Ro	w Section NA > Division/Ble	ick <u>Q</u>
Grave space & Care Fund	The red	-0_
Additional spaces and care and	(ID)	
pening/Closing & Setup	C 1008	105.00
Jurial Container	0 1990	\$5.00
landling FeesHOPE	CEMETERY	60.00
HOWER VASCO MONTH CHEN OF SAIS	MEGO. GAVERTIME	210.00
Recording and filing fee		45.00
Sales taxes		436
our avery	Total Due	79.26
9-9367	Paid receipt number R-50394	479.26
do	Balance due	0-
hereby certify I am the	of the above na	med deceden
hat I have the right to make this author	osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery	and represent harmless from
any liability on account of said authoriz	zation and interment.	
hereby authorize the interment in lot I	Signature	
iold ullust deed.	Address	
Sgnature of recorded holder of deed	Tone All had	Zio Cod
	K Totephone	Zip com
	Totaphone	
E 44FOF	Invoice #	
Nork Order # E 14565	Acct. #	

@ Printed on recycled paper

This information is available in alternative formats upon request.



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

MARGARET	NT—FIRST (GIVEN)	18. MIDDLE SHANNON-SPRAGUE	1C. LAST (FAMILY) AMUNDSON		N	DATE OF BIRTH IONTH DAY, YEAR 04/11/1915	MONTH, I	OF DEATH DAY, YEAR 1/1998	4. SEX
SAN DIEGO			58. COUNTY OF DEATH	N DIEGO	OF INFO	ELATIONSHIP, FULL A RMANT IN OGLEY: D'			IP CODE
TELOPHASE	E CREMATION	A-FUNERAL DIRECTOR OR PERSON SOCIETY E, EL CAJON, CA 9	-	F APPLICABLE	9497 BURKE	HARROW HILL VA 22015 URE OF APPLICANT	L LANE		TE SIGNED
ACKNOWLEDGMENT OF AF		currentedge as applicant that the proposed disp 876 of the Health and Safety Code, and was author			> B	ea few	orchik	17-2	7-98
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- CRINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED O RIGHT OF DISPOSAL OUTSEE OF CALFORNIA.	9A. AMOUNT OF FEE PA	98. DATE PERMIT 07/27/19 BEA PEWORO	98	9810987	OCAL REGIS	TRAR ISSUR	NG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	Edistrar of district of death o in california RDS: P.O. BOX 852 CA 92186-5222	1 1/1	DRESS OF REGISTRAR DISPOSITION IS TO OCCU					
10. AUTHORIZED DISP	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	A COLUMN TO THE				FOR COL	RONER'S	USE ONL	Y
TE B. CREMATION					1	L DISPOSITION (Name and)			
	ITA NAME AND ALL MT. HOPE	DORESS OF CALIFORNIA CEMETE		DE OF CALFORNIA	9	SIGNATURE OF PER	RSON IN CH	ARGE OF B	URIAL
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	ITA. NAME AND AL MT. HOPE 3751 MARK 12A. NAME AND AL CREMAR CR	DOMESS OF CALIFORNIA CEMETE CEMETERY ET ST., SAN DIEGO, DORESS OF CALIFORNIA CREMAT	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY CA 92102	11B DATE BURIES	8 .	SIGNATURE OF PER	WH.		
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	MT. HOPE 3751 MARK 12A. NAME AND AL CREMAR CR 2299 S.MA	DOMESS OF CALIFORNIA CEMETE CEMETERY ET ST., SAN DIEGO, DOMESS OF CALIFORNIA CREMAT LEMATORY	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS BY CA 92102 ORY HEIM, CA 92802	11B DATE BURIES	8 D 12C.	10 11	SON IN CHE	ARGE OF CR	EMATION C
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	MT. HOPE 3751 MARK 12A. NAME AND AL CREMAR CR 2299 S.MA 13A. NAME AND AL	DORESS OF CALIFORNIA CEMETE CEMETERY ET ST., SAN DIEGO, CORESS OF CALIFORNIA CREMAT LEMATORY LICHESTER AVE., ANAI	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY CA 92102 ORY HEIM, CA 92802 Y RECEIVING REMAINS	9 26 9 128. DATE CHEMAT	ED 12C.	SIGNATURE OF PER	RSON IN CHE	ARGE OF CR	EMATION ACILITY

COPY I 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.



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

			Date:	-10		9/0
From Done Dury	Addre	974 Golo	pago It. I	Air	V-lley	9197
For Hundred Der	and yters	d 30100-	- 0	ollars (\$	479 26	
In Payment of	Interment	of transac	et amunda	500		- 50
Lot 31 Grav	18	Row	Section MAS		Division Black	0_
Invoice No.	Total Control of the	PURPOSESTATED UNLESS ST	AMPED CREDIT 20% Sales Care	67007 77184 —		
	PAID IN THIS S	PAGE	80% Sales of Lots	100	-	
Acct. No.			Opening/ Closing	77181	105	00
W.O. E - 14565			Burial Containers	100 77182 —	55	00
BALANCE DUE			Handling Fee	77185 -	2 60	00
CARLES TO SERVICE	20 1910 -		Recording & Misc. Fees	77183 -	355	00
Pre-Need Lot At Need D On Acc			Pre-Need Trust	9022	10	151
Pre-need Trust Cash Check	0 0	- 11 W	Sales Tax	50101 78390 —	11 - 0	T.E.
AC-212 (Rev. 5-94)	ISSUED BY	MALL KELLEY	TOTAL PAID		4/4	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dane 9-3-98

You are hereby authorized and instr	ucted, subject to your rules and regulations, to inter the remains
of all 11.	with my and and
in a Type of Burial Curtainer	Funeral, date, time
Church, Chapel, Graveside	WIN : A BUJICU Mortuary.
All Funeral cars must arrive before 3	1:30 p.m. of regular work day of an extra charge of \$
will be applied and billed to undersig	ned.
da la	\bigcap 2/ 1
Lot-10 Grave	Row Section Division/Block
Grave space & Care Fund	xanega 14190 D
Additional spaces and care fund	
Opening/Closing	3/5/1
Burial Container	[90.0]
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.13
nonwarn to b	nny Total Due 109.15
nock they kull	Paid receipt number
mount	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make d	sposition of remains as above indicated. I certify and represent hyrization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	ization and interment.
I hereby authorize the interment in la	of I
hold under deed.	Stopwire
	Addition
Signature of recorded bolder of dead	Zip Code
/	Telephone
	Invoice #
Work Order # E 1/4566	Acct. #
REA-104 (7-96) Th	is information is available in alternative formats upon request.

@ Printed on recycled paper

● 286-2674 ●

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

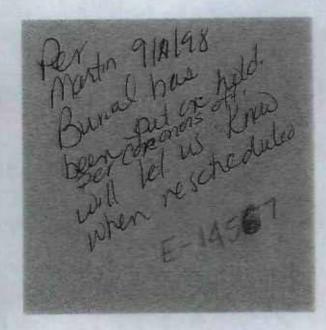
Date 9-3-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of aun H. Har	YW
ina liner	Funeral, date, time
Church, Chapel, Graveside allu	en : A Burlack 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 135 Grave T Row	4 +
mov	Section Z Division/Bleck
Grave space & Care Fund	WWE19933 Q
Additional spaces and care fund	200 8
Opening/Closing & Setup	375.0
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	71.0
Recording and filing fee	45.00
	14.13
ortuan to bring ch	21 CK Total Due
or full amount. Paid	receipt number
" Tuli sur war.	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	X
hold under deed.	Sprinture
Signature of recorded holder of dead	* Modrigue
Symmetric Control of the Control of	Cny Zp Code
	Telephoree
	Invoice #
Work Order # E 14567	Acct. #
REA-104 (7-96) This inform	ation is available in alternative formats upon request.

O Printed un recycled paper

FOX 284-2674 martin [CA Burial requipted that we use grave 135-7-2-11 for burial and they will bring the K for fall amount.

faxed to mortuan for eignature mortuan to briss theck for full amount



burial is on hold, mortuan doepn't have the body per janette

Will call with date + time.

Mr Ackerman

Who Ackerman

Wh

City of San Diego

Date 9/4/98

or Hazel Scott	- 0.17	11100
in a LINER Type of Burial Confisiner	_Funeral, date, time \uld 9-15	11,00
Church, Chapel, Graveside	AGA: plage	Mortuary.
All Funeral cars must arrive before 3:30 p.r	n. of regular work day or an extra charge o	15/50
will be applied and billed to undersigned.		
1 001	2	
Lot 396 Grave Bow	Section 3 Division/Ble	ek_8
Grave space & Care Fund	New C-3977	-
Additional spaces and care fund		
Opening/Closing & Setup	DAID	315,00
Burial Container	AID	190.00
Handling Fees	SEP 0.4 1998	145,00
Flower vases – Marker setting fee a	 0-	_
Recording and filing fee	HOPE CEMETERY	45.00
Sales taxes CCO	OF SAN DIEGRESANDE	1473
	Total Due	769.13
Pa	id receipt number R-50353	769.73
	Balance due	-0
I hereby certify I am the K daughte and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorizatio	ion of remains as above indicated. I certify ion and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	X Lenore Partle	y
Signature of recorded helder of deed	Address San Diego Co X 6/9-225-07 Telephone	A. 92106 282
Work Order # E 14568	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

-14568

USE BLACK INK ONLY-MAKE NO FRASURES. WHITEOUTS OR OTHER ALTERATIONS 3 DATE OF DEATH 4. SEX 2. DATE OF BIRTH 1A NAME OF DECEDENT-FIRST (GIVEN) 1 18. MIDDLE 1C. LAST (FAMILY) MONTH DAY, YEAR MONTH, DAY, YEAR HAZEL. E. SCOTT 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 6A. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO LENORE BARTLEY - DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA.-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF LICENSE NUMBER 3553 HUGOSTREET -IF APPLICABLE SAN DIEGO CA 92108
8A. SIGNATURE OF APPLICANT - PEROFERING PERSIS. 8B. DATE SIGNED. A D A MORTUARY SERVICES 3444 CITRUS ST., LEMON GROVE hereby achieved as applicant that the proposed discontinuo stated insent is are of ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was nulfurized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID. 9B. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 09/14/1998 AUTHORIZATION OF IN THIS PERMIT \$7.00 LOCAL REGISTRAR MOTE: THIS POINT GNES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-OF ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW BOX 85222 PERMIT TO SHOW FINAL DISPOSITION 92186-5222 SAN DEEGO. CA. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC LISE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA. 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREI CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER

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

-IF APPLICABLE

THAN IN A CEMETERY



WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY

	527-3400	Date: 9-	4	1098
From Error Dutley,	Address: 3553 Hugo	It In	Diejo	92108
Leven & undered of	inty here a 100-	Q TT Doll	lars (\$ 769.7	3_)
In Payment of	Interness of Hazel	acou		
Lot 296 Grave	Row Se	ection3	Division Block	8
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Seles Care 7	570G7 77184	
Acct. No.	359 1 , 385	Opening/	77184 375	00
wo. E 19360		Burial	7182 \9 D	00
BALANCE DUE		Recording &	77185 100 45	00
Pre-Need Lot At Need On Acct			77183	-
Pre-need Trust Cash Check	1. Machillon	The state of the s	60101	73
AG-212 (Rev. 5-94) 1263	ISSUED BY 3- CONCORDING	TOTAL PAID	101	1/3

Ale Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/4/98

You are hereby authorized and instructed, s		inter the remains
7.10	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	e of \$
will be applied and billed to undersigned		
Lot 7 Grave 5 Row_	Section Division/	Block
Grave space & Care Fund		895.00
Additional spaces and care fur		
Opening/Closing & Setup	.0	375.00
Burial Container SEP 2 4	1998	190.00
Handling Fees		1115 AA
Flower vases – Marker @FFY1ef SAN DI	EMETERY EGO, CALIE	
Recording and filing fee		45.00
Sales taxes		14.73
	Total Due	1664.73
Paid	receipt number R-50414	1664-73
1	/ Balance du	e
I hereby certify I am the X VCUA and this is your authority to make dispositio that I have the right to make this authorization	of the above n of remains as above indicated, I cert in and I agree to hold Mt. Hope Compte	named decedent ify and represent by harmless from
any liability on account of said authorization	and interment.	
I hereby authorize the interment in lot I hold under deed.	XX Selverus XI	wis !
Bignature of recorded bolder of de ⁴	Address Bonos, Ca X (408) 779-232 Totalphore	93635
E 1/1500	Invoice #	
Work Order # <u>L 14303</u>	Acct. #	

MT. HOPE GENETERY

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
ina liner	Funeral, date, time 300 9-11 1:00
Church, Chapel, Graveside	Toward Gelnwood Mortuary
	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 615 Grave Row	Section Division/Bleek \0
Grave space & Care Fund	995.00
Additional spaces and care fund	UD -
Opening/Closing & Setup	375 00
Burial Container	04 1998 190.00
Handling Fees	145.00
Flower vases - Marker setting The HOP!	N DIEGO, CALIF
Recording and filing fee CTTY of SAC	45.00
Sales taxes	14.73
	Total Due
P	and receipt number N- 3035 / 1164-13
X A L	Balance due
that I have the right to make this authoriza	ition of remains as above indicated. I certify and represent
any liability on account of said authorizati	on and interment.
I hereby authorize the Interment in lot I hold under deed.	Signature T. Lorde acknowl 3232 Augusta Tepous
Signature of recorded holder of dead	1 Avendede Cod 92029
	(14 760) 745-6969 Ep Code
	Invoice #
Work Order # E 14570	Acct. #
The second secon	

E-145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.0	. NAME OF DECEDE	111)	1C. LAST (FAMILY)	1000	MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX
5/	CITY OF DEATH	01/12	SB. COUNTY OF DEATH	AN DIEGO	06/02/1923 09/ N. NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT BONITA LOCKHART - D	
7A	TYPED NAME AND AD	MORTUARY: I-805 & IMPERIAL ASAN DIEGO, CA 9210	AVENUE 78. GALI	F LIGENSE NUMBER APPLICABLE FD-843	3232 AVENIDA REPOSO ESCONDIDO. CA 92029 MA. SIGNATURE OF APPLICANT—Person takes	
-	ACKNOWLEDGMENT OF AL	Section 16376 of the Health and Salety Code, and was author	zed pursuant to Section 7100 of the	Health and Salety Code.	Outre mere	109/)9/1998
	PERMIT UTHORIZATION OF OCAL 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 SIVES NO RIGHT OF DISPUSAL QUITABLE OF CALFORNIA.	\$7.00		MEZA 9813169	ISTRAR ISSUING PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION,	P.O. BOX 85222 SAN DIEGO, CA 92186-5222			OF DISTRICT OF DISPOSITION— E IN ANOTHER DISTRICT IN CAUFORNIA	•
10	AUTHORIZED DISPI	DISTION(S) CHECK APPLICABLE ITEMS		THE REAL PROPERTY.	FOR CORONER'S	USE ONLY
	B. CREMATION		E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	PINIA	DISPOSITION PENDING (Name and Address)	REMAINS LOGATED AT
	BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DI		118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN CI	HARGE OF CREMATICS
LL APPLICA	SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEI	D 14C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC	HER DESCRIPTION SUF- OT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NÜMBER OF CREMISSED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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



Invoice No.

BALANCE DUE .

AC-212 (Rev. 5.94)

Pre-Need Lot At Need A

Pre-need Trust D Cash

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

Payment of_

Grave

On Acct

Check

MOUNT HOPE CEMETERY 527-3400

11	+	Date: 4	4	,19	10
Up	hand Address: 3232 Drown	de Repos	e da	while	9203
147	I met titel but	100 -0	bilars (\$ 1	764-73	1
V	siere P trumper	Bashe			
	1			- STATE	I WE
	Row	Section		Division)
	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	1	67007	1991	00
8	"PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots	77184	796	00
	Series Series	Opening/ Closing	77181	375	00
		Buriet Containers	77182	190	00
-		Handling Fee	77155	145	20
-	11	Recording & Misc. Feet Pre-Need	77183 —— 63033	12	70
P	10 . 11	Trust Sales Tax	60101	-14	73
III	ISSUED BY J. Mullion	TOTAL PAID	78390	1769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-98

then he an	Funeral, date, time AYD TUE 5 9-1
Type of Buriel Comminer Church, Chapel, Graveside	: Damely Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
ot 85 Grave 18 Row	
Brave space & Care Fund	Pre- Mied C 5003 -0
Additional spaces and care fund	PAID
Opening/Closing & Setup	550 44 4000
Burial Container	SEP 1 1 1990 \$5.00
ta∙dling Fees	r. HOPE CEMETERY 60.00
Flower vases - Marker setting fee	THOSE CHEGO CALIF
Recording and filing fee	11 1 0 0 1
Sales taxes	3.85
	Total Due\63.85
	Paid receipt number <u>R-50384</u> <u>163-85</u>
	A / Balance due
hereby certify I am the dand this is your authority to make dispo	of the above named decedent sitted of remains as above indicated, I certify and represent zation and I agree to hold Mt, Hope Cemetery harmless from
any liability on account of said authoriza	tition and interment
hereby authorize the interment in lot I nold under deed.	+3732 Bancroft St.
Signature of recorded holder of deed	+ San Diego Of 92101 City 619 563 5225 20 Code
	Invoice #
4 4 10 4	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4571 REMAINS RY

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18 MIDDLE 1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
IA. NAME OF DECEDE	Marty Eigh		MONTH DAY YEAR MONTH, DAY, YEAR
SA. CITY OF DEATH	SB. COUNTY OF DEATH		E, RELAMONSHIP FULL MAILING ADDRESS AND ZIP CODE
San	DIRECT SOLD Y	Diego 1	NFORMANT FILA it-
7A. TYPED NAME AND AD		APPLICANTE NAMBER	1922 Bancon Cananar
LINDA X	L FISK DAUGHTER	7	NATURE OF APPLICACITY POSSITIANS PRINT, 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed disposition stated haram is one of the disposition of the Section 10076 of the Health and Safety Code, and was authorized purpased to Section 7100 of the		into + Finh 109 Sep 199
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	D 98. DATE PERMIT IS POET	BC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	09/09/1998	- Lakene
LOCAL REGISTRAR	NOTE: THIS POWER GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 96. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 96. ADDR	RESS OF REGISTRAR OF DIS	TRICT OF DISPOSITION—
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRED IN CAUFORNIA IF DE	SPOSITION IS TO OCCUR IN A	NOTHER DISTRICT IN CALIFORNIA
DISPOSITION	10 DOX 50 27 00921961		No. of the last of
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS	The same of the sa	FOR CORONER'S USE ONLY
SA. BURIAL (INCLU	DES ENTOMBMENT) E TEMPORARY ENVAL	ILTMENT	I. DISPOSITION PENDING-REMAINS LOCATED AT
B CREMATION	F. DISINTERMENT		(Name and Address)
H THAN IN A CE			
D. SCIENTIFIC US			
20000	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	118 DATE BURIED 1	1C SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	3751 Market St San Diem CA 92102	9-15.98	19110
2	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		2C SIGNATURE OF PERSON IN CHARGE OF CREMATI
CREMATION	9	1 1	
1816			
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED 1	BC SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC			
ALL ALL		i i)	
ELE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED 1	4C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
TRANSIT		1	
SCHOOL SECTION	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-	15B. DATE OF	5G SIGNATURE OF PERSON IN 1150 LICENSE NUMBER
SCATTERING AT SEA OR	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION OF CREMATED RE-
THAN IN A CEMETERY			—IF APPLICABLE

COPY 2 IS RETAINED BY 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

From Sinds Wish One funded State 10 In July Payment of	Address: 3732 Barra	Date 9-11 Dollars (5	1978 Vario 92104 163.85
Lot 85 Grave	18 Row	ection 3	Division 7
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - 50% Sales 100 of Lots 77184 -	
W.O. F - 14571	SPINE NO.	Opening/ 100 Closing 77181 – Burial 100	35 00
BALANCE DUE		Containers 77182 100 Handling Fee 77185	60 00
Pre-Need Lot At Need On Acct		Recording & 100 Misc. Feel 77183 - Pre-Need 83033 Trust 9022 -	45.00
Pre-need Trust Cash Check	- M.L.10 P	Sales Tax 00101 78390 —	3 85
AC-212 (Rev. 5-94) 32-8-2	ISSUED BY A MANAGEMENT	TOTAL PAID \$	163 83

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9 - 8 - 98

or him	(2)	~~	0 0 1150
in a Type of fluid Co	wante T	Funeral, date, time Well	9-4 1:30
Church, Chapel, Gravesi		Travell: Rage	dale Mortuary.
All Funeral cars must arri	ve before 3:30	p.m. of regular work day or an exte	ra charge of \$ \50,00
will be applied and billed	to undersigned	13. L. BR	AU
/	0		0 17
Lot 123 Grave	9 Row	Section 1	Division/Bleek 19
Grave space & Care Fun-	d	20 119	895.00
Additional spaces and ca	re fund	XD 10	
Opening/Closing & Setup			375.00
Burial Container			190,00
Handling Fees			145.00
Flower vases - Marker se	etting fee		
Recording and filing fee .			45.00
Sales taxes			14.73
		Total Due	1664. 73
	F	Paid receipt number $R - 503$	38 700.00
	K.Co	Ba	lance due 964.73
I hereby certify I am the	DES		e above named decedent
that I have the right to ma	ke this authoriz	sition of remains as above indicate ation and I agree to hold Mt, Hope	
any liability on account of	said authorizat	non and interment.	N'/c
I hereby authorize the int	erment in lot I	Signature,	Mylas
note ander deed.		X 485 8 /	MONEYCZ #
Signature of recorded holder of deed		X &, P, CA	72/62 Zis Code
		\(\(\frac{\(\alpha\)}{\(\text{Telephane}\)}\)	-4616
		2011	1191
Work Order # E 1	1579	Invoice # 30 T	107
Work Order #	4572	Acct. # 09(0C	19/
REA-104 (7-96)	This int	formation is available in alternativ	Compression of the Compression o

O Printed on recycled paper

Angent to ene Sale
in the most 137.00

CALIFORNIA DRIVER LICENSE NUMBER

PY-1012 (11-89)

\$ 964.73

W.O. # E-14579

NOTE

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 with in held

San Diego, California

with interest from _	A X VOA- 0 10	1 11 12		on the unpaid princ	ipai
at the rate of 12 per	cent per annum, paya	able on demand.			
accrue at the rate ind will be liable and co maturity, and waive person who signs the	dicated above. Princi insents to renewals, is s presentment, dema his note agrees that is any action be institu	pal and interest are pa replacements and exte and and protest and the recourse may be held	yable in lawful money of ensions of time for pay ne right to assert any s against his/her separa	ipal. Interest after maturity of the United States. The moment hereof before, at or a tatute of limitations. A market property for any obligation of the pay such sum as the Control of th	aker. after rried ation
				ealth and Safety Code is past due and unpaid.	
PRINT NAME X	my SHINE	SLETON SK SIGI	NATURE X Jany	Shylet &	2
ADDRESS X 48	58 MAN	KET TT	#7		
		11-20-2011		tel citale	35

SSN#

E-14572

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		U	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OF OTHE	H ALTERATIONS	40	
1A	NAME OF DECEDE		18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
5.A	Phillis CITY OF DEATH San	Diego	Lorane	Watts-Cla	-OUTSIDE CALIF., 6. N	O7/16/1950 IAME, RELATIONSHIP, FULL N OF INFORMANT Johnta Colding		P CODE
7A		tagsdale Mo	rt.; 5050 Federal ego, CA 92102	Blvd.	F APPLICABLE	565 Mendocino Chula Vasta, C.	Dr. Unit 1	
	ACKNOWLEDGMENT OF A	PLICANT I hereby a Section 10	scknowledge as applicant that the proposed disposits of the Health and Salety Code, and was author	sition stated herein is one of the used pursuant to Section 7100 of th	dispersitions authorized by Principles in Health and Safeta Code.	Lebber Weller	109/0	8/1998
L	ION REQUIRES A NEW	SIONS OF THE CALLS AND IS THE AUTHORS IN THIS PERMIT, MORE THIS PERMIT GIVES A 9D. ADDRESS OF R IF DEATH OCCURRE		\$7.00	09/08/1998 DRESS OF REGISTRAR OF	COLUMN THE RESIDENCE OF THE PARTY OF THE PAR	CAL REGISTRAR ISSUIN 9813	
P	DISPOSITION.		ords; P.O. Box 852 an Diego. CA 92186					
10	AUTHORIZED DISPI					FOR COR	ONER'S USE ONLY	,
I	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	L DISPOSITION (Name and A	PENDING REMAINS LO	OCATED AT
	BURIAL	The state of the s	Cometery; 3751 Mar San Diego, CA 92	rket St.	118, DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BI	JRIAL
WILE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CR	EMA
LL APPLICA	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVED	ISC. SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTHER PLACE AND CA DISTRIC		16B DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

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



CITY OF SAN DIEGO, CALIFORNIA

E- 14572

50358



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

and E to main	10000	CO Address: 6552 Mallas	A Pato: 9.	8	Die	19 9011
In part Payment	17	ternent of Phollie	Watte	ollars (\$	700.00)
Lot 1 23	_ Grave _	RowS	ection		Division Block	17
Invoice No.		NOTYALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	179	00
W.O. E- 145 79 BALANCE DUE 964.73		The state of the s	Opening/ Closing Burtal Containers	77181 — 100 77182 — 100		
Pre-Need Lot At Need At	On Acct 📮		Handling Feel Recording & Minc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 9022 —		
Pre-need Trust Cash C	Check D	ISSUED BY 1 MANUTO	Sales Tex TOTAL PAID	60101 78390 —	700	00

Brigh

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/9/98

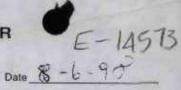
- North le Doath Cou	11-	Juneral, date, time	New 50 At 9	12:00
Type of Burial Container				
Church, Chapel, Graveside		Granende: Feco		Mortuary.
All Funeral cars must arrive before	3:30 p.m.	of regular work day or a	in extra charge of \$	
will be applied and billed to undersig	gned			
Lot DDG Grave	Row	Section	Division/Block	10
Grave space & Care Fund		The Day		0
Additional spaces and care fund				
Opening/Closing & Setup		* · ·		0
Burial Container		./		0
Handling Fees		//		6
Flower vases - Marker setting fee				
Recording and filing fee		1.1		0
Sales taxes				0
		Total I	Oue	<u>e_</u>
	Paid r	receipt number		
			Balance due _	
I hereby certify I am the and this is your authority to make d that I have the right to make this aut any liability on account of said authority.	thorization	and I agree to hold Mt.	of the above nam idicated. I certify a Hope Cemetery hi	nd represent
	lot I	Signature		
I hereby authorize the interment in I hold under deed.				
		Address		
		Address		Zip Code
hold under deed.				Zip Cuth
hold under deed.		Cny		Zip Code

E-14519 2365 Spring Oak Way, San Diego 92139 = 1457 5 URIBE, ROBERTO & CARMEN Opened Pre-need Lot & Trust. Trust DEBIT BALANCE 08-06-98 includes Opening/Closing, Double Depth Crypt, 995.00 Handling Fees, Recording Fee & Tax on Crypt. 1149.45 2144.45 536.00 1608.45 Receipt 14519 Be 50354 URIBE, ROBERTO & CARMEN Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San'Diego



A 1 TO 2	d, subject to your rules and regulations, to inter the remains
Stan a selling the an	Funeral, date, time
Type of Burnel Compress Church, Chapel, Graveside	i Mortuary.
All Funeral cars 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
Grave space & Care Fund	945.00
Additional spaces and care fund	
	375.00
Burial Container	390.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filling fee	45.00
Sales taxes	39.45
	Paid receipt number $6 - 50269$ 536.00
j	Balance due 1609, 45
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of said authoriza	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from thon and interment.
I hereby authorize the interment in lot I hold under deed.	Address Spring Bak (1)
Signalure of recarded booser of dear	(C) 475- C437 zip Gode (C) 197 475- C437
E 14510	Invoice #
Work Order # E 14519	Acct. #
REA-104 (7-98) This in	formation is available in alternative formats upon request.

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Roberto		Daniel	Uribe			OS/1998 M
SA. CITY OF DEATH			58. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING A	
Spring Valle	y		San Diego		of INFORMANT Myrna U. Medina - D	auahtau .
		IA-FUNERAL DIRECTOR OR I	PERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER	2365 Spring Oak Way	
Feathering13	1 Mortuary				San Diego, CA 92139	
6322 El Cajo		n Diego, CA 92		1083 BA	SIGNATURE OF APPLICANT—Peryon towns	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	PEKANT hereby a Section 10	acknowledge as applicant that the pro 1375 of the Health and Safety Code, uno	specied dispersion stated herein is one of the d was authorized pursuant to Society 7100 of the	dispositions authorized by le Health and Safety Code	Carner Kathal	4 09/08/199
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPI ID RIGHT OF DISPOSAL OUTSIDE OF CA	Y CODE ECIFIED	09/08/199	125	NSTRAR ISSUING PERMIT
LOCAL REGISTRAF		EGISTRAR OF DISTRICT OF	NAME OF TAXABLE PARTY.	DRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION—	
TION REQUIRES A NEW	IF DEATH OCCURRE		(F)		H ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION.		22 San Diego,	CA		-	-
10. AUTHORIZED DISPO	92186-5222 OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	S LISE ONLY
THE PURISION WAY	DES ENTOMBMENT)		T E. TEMPORARY ENV	OF THEME	- L DIEDORATION DEMONIO	netranie i meaten
B. CREMATION	DEG EKTOMOMERT)		F. DISINTERMENT	SOCIMEN!	(Name and Address)	3-REMAINS LOCATED A
AND THE RESIDENCE OF THE PARTY	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	OCINIA.		
D. SCIENTIFIC US			H. TRANSIT TO OUTS			
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA C Cem. 3751 Mark , CA 92102	CENTRAL CONTROL OF THE CONTROL OF TH	118. DATE BURIED	11G. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
8	12A. NAME AND A	DORESS OF CALIFORNIA O	CREMATORY	128. DATE CREMATED	12C SIGNATURE OF PERSON IN C	HARGE OF CREMATION
CREMATION				A STATE OF THE PARTY OF THE PAR	-	A STATE OF STREET AND A
				1		
CREMATION SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
	111 MARKET AND A	Marian III managaran ar	The forward water	1		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148. DATE SHIPPED	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
AND RESIDENCE OF THE PROPERTY OF THE PERSON	15A. ADDRESS. NEA	AREST POINT ON SHORELINE	OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON IN	150. LICENSE NUMBER
BCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION ER		DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE MAINS DISPOSER —IF APPLICABLE	

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

_	142	3	
0.00	8-6		-

From: Nyuna Nelus In fact Payment of	I had It " Truel	-6 ,1990 Dollars (\$ 536.00
Lot 2269 Grave	Row Section	Division 10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED 20% Sales Care 30% Sales Opening Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77185
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C	Recording & Misc. Fres Pre-Need Trust Sains Tax TOTAL PAID	77183 83933 9022 60101 78390 \$ 5 3 6 00

2ND BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

REA-104 (7-96)

TO SEPHUS PRESSLEY City of San Diego

ina DOUBLE DEPT	RESSLEY H Funeral, date, tir	me THUR 9-	10 11:0
Church, Chapel, Graveside CHAP	MARKET BEING THE REAL PROPERTY OF THE PARTY	RAGSDAL	E Mortuary.
All Funeral cars must arrive before 3	MARK THE RESIDENCE OF THE PARKET.		
will be applied and billed to undersig	V		
			Agree .
Lot 139 Grave 3 F	Row Section	14 Division/B	look 7
Grave space & Care Fund	PRE- NEED	E- 2597	-0
Additional spaces and care fund			-
			375.00
Burial Container P	NE- WEED	E-9201	0
Handling F5es	11	**	0
Flower vases - Marker setting fee			-
Recording*and filing fee			45.00
Sales taxes	,,	N	-0-
DET VARY TO		Total Due	40.00
ING CHECK.	Paid receipt number	50383	420.0
	s did to organismost :	Balance due	79
I hereby certify I am the			named decedent
and this is your authority to make di- that I have the right to make this auth	sposition of remains as a	above indicated. I certif	v and represent
any liability on account of said autho	rization and interment.	nua Mil Trope Conteter	y maninoss nom
I hereby authorize the interment in lo	, ×		
hold under deed.	> Signature	10 / O	
Signature of recorded holder of deed	Address	3	
+ 1 1 transfer	Cey	80	Zip Code
	Aglaphana		-
megan of	Lamphining		
-17-91 g	Invoice #		

@ Printed on recycled paper

This information is available in alternative formats upon request.

Sep. 09 1998 10:39AU P2 E-14574 TO SEPHER PRESIDENCE POR THE- WELD MOSTOARS TO BYING LHECK. E 14571

E-14574

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK O	NLY-MAKE NO ERASURES, W	HITEOUTS OR OTHER	ALTERATIONS 09	-02-1710	
A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	637	2. DATE OF BIRTH 3. MONTH, DAY, YEAR MO		SEX
A CITY OF DEATH SEE A TYPED NAME AND AD	n Diego Diego Ragadale Mort.; 5050 San Diego, C	EB COUNTY OF DEATH ENTER STATE San Diego OR OR PERSON ACTING AS SUCH 78 CAL PERSON ACTING AS SUCH 78 CAL	IF LICENSE NUMBER APPLICABLE 6. NA OF Mc 15. LICENSE NUMBER 5.5	ME RELATIONSHIP FULL MAILE INFORMANT Leals Bell, Daug 45 Laurel St. In Diego, CA 921 MONATURE OF APPLICANT—result	G ADDRESS AND UP CON	
ACKNOWLEDGMENT OF AF	I hereby acknowledge as apabount that	the proposed disposition stated herein is one of the Code, and was authorous pursuant to Section 7100 of th	dispositions authorized by	affection	09/08/	
LOCAL REGISTRAR INV CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. IO. AUTHORIZED DISPOSITION A. BURIAL ONCLU- B. CREMATION	OSITION(S) CHECK APPLICABLE ITEMS (DEB ENTOMBMENT) OF CREMATED FIEMAINS OTHER LIMETERY	SAFETY CODE ON SPECIFIED ST.00 ST.00 ST.00 ST.00 ST.00	09/09/1998 DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUP IN	FOR CORON	9813198 ER'S USE ONLY DING-REMAINS LOCATI	•
BURIAL	Mt. Hope Gemetery;		118. DATE BURBED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL	
CREMATION	12A NAME AND ADDRESS OF CALIFOR		128. DATE CREMATED	12C. SUINATURE OF PERSON	IN CHARGE OF CREMAT	ION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFOR	RAIA FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C SIGNATURE OF PERSON	IN CHARGE OF FACILIT	Y
TRANSIT	14A. NAME AND ADDRESS IN RECEIVIN REMAINS OR CREMATED REMAINS		14B. DATE SHIPPED	14C ADDRESS AND SIGNATU OF PLACING WITH THE		RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHO FICIENT TO IDENTIFY FINAL PLACE		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON CHARGE OF DISPOSITIO		RE- ER



MOUNT HODE OFMETERY

PINK	527-3400	al	10	98
From Anderson - Raggo	all Address 5050 Fedu	al BON	d SD 92	102
In tull Payment of Ch	to the rue in	ble P	Hars (\$ 420.1	10,
120	2	1/1	Division	7
Lot Grave	Control of the contro	ection 14	Block-	1
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing	100 100 100 100 100 100 100 100 100 100	0
BALANCE DUE	THE REAL PROPERTY.	Bunat Containers Handling Fee Recording & Misc. Fees	77182 77185 77185 45	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 5-94)	Euther Avall	Pro-Need Trust Salesy as	60101 78390 1 420	00

1st buria

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-98

You are hereby authorized and instructed, su	bject to your rules and reg	gulations, to inter the remains
	Funeral, date, time Navalle Ray	
All Funeral cars must arrive before 3:30 p.m.	U	IEO/
will be applied and billed to undersigned.	7 80.	
ot 127 Grave 4 Row	Section 3	Division/Blook 19
Grave space & Care Fund		890.0
Additional spaces and care fund		
Opening/Closing & Setup	AID	375.0
Burial Container	EP X 9 1998	380.0
Handling Fees	FUIT	320.00
Flower vases – Marker setting fee CITY of	HOPE CEMETERY	
Recording and filing fee		45.00
Sales taxes		29.45
	Total Du	2,044.4
Paid	receipt number 503	570 2,044.1
/	1	Balance due
hereby certify I am the Augustian this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above ind n and I agree to hold Mt. H	of the above named decedent icated. I certify and represent lope Cemetery harmless from
hereby authorize the interment in lot I hold under deed.	Signature 34.35	Florence St.
Signature of recorded holder of deed	Telephone	Jegl 92113
E 14575./	Invoice #	
work Order # <u>E 14575 </u>	Acct. #	
REA-104 (7-96) This inform	ation is available in altern	native formats upon request

Q Printed on recycled paper

E-14575

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SE
Evelyn	-	Evans		10/24/1927 09/04/1998 F
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bars	Stow	San Berna	rdino	Nathan Evans, Husband
	DRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO	THE RESIDENCE OF THE PARTY OF T	F. LICENSE NUMBER	3635 Florence St.
Anderson-Ka	agsdale Mort.; 5050 Federal	PTAG.	2022	San Diege, CA 92113
1	San Diego, CA 9210	Control of the Contro	STATE OF THE PARTY	BA SIGNATURE OF APPLICANT—Person taking permit BB DATE SIGNA
ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant that the proposed of Section 10376 of the Health and Salety Code, and was as			All be 11/18 les 109/10/19
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. AGE: THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	e7 00	98. DATE PERMIT	1988 P.C. SIGNATURE OF LOCAL REGISTRAR ISSUING PETIN
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	D ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CAUPORNIA S51 N. Mountain View Ave.	Vit	al Records	OF DISTRICT OF DISPROSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA ; P.O. Box 85222
10. AUTHORIZED DISPI	San Rernardino, CA 92415-	0010	Si	an Diego, CA 92186-5222
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL				(Name and Address) D 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
GUNAL	San Diego, CA		19-14-99	8 DINDX
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIO
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	IVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPPE	DED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE MAINS DISPOSER —IF APPLICABLE



MOUNT HOPE CEMETERY

	527-3400	9-0	7	98
From Nathan Evanp	Address 3035 FLOY	epill St. S	D9211	3
TINO THOUSAND	ATTACK THE STATE OF THE STATE O	TIAN EV	100	12,
In Payment of A.I.	01	1901	BURNES	0
Lot Grave	14 RowS	Section 4	Division Block	1000
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718 80% Sales 10	1000	00
Acct. No	The state of the s	of Lots 7718 Opening/ 10 Closing 7718	0 375	no.
W.O.E. 17313	The second second	Burial 10 Containers 7718	220	00
BALANCE DUE	A COLUMN TO SERVICE A SERVICE ASSESSMENT OF THE PARTY OF	Handling Fee 7718 Recording & 10 Misc Fees 7718	0 440	(7)
Pre-Need Lot At Need On Acct	100 to 100 m	Misc. Foot 7718 Pre-Need 5303 Trust 902	13	110
Pre-need Trust C Cash C Check C	rauna Avalla	Sales Tax 6010 7839	00111	78
46-212 (Pro-6-19) 2	ISSUED BY	TOTAL PAID	2044	145

MT. HOPE DEWETERY

INTERMENT ORDER

City of San Diego

Date 9-10-98

OF PATRICK E. H	TENRY SE	wed	
in a Line C	Funeral, date, tir	me May Sept	16 2:3
Church, Chapel, Graveside	MS Lebende	Lews (Eller	Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigned	ed		
The state of the s	w Section	Division/	Block 10
Grave space & Care Fund	he Need Co	361	0
Additional spaces and care fund			
Opening/Closing & Setup			375 NA
Burial Container			190.00
Handling Fees			145.00
Flower vases - Marker setting fee			
Recording and filing fee			45.00
Sales taxes			14.73
05%		Total Due	769.73
82 ⁻⁹⁵ 15	Paid receipt number	3 0388	169.23
Yo		Balance d	ue —
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizant.	rization and I agree to	above indicated. I cet	named decedent lify and represent ery harmless from
I hereby authorize the interment in lot hold under deed.	Signature A 133	and das	louski pilinello
Signature of recorded holder of deed	City GC	2-926	9320
	Invoice #		
Work Order # E 14576	Acct. #		

E-14576 62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK UNLY-	MAKE NO EHASUHES,	WHITEOUTS ON OT	THER ALTERATIONS POUND
A NAME OF DECEDE PATRICK	NT-FIRST (GIVEN)	1B. MIDDLE EUGENE	HENRY, S		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 03/25/1936 09/07/1998 M
A CITY OF DEATH	0	RADUA			6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COCE OF INFORMANT LYNN COLLEGN LASKOWSKI - DAUGHTI
LEWIS COL	LONIAL/BENI	NA FUNERAL DIRECTOR OR PE SOUGH HORTUARY SAN DIEGO, CI		ALIP LICENSE NUMBER -IF APPLICABLE	1332 E. HOPI CIRCLE MESA, AZ 85204
ACHNOWLEDGMENT OF A	ansucant I hereby	acknowledge as applicant that the proper 0376 of the Health and Safety Code, and w	and disposition stated herein is one of	the depositors authorized by	BA. SIGNATURE OF APPLICANT—Pusson taking purnet, BB. DATE SIGNET Parentle Valenten 109/14/19
PERMIT AUTHORIZATION OF LOCAL REGISTRAR NY CHANGE IN DISPOSITION REGISTRAR A NEW	AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT GIVES I	FORMA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC NO RIGHT OF DISPOSAL OUTSIDE OF CALF EGISTRAR OF DISTRICT OF	ORMA 97.00 DEATH— SE A	P Valenti	ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 998 9813422 IND OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
PERMIT TO SHOW FINAL DISPOSITION.		CORDSPO BOX (95222		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REN	IAINS OTHER	E. TEMPORARY EN		I. DISPOSITION PENDING REMAINS LOCATED (Name and Address)
BURIAL	MOUNT HO	DDRESS OF CALIFORNIA CE PE CEMETERY, 37 0, CA 92102	The state of the s	9-16-99	11111
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B. DATE RECEN	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATI CREMATED REMAINS ARE TO		14B. DATE SHIPPE	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	REST POINT ON SHORELINE, (ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15G. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

50388

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

-rom: Lynn Laskowsk	Address 1332 Eal	Date:	9/1	Maa	98 Hmg
n Fuel Payment of Th	Convert of Falmik	Henry	ollars (\$ _	764.7	55
ot 16/5 Grave	RowSo	ection	1 3	Division / Block	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE.	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing	47007 77184 — 100 77184 — 100 77181 —	375	00
BALANCE DUE		Burial Containers Handling Fee Flecording & Misc. Fees Pre-Need	100 77182	145	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C	ISSUED BY KING BOK	Trust Sues Tax TOTAL PAID	9022 — 60101 78390 —	769	73

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

Type of Burlai Container	Funeral, date, time 110	aday Sent 14.10
	weside : pach	C HRACK Mortuary.
Il Funeral cars must arrive before 3	3:30 p.m. of regular work day or an	extra charge of \$
ill be applied and billed to undersig	ned.	
ot 8 Grave 11	RowSection MAS	_ Division/BlockB
irave space & Care Fund	Re- Need	-0-
additional spaces and care fund		- 22 00
pening/Closing & Setup	TA TE	3/5.00
lurial Container	PAII)	190.00
landling Fees	CED 4 a 4000	195 00
lower vases – Marker setting fee	2Ch 1 0 1888	
ecording and filing fee	MT. HOPE CEMETERY	45-00
ales taxes	ITY of SAN DIEGO, CALIF	719 77
an lower	Jotal Du	0282 7/10
iche.	Paid receipt number	10-1. 1 12
V 1	11-	Balance due
nd this is your authority to make d	isposition of remains as above indi horization and I agree to hold Mt. H	of the above named decedent cated. I certify and represent ope Cemetery harmless from
hereby authorize the interment in I old under deed.	X5267 C	ex Anch
gnature of reconfied holder of cleed	Addissas Com	1990, OA9210 88-1267
	Invoice #	

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14578

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

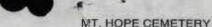
1A. NAME OF DECE	EDENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LO	UISE	LITSCH	KIPP		01/16/190	3 09/09/1998	F.
SA. CITY OF DEATH	SAN DI	RGO	SAN DIEG		5. NAME, RELATIONSHIP, FULL, OF INFORMANT		P CODE
7A, TYPED NAME AND			RSON ACTING AS SUCH 78. CAL		JEANNE LYNCH	Color Tell Color C	
PACIF	TC BEACH MOR	TUARY	, —I	FAPPLICABLE	5267 CASTLE H	THE RESERVE OF THE PARTY OF THE	
170.000.000		SAN DIEGO, CA	92109	D 815	SAN DIEGO, CA		E SIGNED
- ACKNOWLEDGMENT O	a security I hardy	admoviedge an applicant that the propos	ed disposition stated herein is one of the as puthorized pursuant to Section 7100 of th	dispositions authorized by	MI 1	1074	11598
PERMIT AUTHORIZATION O	AND IS THE AUTHORI'	UED IN ACCORDANCE WITH PE FORMIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI OR MIGHT OF DISPOSAL OUTSIDE OF CALF	\$ 7.00	09/10/19 M. BRIDGE	98 9813287	OCAL REGISTRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEV PERMIT TO SHOW FINA DISPOSITION.	9D ADDRESS OF R	EGISTRAR OF DISTRICT OF IS ED IN CALIFORNIA RDS, P.O. BOX 8 CA 92186-5222	1 10 1		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAUS		
10. AUTHORIZED D	ISPOSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY	1
	ON OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	No. of the Control of	(Name and	Address)	
BURIAL	MOUNT HO 3751 MAR	DDRESS OF CALIFORNIA CEI PE CEMETERY KET STREET O. GA 92102	METERY	9 14-9	1 1/1	RSON IN CHARGE OF BE	JRIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMATI	ED 12C SWINATURE OF PE	RSON IN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B, DATE RECEIV	PED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FA	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETE	FICIENT TO ID	AREST POINT ON SHORELINE, (ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		NATED RE-

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

PINK AUDITOR	MOUNT HOPE CEMETERY 527-3400	0 10	00
Jeanne (Kupp)o	Lynch 1514 John	and 51.5	D92103
peren hunara	pixin mueto	3/100 Dollars (5	769.73,
n full Payment of Unit	liment adou	Tipe Kup	P
	U	- 1100	
Lot S Grave	RowS	ection MAS	Division 5
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID: IN THIS SPACE.	CREDIT 67007 20% Sales Care 77154 - 80% Sales 100	
Acct. No.	The same of the sa	of Lots 77184 - Opening 100 Clasing 77181 -	375 D
N.O. = 19210		Burist 100 Containers 77182 -	190 9
BALANCE DUE		Handling Fee 77185 - Recording & 100	195 M
Pre-Need Lot At Need On Acct	call a sall	Misc. Fees 77183 - Pre-Need 63033	11 72
Pre-need Trust D Cash D Check D	Catura Avallma		1/2 1/3
IC-212 (Rev. 5-94) 115U	ISSUED BY	TOTAL PAID \$	100 10



INTERMENT ORDER

City of San Diego

Date 9/10/98

You are hereby authorized and instructed, s	Steen and regulations, to inter the remains
in a They	Funeral, date, time
Church, Chapel, Graveside	en so Manufactuary.
All Funeral cars 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 Division Diese
Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	375,00
Burial Container.	-4.8 54.00
Handling Fees	
Flower vases - Marker setting fee	50487 -
Recording and filing fee	45.00
realfor's claim the John Edwards	Total Due
DA 9-17-98	Balance due
	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
nou ditor deed.	Address
Signature of recorded holder of deed.	City. Zip Code
	Telephone
	Invoice #
Work Order # E 14579	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

E-14579

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

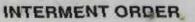
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

86

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	B. MIDDLE	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Ovid	1	Harold	Green		03/31/1912 08/25/1998 M
SA. CITY OF DEATH	San Diego		SB. COUNTY OF DE	San Diego	6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF NFORMANT Judy Greelhoud-Friend
		FUNERAL DIRECTOR OR PER Chapel	SON ACTING AS SUCH 7B.	CALIF LICENSE NUMBER —IF APPLICABLE	333 G Street #101 San Diego, CA. 92101
2441 Un	iversity Ave	. San Diego, (CA. 92104	FD-1575	BA. SIGNATURE OF APPLICANT Person twent person, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10376	wiedge as applicant that the proposes of the Health and Safety Code, and was	authorized pursuant to Section 7100	of the Health and Safety Code.	> April 1 6,000 09/10/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFOR AND IS THE AUTHORITY F IN THIS PERMIT.	IN ACCORDANCE WITH PRO NA HEALTH AND SAFETY CO FOR THE DISPOSITION SPECIF OH OF DEPOSAL ONTSIDE OF CALFOR	ODE FIED	09/10/19 M. Lega	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	Vital Rec	STRAR OF DISTRICT OF D CAUFORNIA Ords; PO Box 8	35222		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPL				FOR CORONER'S USE ONLY
B. CREMATION		S OTHER	E. TEMPORARY EI F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OF		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	Mount Hope	Cemetery; t St. San Dies		9 11-98	1 11 110 -
CREMATION	12A. NAME AND ADDR	SESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDR	RESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	S 13B DATE RECEIV	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT TRANSIT		ESS IN RECEIVING STATE EMATED REMAINS ARE TO		14B. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTI	ST POINT ON SHORELINE, OF FY FINAL PLACE AND CA D		F- 15B, DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE



MT. HOPE CEMETERY



City of San Diego

Date 9/11/98

ina Liner	Funeral, date, time how, 9	-2) 10:0
Church, Chapel, Graveside	ude Ragala	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra cl	narge of \$
will be applied and billed to undersigned	d	
15 42	2	~
Lot 46 Grave 93 Rov	Section 3 Divis	sion/Block
Grave space & Care Fund	me weed	
Additional spaces and care fund		
Opening/Closing & Setup		375,00
Burlat Container	DAID	19000
Handling Fees	TAID	14500
Flower vases - Marker setting fee	SEP 1 6 1998	
Recording and filing fee	OCI 1 0 1930	45.00
	MT. HOPE CEMETERY	14,73
-150	TY of SAN DIFGO, CALIF	1600.73
23215B	Paid receipt number 50397	750,00
1	1 1 50398	19:739
Soull's	Dullam	ce due 169:15
I hereby certify I am the good and this is your authority to make dispose	sition of remains as above indicated.	ove named decedent certify and represent
that I have the right to make this authori any liability on account of said authorize	ization and I agree to hold Mt. Hope Ce ation and interment	metery framiless from
	XGUILA	Yullug.
I hereby authorize the interment in lot I hold under deed.	Signatura VA	TONE
	Address NECO	1 01041
Signature of recorded holder of deed	- X AT MFOR	7 7 20 Code
	X(4/9) 466 - 9	15-14
	Invoice #	-
Work Order # E 14580	Acct. #	

David Mason Presbyleria Church 9/11/98 gave permission to use this grave for Jock Maluch.

The Kathryn Howard. Could we do 9/1/198

reedes to more grave 1 contrar to lot 46-3-3-5

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

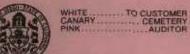
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 2. DATE OF BIRTH 3 DATE OF DEATH 4. SEX 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Maluth Dyany Jock 08/08/1968 09/09/1998 5A CITY OF DEATH 68. COUNTY OF DEATH-OUTSIDE CALIF. B. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE San Diago San Diego Nizalem W. Nock, Wife 7A TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 4369 51st St. Apt. 7 -- IF APPLICABLE Anderson-Ragsdale Mort: 5050 Federal Blvd. San Diego, CA 92119 San Diego, CA 92102 F-1329 BA SIGNATURE OF APPLICANT-Person tolong permit, BB DATE SIGNED becate advanteder as applicant that the proposed disposition stated terms in one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9813605 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT. LOCAL REGISTRAR PLOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL DITTSEE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW Vital Records; P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) **B. CREMATION** F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED PERSON IN CHARGE OF BURIAL BURIAL Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER

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

THAN IN A CEMETERY

IF APPLICABLE

CITY OF SAN DIEGO, CALIFORNIA



MOUNT HOPE CEMETERY 527-3400

From: Paul P. Pulling	Address:	4055 Vale 2	Date: 9	560	41941	992
IN Payment of	- 13/10 muse	I of Jec	K Malue	pilars (\$ _	19,73	
Lot 45 Gra	ve	Row	Section 3		Division 5	
Invoice No	NOT VALID FOR PURPOS "PAID" IN THIS SPACE.	ESTATED UNLESS STAMPED	20% Sales 00% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100		
Pre-Need Lot ☐ At Need ☐ On Ac		yk Bak	Handling Fee Recording 5 Miss: Fres Pre-Need Trust Sales Tax TOTAL PAID	77185 — 100 77183 — 83033 9022 — 60101 78390 — \$	14	7373

CITY OF SAN DIEGO, CALIFORNIA

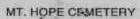


WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

			3 3 3	Date:	9/11	-	19 74
from Mound Suledud Pre	Shy Law Address:	455150	balad	Mit Dal	10)	Ma Ci	1 9003
Somen hundred.	Totally &	ole to		D	ollars (\$ _	750,00)
n Part Payment of	unistil	al Jo	OK III	aluch			
				-			T. C.
ot U5 Grave	6	Row	Sec	tion 3		Division Block	5
1 3 W	NOT VALID FOR FUR	POSE STATED UNLESS		CREDIT	57007 77184 —		1
nvoice No	"PAID" IN THIS SPAC	E Transcription of the Control	3.72.9.77 (b=3.7c)	20% Sales Care 80% Sales	100		
Acct. No.				of Lots Opening/ Closing	77184 — 100 77181 —	375	60
N.O E 1951 0	97			Burial Continuers	77182	190	00
BALANCE DUE				Handling Fee	100 77185 —	145	60
				Recording A Misc. Fees	77183 -	4	60
Pre-Need Lot At Need On Acct	1 1	- J. W.	112	Pre-Need Trust	63033 9022 —	_	-
Pre-need Trust Gash Check	NEW YELL	wit Dak	1	Sales Tea	80101 78390 —	40	1
C-212 (Rev. 5-94)	ISSUED BY	1		TOTAL PAID	-	750	00





INTERMENT ORDER

City of San Diego

Date 9/11/98

of Percy Baster	ucted, subject to your rules and regulations, to inter the remains
in a Type of Burial Contains Church, Chapel, Graveside	Funeral, date, time Fla, Ret 10" 2.63
All Funeral cars must arrive before a	:30 p.m. of regular work day or an extra charge of \$
Lot 105 Grave 10	Row Section 2 Division/Block_//
Grave space & Care Fund	89500
and the second second	305.00
Opening/Closing & Setup	PAID IN FULL BOOK
Burial Container	0-18-08
landling Fees	1 10 10 /4500
	- 1
Recording and filing fee	
Sales taxes	Total Due
BUNELL .	Paid receipt number R -50400 1004.7
· Or	Balance due
hereby certify I am the	of the above named deceden
and this is your authority to make o that I have the right to make this authority any liability on account of said authority	sposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
hereby authorize the interment in I nold under deed.	ot I Granture
	Aldress
Signature of recorded holder of deed	City Zip Code Telephone
	Invoice #
Work Order # E 14581	Acct. #
REA-104 (7-96) Th	s information is available in alternative formats upon request.

the Printed on veryelest paper

THE MENT PROPER E- 14581

Constitution of the second of

E 14581

E- 14581

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX IA. NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE TC. LAST (FAMILY) MONTH, DAY, YEAR MONTH DAY, YEAR Paster Percy 12/14/1929 09/09/1998-SB COUNTY OF DEATH-OUTSIDE CALIF., NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH OF INFORMANT ENTER STATE San Diego San Diego Chemry Paster, Wife 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 4092 Franklin Ave. IF APPLICABLE Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92113 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT - Forson taking permit, 8B. DATE- SIGNED I hereby acknowledge as applicant that the proposed disposition stated betton is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS FERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9813734 09/18/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED BY CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL Vital Records: P.O. Box 85222 DISPOSITION San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA I I A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED Mt. Hope Cemetery: 3751 Market St. BURIAL -18-98 San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT 12B DATE CREMATED CREMATION 138. DATE RECEIVED, 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE F 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN GHARGE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

OFFICIAL RECEIPT



WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

PINK AUDITOR	MOUNT HOPE CEMETERY 527-3400	· q_	12	as.
From Andrison - Ragsd	all Address 5050 Feel	Pater B	Valso 92	为62
. In thousands	x huna rea sixtut	11413	10147	3,
Payment of 117H	arment of			-0.6
	percy paster			1
Lot 05 Grave	RowS	ection 2	Division	-
Invoice No.	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 179	00
Acct. No.	RECE PROPERTY	90% Sales of Lots Opening	77164 316	10
w.o. E 14581		Opening/ Closing Burial Containers	77181 77162	to
BALANCE DUE	TO BUILDING	Handling Fee	77185	20
		Recording & Misc. Fees Pre-Need	77163	00
Pre-Need Lot At Need On Acct. Pre-need Trust Cash Check	altino Auglon	Trust Sales Tax	63033 9022 60101 78390	73
AC-212 (Flev. 544) 4301	ISSUED BY TYNY	WEDTAL PAID	- ITOUT	13-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/14/98

		with Mrs
	ineral, date, time TUESSEPT	15th 2.00
Church, Chapel, Graveside Chapel/G	rangede Featheringill	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charg	of \$ 150.00
will be applied and billed to undersigned.	Chier Mitch	ell
1 000		
Lot 270 Grave 8 Row	Section Division#	Stock 12
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup		375 00
Burial Container		190.08
Handling Fees		145.00
Flower vases - Marker setting fee		INF TO
Recording and filing fee		115 84
Sales taxes		14.73
	Total Due	168973
Paid re-	ceipt number 50389	1689.73
	Balance du	e D
Thereby certify I am the X WIFE	of the above	named decedent
and this is your authority to make disposition of that I have the right to make this authorization a	of remains as above indicated, I cer	tify and represent
any liability on account of said authorization an	d interment.	11111
I hereby authorize the interment in lot I	X Lelien 1/1	tekell
hold under deed.	X4066 Taylor	5+#82
Signature of recorded builder of deed	X Sacramento	CA 95838
	CHY 911-1041-457	2ip Code
	Telephone	
	Telephone Invoice #	

@ Printed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.

Elieen Mitchel wants us to piek lot 9/14/95 853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			DATE OF DEATH 4. SEX
	STEVEN		ALLEN	MITCHELL	Carrier and I a	11079 4 4004 4 4004	/10/1998 M
	FONTANA			5B. COUNTY OF DEATH ENTER STATE SAN BERNARD		NAME RELATIONSHIP, FULL MAILIN DE INFORMANT DINNIE J. MITCHELL	
1	PEATHERING	ILL MORTUAR	A—FUNERAL DIRECTOR OR PERSON AN DIEGO. CA 9211 choosings as applicant that the proposed die 75 of the Health and Safety Code, and was auf	N ACTING AS SUCH 78. CAL	F APPLICABLE SA BA. Steposition authorized by	AL CONTOUR BLVD. N. DIEGO, CA 92115 SIGNATURE OF APPLICANT—PERSON IN	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	THE IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED BIBLIT OF DISPOSAL OUTSIDE OF CALIFORNIA	BA. AMOUNT OF FEE PA	THE WATER HOLD THE WATER WATER TO THE	OPEN DESIGNATION OF THE PROPERTY AND THE	REGISTRAR ISSUING PERMIT
70	IY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SHOW FINAL DISPOSITION.	354 MOUNT SAN BERNA	AIN VIEW AVE. RDINO, CA 92415-0	P	ASPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION— ANOTHER DISTRICT ON CALIFORNIA AND DIEGO, CA 9218	86-5222
10	A BURIAL (INCL)			E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNA		ING REMAINS LOCATED AT
	BURIAL	MT. ROPE	ODRESS OF CALIFORNIA CEMETI CEM. 3751 MARKET , CA 92102		9-15-9Y	TIC, SIGNATURE OF PERSON	IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON I	N CHARGE OF CREMATION
LL. APPLICA	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATUR OF PLACING WITH THE C	
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C INTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON CHARGE OF DISPOSITION	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

		Date: 9/14	. 19 70
rom Eleca Mitchell	Address: 4000 Taylor	51 # 82	Sicumentalio
One thewand	SIX hundred eightur	Dollars	1689,79
Full Payment of In	lement and de	there les	Les burial
a Ster	4 Mitchell	P	
ot 370 Grave	X Row \$	ection 9	Division 4
nvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	GREDIT 87007 20% Sales Cars 77184 80% Sales 100	159 00
v.o. E 14582		of Lots 77:84 Opening/ 100 Closing 77:81 Burial 100	190 00
ALANCE DUE	NAME OF TAXABLE PARTY.	Containers 77182 100 Handling Fee 77185 Recording & 100	1000
re-Need Lot	2 611	Misc. Fees 77183 Pre-Need 83033 Trust 9022 Sales Tax 60101	
C-212 (Rev. 5-94)	ISSUED BY UN JULIAN	TOTAL PAID 1	1689 73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-14-98

	ucted, subject to your rules and regulations	s, to inter the remains
in a ASN Vault		ept 18 11.00/
Church, Chapel, Graveside 1970	wesde: al carm	Mortuary.
All Funeral cars must arrive before 3	:30 p.m, of regular work day or an extra ch	sarge of \$
will be applied and billed to undersig	ned.	
Lot 37 Grave	Row Section 700F Birds	ION/Block 36
Grave space & Care Fund	Prended Cou	62 0
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105,00
Burial Container	SEP 1 6 1998	95.00
Handling Fees		1000
Flower vases - Marker setting fee	MT. HOPE CEMETERY	
Recording and filing fee	11 Y 01 3/3 × 121 CO22 22 22 22 22 22 22 22 22 22 22 22 22	45.00
Sales taxes		4,06
	Total Due	26926
	Paid receipt number 50396	26926
x 10	OB Man A Balance	
I hereby certify I am the A A and this is your authority to make di that I have the right to make this authory liability on account of said authority.	sposition of remains as above indicated. I	cove named decedent certify and represent metery harmless from
I hereby authorize the interment in lo hold under deed.	Signature	Hong Da
Signature of recorded licities of deed	Mospedur O X330 628 2 Telephone	230 21p Code
	Invoice #	
Work Order # E 14583	Acct. #	A SHOW THE REAL PROPERTY.

& Fronted on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14583

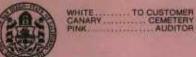
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT—FIRST (GIVEN) 18. MIDDLE	C. LAST (FAMILY)	2 DATE OF BIRTH 3 DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
LEON	GEORGE	BINKLEY	02/15/1910 09/16/1998 M
SA. CITY OF DEATH	5	B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON		SAN DIEGO	MELVIN E BALLINGER - BROTHER
EL CAJON	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTIV MORTUARY LISON AVE/EL CAJON, CA 92020	- FD-1022	WADSWORTH, OH 44281
ACKNOWLEDGMENT OF	APPLICANT I bereby acknowledge as applicant that the proposed disposition Section 10376 of the Health and Safety Code, and was authorized p	stated herein is one of the dispositions authorized by	BA. SIGNATURE OF APPLICANT—Person have permit BB. DATE SIGNED OTHER BOLL SIGNED OTHER BOLL SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALLFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SIYES NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00 BRENDA I	
ANY CHANGE IN DISPOSETION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION,	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- # DEATH OCCURRED IN CALIFORNIA. P O BOX 85222 SAN DIEGO, CA 92186-5222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISE	POSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
X A. BURIAL (INCL		TEMPORARY ENVAULTMENT DISINTERMENT	I DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
TANK BUT BUT STREET	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA	
C. DISPOSITION	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA 1 118. DATE BURE 92101	ED TIC SIGNATURE OF PERSON IN CHARGE OF BURHAL
C. DISPOSITION THAN IN A C D. SCIENTIFIC L BURIAL	OF CREMATED REMAINS OTHER CEMETERY USE ITAL NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY	92101 128 DATE CHEM	ED 11C SIGNATURE OF PERSON IN CHARGE OF BUSHAL
C. DISPOSITION THAN IN A C D SCIENTIFIC L BURIAL	OF CREMATED REMAINS OTHER CEMETERY USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC	92101 128 DATE CHEMA CA 92530 9-17-92	THE TELESCOPE OF PERSON IN CHARGE OF BURNAL PROPERTY OF THE PERSON IN CHARGE OF CREMATICS
C. DISPOSITION THAN IN A C D. SCIENTIFIC BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER CEMETERY USE 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC 571-J CRANE ST/LAKE ELSINORE, 13A NAME AND ADDRESS OF CALIFORNIA FACILITY REC	SHIP IN TO CALIFORNIA TRANSIT TO CUTSIDE OF CALIFORNIA 118. DATE BURB 92101 128. DATE CHEMA CA 92530 CEIVING REMAINS 138. DATE RECE	THE THE SIGNATURE OF PERSON IN CHARGE OF BURNAL MED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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.

CITY OF SAN DIEGO, CALIFORNIA



MOUNT HOPE CEMETERY 527-3400

		Date: 9 H	0 1998
From Leun Binkley	Address: 36 8 Doc 2001	sed Dr Weller	of the Hode
Two hunds	ed SIXY THE 76/60	Dollars (\$ 26926
n Full Payment of T	atenment of term	Grange Du	aktes
	ALL SECTION)
ot 37 Grave	Row Se	ection TLUF	Division 34
nvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPAGE.	CREDIT 67007 20% Sales Care 77184	
Acct. No		80% Sales 100 of Lots 77184 Opening/ 100	
N.O. 14583	To carry the same of the	Glosing 77181 Burisi 100	55 00
BALANCE DUE	1 1 3 1 1 1 1 1 1 1 1 1	Containers 77182 100 Handling Fee 77185	(a) (a)
		Recording & 100 Misc Fees 77183	45 60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	X BU	Pre-Need 83033 Trust 9022 Sales Tax 80101	4 06
NG-212 (Rev. 654)	ISSUED BY UII ALL DE	TOTAL PAID \$	269 26
The state of the s			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

9-18-98

You are hereby authorized and	instructed, subject to your rules and re	egulations, to inter the remains
of James	Aerocall De	WA TO DE
In a Supple of Burish Container	Funeral, date, time	- 101 Mun 1.00
Church, Chapel, Graveside	uch Granel Ra	Mortuary.
All Funeral cars must arrive before	ore 3:30 p.m. of regular work day or a	extra charge of \$
will be applied and billed to und	ersigned	
Lot 13 Grave 13	Row Section _ a	Division/Black 12
Grave space & Care Fund	20=	03 895.00
Additional spaces and care fund	I	
Opening/Closing & Setup		375.00
Burial Container	PAID	190.00
Handling Fees	OCT 1 6 1000	145.00
Flower vases - Marker setting f	OCT 1 6 1998	
Recording and filling fee	MI. HOLE CEMETERI	45.00
Sales taxes	CITY of SAN DIEGO, CALIF	14. 73
	Total D	ue\669: (3
	Paid receipt number VIS	832.00
I hereby certify I am the	Brother Aux	Balance due
that I have the right to make this any liability on account of said a	ke disposition of remains as above in sauthorization and I agree to hold Mt. authorization and interment.	Hope Cemetery harmless from
I hereby authorize the interment	tin lot 1 Dayland	W. Jean
hold under deed.	X 1901 1	UKE DR
Signature of recorded halifer of deed	X BAKERS	Fight CA 93303
	Invoice # 30	4549
Work Order # E 1458	The state of the s	11530
REA-104 (7-96)	This information is available in alte	rnative formats upon request.

triated as recycled paper

PY-1012 (11-89)

W.O. # E-14584

NOTE

\$ 832.73	San Diego, California _	September	14 1913
Thirty days after date for value received, the undersig	ned maker promises to p	ay San Diego City	Treasurer or order at
3751 Market Street, San Diego, CA 92101, the sum of	, cusht turbed	buly how	DOLLARS
with interest from Data 15, 1998		on	the unpaid principal
at the rate of 12 percent per annum, payable on dem	and.		•
Should this note not be paid when due, it shall the accrue at the rate indicated above. Principal and interwill be liable and consents to renewals, replacement maturity, and waives presentment, demand and properson who signs this note agrees that recourse maturity and waives presentment, demand and properson who signs this note agrees that recourse may contained herein. If any action be instituted on this may fix as attorney's fees.	rest are payable in lawful ts and extensions of time test and the right to asso by be held against his/he	money of the Unit e for payment here ert any statute of li er separate proper	ed States. The make eof before, at or after imitations. A married ty for any obligation
Part II, Chapter I, Article 2, Paragraph 752 authorizes the removal of any remains from a			
PRINT NAME & GARLAND YERRY	SIGNATURE	Doyant V	er
ADDRESS X 1901 DUKE DR			
CALIFORNIA DRIVER LICENSE NUMBER X R 042	0886 ss	N# X560-	76-4679

E-14584

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			ATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	
James		Herschell	Perry		03/	24/1948	09/12/199	8 M
5A. CITY OF DEATH	National City		5B. COUNTY OF DEATH ENTER STATE	ENTER STATE OF IN		E, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE NFORMANT		
		A-FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH TE CAL	Garland W. Perry, Brother.				
Anderson-Ra	agsdale Mor	t.; 5050 Federal	Blud.	AND THE REAL PROPERTY OF THE PARTY OF THE PA		ield. CA	93305	
		San Diego, CA 92	102 F-1	329	A. SIGNATURE	OF APPLICANT-PE	caon taking permit, 88. DA	TE SIGNED
ACKNOWLEDGMENT OF AP	Section 10:	classwindge as applicant that the proposed of 176 of the Health and Safety Code, and was aut	honzed parasant to Section 7100 of the	Health and Salety Code.	stell	" Will	09/	16/1998
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODI Y FOR THE DISPOSITION SPECIFIES O RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$7.00	09/16/19	2000	GNATURE OF LOC	9813573	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEA D N CAUFORNIA Prds; P.O. Box 85 In Diego, CA 9218	222	DRESS OF REGISTRAN C			NIA	
10. AUTHORIZED DISPO	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO GALIFO H. TRANSIT TO OUTS	FINIA		I. DISPOSITION F (Name and Ad	PENDING FIEMAINS I dress)	LOCATED AT
BURIAL	THE RESERVE OF THE PARTY OF THE	Cemetery; 3751 M San Diego, C	arket St.	9-17-9	× .	1/11	ON IN CHARGE OF	-
CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATE	120, 919	NATURE OF PERS	ON IN CHARGE OF C	REMATION
SCIENTIFIC USE	TISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVE	ED 13C. SIG	C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPEI		4C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OTHER			15B. DATE OF DISPOSITION		NATURE OF PERS NRGE OF DISPOSE	TION OF CRI	SE NUMBER EMATED RE- DISPOSER PPLICABLE

CITY OF SAN DIRGO, CALIFORNIA

E-14584

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

GUSTOMEN ACCOUNT NO 094530

	CUSTOMER ACCOUNT NO. 14 990
PAY	MENT DATA
PAYMENT P.M. RECEIVED DATE PAID BY (CIRCLE ONE)! PAYMENT REPERENCE NUMBER	10-16-98 (H.D. +8/H.Hop)
# 832.73	THEASURER VALIDATION
cust	OMER DATA
CUSTOMER (PAYOR) ADDRESS SC	ir land perry Inite / Richard white 235 National ave an Diego, CA 921/3 "Ourgem - Avallme
CASHIER	INV. No. 304549

TH-1861 (2-82)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/14/98

You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
or Sandra Mori	15	
in a Unee	Fyngral, date, time GCP, Wed	16th 1.00
Church, Chapel, Graveside Church	Marsoli (A Bural	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charg	e of \$ 150
will be applied and billed to undersigned.	My Akuy	
1211 10	1	"
Lot Grave 10 Row_	Section Olivision/	Block
Grave space & Care Fund	Pre rued	
Additional spaces and care fund		
Opening/Closing & Setup	in .	375.00
Burial Container	IU \	190.00
Handling Fees	1998	145.00
Flower vases - Marker setting teSEP 14	1000	
Recording and filling fee MT. HOPE C	EMETERY	45.00
Sales taxes MT. HOPE CITY of SAND	EGO. CALID	
	Total Due	16913
Paid	receipt number <u>50390</u>	104:10
	Balance de	ue
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	of remains as above indicated. I cer	named decedent tify and represent ery harmless from
	X de Ma	cen
I hereby authorize the interment in lot I hold under deed.	VIOQ VERKERSON	NE #
Signature of recorded holder of deed	X PARCEA INSTR	C1 9/9/C
The state of the s	X 649 426 -	10449 Esp Code
	Invoice #	
Work Order # E 14585	Acct. #	of the latest

E-14585

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 42

2

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC LAST (FAMILY)			DATE OF BIRTH	3. DATE OF MONTH, DAY		4. SEX
	SANDRA	LAVERN	MORRIS			11/15/1955	09/13/	the second second	F
5A	CITY OF DEATH		B. COUNTY OF DEATH- ENTER STATE	-OUTSIDE CALIF., (OF INFO	RELATIONSHIP, FULL MA	ULING ADDRES	SS AND ZIP	CODE.
	SAN DIEGO		SAN DIEGO)		MORRIS-NOT	HER		
7.A	A STATE OF THE PARTY OF THE PAR	DDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACT		APPLICABLE	4522		2000000 L		
		IA CREMATION & BURIAL CHAPEL				TALAMATA AND A STATE OF THE PARTY OF THE PAR	92115	The same of the sa	•-
_	3880 EF (CAJON BLVD., SAN DIEGO, CA 92		Shall be a second of the secon	BA. SIGNA	TURE OF APPLICANT—N	cton taking permit	SB. DATE	SIGNED
	ACKNOWLEDGMENT OF AT	Section 10376 of the Health and Safety Code, and was authorized a	personnt to Section 7100 of the I	Bealth and Salety Code.	7	o a kal	KES !	09/16	/1998
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	AMOUNT OF FEE PAI			C SIGNATURE OF LOC	AL REGISTRA	AH ISSUING	PERMIT
	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	47.00	09/16/19	1/4	0010560			
M	OCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CILIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	\$7.00 SE ADDE	K. WALK	of the Year Statement	9813568 CT OF DISPOSITION—		_	_
1	IV CHANGE IN DISPOSH ION REQUIRES A NEW	IF DEATH OCCURRED IN CALIFORNIA	I IF DIS			HER DISTRICT IN CALIFOR	NIA		
B	DISPOSITION.	VITAL RECORDS - P. O. BOX 8523 SAN DIEGO, CA 92186-5222							
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORO	NER'S US	E ONLY	-
3	M A BURIAL (INCL)	JOES ENTOMBMENT)	TEMPORARY ENVAU	LIMENT		I DISPOSITION I	ENDING RE	MAINS LO	CArest AT
3	B. CREMATION		DISINTERMENT			(Name and Ad			onies Ai
1	C. DISPOSITION	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFOR	INIA					
i	D. SCIENTIFIC US		TRANSIT TO OUTSIE	E OF CALIFORNIA					
C		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		11B. DATE BURIED	11C	SIGNATURE OF PERS	ON IN CHAR	GE OF BU	RIP
	BURIAL	MT. HOPE CEMETERY 3751 MARK	ET ST.,	THE RESIDENCE OF COMME	1	10,00	11	Market Ship	
	30000	SAN DIEGO, CA 92102		9-16-9	81	LIM	R		
TEMS		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		128. DATE CREMATE	ED 12C	SMINATURE OF PERS	ON IN CRARG	E OF CRE	MATION
411	CREMATION				1				
CABL					ib				
유		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE	CEIVING REMAINS	138. DATE RECEIV	ED 13C.	SIGNATURE OF PERS	ON IN CHAR	GE OF FA	CILITY
APPLI	SCIENTIFIC			!	1				
ALL	U.S.				i >	V 4 2			
ETE		14A. NAME AND ADDRESS IN RECEIVING STATE OR CO- REMAINS OR CREMATED REMAINS ARE TO BE SHI		148. DATE SHIPPE	D 14C.	ADDRESS AND SIGNA		RSON IN	CHARGE
	TRANSIT	PENANTS OF CREMATED REMAINS ARE TO BE STI	rico	1	1	OF PENCING WITH IT	IE GANNIER		22
COMPL					-				
E	SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT (15B. DATE OF DISPOSITION	15C.	SIGNATURE OF PERS		OF CREM	
	DISPOSITION OTHER	-		1	-	STATISE OF DIG OO	10777	MAINS DE	SPCISER *
_	THAN IN A CEMETERY				1				-

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

50390

CITY OF SAN DIEGO, CALIFORNIA



Invoice No. __

BALANCE DU

Pre-Need Lot Pre-need Trust

AC-212 (Rev. 5-94)

Acct. No. W.O.

From

WHITE TO GUSTOMER CANARY GEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Moins entrundred Payment of T	SIXLy Mire 73/10)	The second secon	1/14 Nula Vista Hars (\$ 7697)	1998 (1/29
Grave		Section S	Division/ Block	_
-14585	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	90% Sales of Lots Opening/ Closing Bunsi	77184 100 77184 100 77181 100 77181 100 17182 190	00
At Need On Acct	3/ 6/	Recording & Miss. Fees Pre-Need Trust	77185 /45 100 /46 77183 -46 63033 -6002 /4	73
Cash Check D	ISSUED BY JAWAL DUTCH	TOTAL PAID	3 769	73

Disintermen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego .



Date 9-15-98

na	Funeral, date, time
Church, Chapel, Graveside	. Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 8 Grave 7 Row_	Section 100 F _Bivision/Block _ &
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	oterment Tee 1,000.0
Recording and filing fee	
Sales taxes	
	Total Due
Pai	d receipt number
	Balance due
I hereby certify I am the and this is your authority to make dispositional I have the right to make this authorization any liability on account of said authorization	of the above named deceden on of remains as above indicated. I certify and represen ion and I agree to hold Mt. Hope Cemetery harmless from n and interment.
I hereby authorize the interment in lot I hold under deed.	> Signature
Signature of recorded holder of deed	X City Zip God
	Telephone
	ferrales #
Work Order # E 14586	Invoice #



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 Shacketton

Clerical Assistant II

Enclosures





THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereby disinter the rem		l instructed, subject	8	and regulation	ons, to
from Lot 8	_ Grave7	Section _IOOF	Row	Block	8 .
Division	And to rem	ove the same to an	d reinter said	remains in Lo	ot
Grave	_ Section	Row	_ Block	Division	
Cemetery					
		harmless from any removal, and rein	200.45	account of sa	ald
Signature	rized the above	Relation to dec	eased A	ddress	
Thereby author	nzed the above	uisinternient.			
(Lot owner mu	st sign if not le	gal custodian)		Date	

(This form must be notarized, if not signed in presence of cemetery staff.)



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pate 9-15-98

You are hereby authorized and instructed, sub of COYCHIA Shell	ject to your rules and	regulations, to inter the remains
in a Type of Burnal Companier	uneral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or	an extra charge of \$
will be applied and billed to undersigned.		
Lot 15 Grave 2 Row_	Section	Division/Block 12
Grave space & Care Fund		195.0
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	_/_/	}
Handling Fees)
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes	/\	
	Total	Due
Paidre	ecelpt number	
	00,	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at	and I agree to hold M	of the above named decedent indicated. I certify and represent t. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Gignojare	
Squature of recorded halder of deed	City	Zip Code
	Invoice #	1
Work Order # E 14587	Acct. #	

Prendld INTERMENT ORDER 10+ + trust City of San Diego

. IIVEV	
Type of Burist Container	uneral, date, time
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 15 Grave 2 Row_	Section 3 Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund	D IN
obeimidiotosuid a combinition	375.0
Burial Container	1900
Handling Fees	145.00
Handling Fees	- 2 - 7 7
Recording and filing fee	46.00
Sales taxes	14.13
9-30-99	Total Due 504.
Paid Paid	eceipt number K -50393 X00.0
12337	Balance due 704.
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature 13 2 S. 42 nd
Signature of recorded holder of deed	San Diego CA 92113 211 Cary 619-263-0509
	Invoice #
Work Order # E 14588	

@ Printed on respelled paper

SHELT	ON.	CORETHA 732 S. 32nd St. San Diego, CA 92113		E-14₹88	
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		150,73
9-17	1000001	R~50393		800.00	764.73
3-3	99	R-50727 Capons 1-5 R-50901 Coupons 6-8		10000	5 04 73
		R 51164 Coupons 12-18		200.00	204.73
6-6	19	1251195		264 73	
					10
		SHELTON, CORETHA			

CITY OF SAN DIEGO, CALIFORNIA



From

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

Row

Address:

42 PR 5	ollars (\$	2113	19 10
Section CREDIT 20% Sales Care 80% Sales Of Lots Opening/ Closing Bursa Containers	67067 77184 — 100 77181 — 100 77182 —	Division Block 169	12
Handling Fos Recording & Misc. Felts Pre-Need Trust Sales Tax TOTAL PAID	100 77185 — 100 77183 — 63033 9022 — 60101 78390 —	800	00

Grave NOT VALID FOR PURPOSE STATED UNLESS STAM Invoice No. Acct. No.

Payment of

BALANCE DUE

On Acct Pre-Need Lot Pre-need Trust Check

AC-212 (Rev. 5-94)

ISSUED BY

	NOT					ittanc	· C	OUP	ON	1	2
300	COUN	CONTRACTOR OF THE PARTY OF THE				441	88				
- 1	Core	o Th	a Si	reli	ZOD.						
	732										
	San	Dis	ego,	, GI	1 5	22章	13				
							15 100				
-	l constant							ed B			Service
DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG 10	SEP	oct	NOV
Amou due da	nt due ate abo	when p	paid on	or bef	are.		> 5		32	.00	
Amour after (nt due i due dat	f paid r e abov	nore th	an	day	rs D	s	_			
B	404-	73	9.59				\$	_			-
		5.4	Carrie Carrie	Am	ount R	eceive	d 5				- 17

ADDRESS

CTATE

ZIP

CITY STATE ZIP

C) check (y') if this is new address

	ount due when paid on, or before, date above. S S Amount Received \$	1	13								
AC	COUNT No. \$14488 Coratha Shalton 732 S. 42nd St. San Diago, CA 92113 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT No Junt due when paid on, or before, date above Amount Received \$										
	733	s.	42	nd	St.		13				
		Mon	th ar	nd De	y Di	ue In	dicat	ed B	elow		
IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
moų ue da	nt due de abo	when p	ald on	or bef	ore,		> 5	1	32	00	>
				an	da	ys)	5.				
							\$	_			-
AMI	_			Am	ount A	eceive	d \$.				
DDF	ESS	_			_						
TY		-		7.75	and the Contraction of	STATI			ZIP	1	_
			Jeck	(1)	II th	15 15	new	add	ress		

DO AC	NOT	MAIL F No.	AZE	eE BO	OK	1440 1440 9281	18			1	4
	-					ao Inc					
FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	10	NOV	DEC	JAN
lue da	nt due ate abo	ve. If paid i	nore th		lore.	195	5		32	.00	
aner (ne an	M ADO	(E)				-				
							\$	_	_	_	_
NAM	E			An	nount f	Receive	d \$				
ADD	RESS									-	
CITY					1	STAT	E		ZIP		
-			heck	(1) if ti	his is	new	add	ress		

Amount due when paid on, or before, the date above. Amount Received \$ NAME	end or	bring	ene co	CNITIE	with ea	ch ren	ittanc	. C	OUF	ON		15
Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FE Amount due when paid on, or before, fue date above. \$ 30.000 \$ \$ 30.000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1000	September 1	Total Control		E BU	MAN TO STATE OF THE PARTY OF TH	E14	488				
MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FE Amount due when paid on, or before, the date above. Amount fleceived \$ NAME		732	5.	42	nd	St.		13				
MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FE Amount due when paid on, or before, the date above. Amount fleceived \$ NAME			Mon	th ar	nd Di	ny Di	ue In	dicat	ed B	elow	-	
Amount Received \$	MAR	APR										FEB
Amount Received \$			A SALLES									
Amount Received \$				oaio on	or be	rare.		5		50,	00)
NAME	Amou after o	nt due lue da	if paid i	mont to	nan	da	lys	> s				
NAME								S				
ADDRESS	NAM	E	B		Ac	nount l	Receive	nd \$				
	ADDE	RESS										
CITY STATE ZIP check (/) if this is new address	CITY			-	Turkey					-	_	

DO NOT MAIL ENTIRE BOOK E14488

ACCOUNT No.

Coretian Shulton 732 S. 42nd Se.

CITY

Sun Diego, CA 97813

Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR Amount due when paid on, or before. due date above Amount due if paid more than days after due date above. Amount Received NAME ADDRESS

> STATE □ check (√) if this is new address

	NOT					ittance	C	DUP	ON	1	7
	COUNT	-				514	488				
	Con	ath	n B	heli	Eom						
	732	5.	42	nd I	St.						
	San	Di	ogo	. C	A	921	13				
		Mon	th ar	nd Di	av Di	ue In	dient	ed R	elow		
MAY	JUN	JUL	_	_	_	NOV		_	_	MAR	APR
Amou due di	int due ate abo	when p	paid on	or be	lare.		> s		32	00	>
Amou after	nt due due da	f paid te abo	more ti	ian	da	ys)	s				
							\$		_	-	-
NAM	E			An	nount i	Receive	nd \$				
ADD	RESS										
CITY	23					STAT			ZV		
			check	11)) if t	his is	nev	v add	ress	1	

nd or bring	one coupon with each remittance	COUPON	18
DO NOT	MAIL ENTIRE BOOK		TO

ACCOUNT No.

NAME ADDRESS

San Diego, CA

Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC JAN FEB MAR APR HIN Amount due when paid on, or before. due date above. days Amount due if paid more than, after due date above. Amount Received

CITY STATE ZIP check (/) if this is new address

Mt Hope Cemetery E - 14588Contract Entry Verification 08/07/2002

Contract Number: E-14588-F

Contract Date: 08/07/2002

Purchaser: Shelton, Coretha

732 S. 42nd Street

Purchaser Number: 337 /

Phone: 619-263-0509

Child Prot: N

San Diego ,CA 92113

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty Category	Description of C	ontract 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 Handelin	ig Fee	145.00	0.00		
1 Misc Fees	Recording Fee		45.00	0.00		
Property						
Division	n Section	Blk / Row	Lot	Grave	Depth/Lvl	
Division 12	2 3		115	12	A	

Mt Hope Cemetery Contract Entry Verification 08/07/2002

Contract Number: E-14588-F

Contract Date: 08/07/2002

Purchaser: Shelton, Coretha

732 S. 42nd Street

Purchaser Number: 337 /

Phone: 619-263-0509

Child Prot: N

San Diego ,CA 92113

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,550.00		NUMBER OF	INSTALLMENTS	1
SALES TAX	14.73		REGULAR PA	YMENT OF	0.00
TOTAL CASH PRICE	1,564.73		ODD PAYMEN	NT OF	764.73
TOTAL DOWNPAYMENT	800.00-		DATE FIRST I	PAYMENT DUE	09/07/2002
TRANSFER ALLOWANCE	0.00 -		PAYMENT PL	AN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-				19 - 10
			SOURCE:	Walk-in	
FINANCE CHARGE	0.00@	0.000%	AMORTIZE		Her Harrison
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				

Mt Hope Cemetery Agreement Confirmation 08/07/2002

E-14588

CERTAIN CERTAIN

Agreement Number: E-14588-F

Agreement Date: 08/0

08/07/2002

Purchaser:

Shelton, Coretha

732 S. 42nd Street

Purchaser Number: 337/

Phone: 619-263-0509

Child Protection: N

San Diego ,CA 92113

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty Category	Description of Contract Items	Price		Tax	Allowance
	Division 12-3	795.00		0.00	
	Single Grave	375.00	14.73 0.00		
	#5 Bell Liner	190.00			
CONTRACTOR STATE OF THE STATE O	Bell Liner Handeling Fee	145.00			
1 Misc Fees Property	Recording Fee	45.00		0.00	
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

Poper+ Cove	ect to your rules and regulations, to inter the remains
ina linev Fi	ineral, date, time Thur Sept 1711.0
Church, Chapel, Graveside CellVeN	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 271 Grave 3 Row -	Section 2 Division/Block 12
Grave space & Care Fund	7950
Additional spaces and care fund	
Opening/Closing & Setup	375.0
Burial Container	190.02
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
	14.73
editor's claim	Total Due,
argaret Delatora	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and interest in the said authorization and authorization	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from d interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of seconded holder of doed	City Zip Code
	Telephone
	Invoice #
Work Order # E 14589	Acct. #

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

9/15/98 2:00 pm Jum | Mayer -Called to pchedule and make arrangements for the burial. also paid the form of payment would be a Creditorp claim.

E-14589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

01

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

1)		NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)				3. DATE OF	DEATH	4. SEX
	Rob	pert	Harry		Coye		08/10/1937	09/02/	1998	M
5/	CITY OF DEATH	San Die	ogo	68 COUNTY OF DEA	ATH-OUTSIDE CALIF.		RELATIONSHIP, FULL A FORMANT Marco Del			CODE
7)		DORESS OF CALIFORNI	A—FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 75. 6	CALIF. LICENSE NUMBER -# APPLICABLE		THE RESIDENCE OF THE PARTY OF T	Ruffin Rd.		
Ł	Mayer I	The state of the s	Adams Ave., San D	riego, on	FD1424	BA. SIEM	ATURE OF APPLICANT	reach stoing permit.	BB DATE	SIGNED.
	ACHNOWLEDGMENT OF A	Section 100	cknowledge as applicant that the propose 176 of the Health and Salety Code, and was	authorized pursuant to Section 7100 of	the Health and Safety Code.	> 1	40/6	The same of the sa	09/16/1	THE RESERVE OF THE PERSON NAMED IN
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	IED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIF DIRECTOR DISPOSAL OUTSIDE OF CALIFOR	\$7.00	98. DATE PERMIT		9C. SIGNATURE OF LO	CAL REGISTR	AR ISSUING	PERMIT
	Y CHANGE IN DISPOSI-	9D ADDRESS OF RE	GISTRAR OF DISTRICT OF D		ADDRESS OF REGISTRAR F DISPOSITION IS TO OCC			RHIA		
	RMIT TO SHOW FINAL DISPOSITION.	San Diego,	n Diego, CA							
10	AUTHORIZED DISP	OSITION(S) CHECK AS	92186-5222 PPLICABLE ITEMS			7.	FOR COR	ONER'S US	SE ONLY	
NAME AND ADDRESS OF THE OWNER,	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU			I. DISPOSITION (Name and A	PENDING—RE	EMAINS LO	CATED AT
	BURIAL		Mt. Hope Cemet Market St., San Dieg	ery	7 /7-9	70.000	SIGNATURE OF PER	ISON IN CHAR	IGE OF BU	RIAL
BLE ITEMS	CREMATION		DDRESS OF CALIFORNIA CRE		12B. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHAR	GE OF CRE	MATION
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEI	VED 130	SIGNATURE OF PER	SON IN CHAR	GE OF FA	CILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE,
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, o ntify final place and ga <u>d</u>		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE OF CREM. MAINS DI —IF APPL	SPOSER

COPY 2 IS RETAINED BY 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

9. 1001	A . 1 9-	18 10'00
n a Typa of Burnet Contains	Funeral, date, time	10 10.00
Church, Chapel, Graveside	Craveside to alberinge	Mortuary.
III Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra cha	rge of \$
vil be applied and billed to undersign	ed	
ot 63 Grave 9 Ro	ow Section Divisio	n/Bleek \2
		895.00
Grave space & Care Fund		
Additional spaces and care fund	AIU	374 00
Opening/Closing & Setup	SED 4 0 4000	375.00
Burial Container	SEP 1 6 1998	140.00
fandling Fees	HOPE CEMETERY	145.00
lower vases - Marker setting feey.	LSAN DIEGO, CALIF	
Recording and filing fee		45.00
Sales taxes		14.73
	Total Due	1664.73
	Paid receipt number MIC	1664.73
V	// Balance	dua -O
hereby certify I am the 2x-I and this is your authority to make dis hat I have the right to make this author any liability on account of said author	position of remains as above indicated. I or reposition and I agree to hold Mt. Hope Cem	ve named decedent
hereby authorize the interment in lot hold under deed,	Richatura	Alstrono Heights Re
Signature at recorded hurser of deed	Santes Temporer 448-908	CA 92071 8 Zip Cools

E-14590

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1G. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEA	
Hobert		Wayne	Savela		02/18/1953	
A CITY OF DEATH			SB. COUNTY OF DI	EATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CODE
	ODRESS OF CALIFORN	A—FUNERAL DIRECTOR OR PERSON /	San Diago		THE RESIDENCE OF THE PARTY OF T	
		an Diego, CA 92115		FD 1083		-Person taking permit, 88, DATE SIGN
ACKNOWLEDGMENT OF AR	on scant I temby a	chauwledge as applicant that the proposed dispo 576 of the health and Selicity Code, and was author	oftion stated herein is one o	f the dispositions authorized by	Mahry Ro	HALL 09/16/19
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED IN WORT OF DISPOSAL OUTSIDE OF CALFORNIA,	9A. AMOUNT OF FE \$ 7.00	09/16/19 C. Lathr	998 9813561	LOCAL REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW	IF DEATH OCCURRE		— 9€.		OF DISTRICT OF DISPOSITION FUR IN ANOTHER DISTRICT IN CAU	
PERMIT TO SHOW FINAL DISPOSITION.		22 San Diego, CA			-	
O. AUTHORIZED DISPO	92186-5222 OSITION(S) CHECK A	PLICABLE ITEMS			FOR CO	DRONER'S USE ONLY
D. SCIENTIFIC US	11A NAME AND AD	DRESS OF CALIFORNIA CEMETER Cemetery 3751 Mari	Y	UTSIDE OF CALIFORNIA	ED 11C. SIGNATURE OF PI	ERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	12B, DATE CREMA	TED 12C SIGNATURE OF PE	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	S 13B, DATE RECE	IVED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 14C. ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN CHARLE 1 THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA DISTRIC		F- 15B. DATE OF DISPOSITION	15C SIGNATURE OF PI CHARGE OF DISP	

COPY 2 IS RETAINED BY 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/16/98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
	Funeral, date, time Mon Sept 21 10:30
Church, Chapel, Graveside Deliveru	Only Lewis Colonial Mortuary.
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
/	
Lot Grave 78 Row	J Section MAS Division/Slock
Grave space & Care Fund	The Need C 4300 -0
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	<u> </u>
Sales taxes	<u> </u>
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent not remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Styl A May De State of the Stat
Signature of recorded holder of deed:	Cay 19-445-2810 21p Code Totophohe
	Invoice #
Work Order # E 14591	Acct.#
The following	eties is sucilable in allocation formula conservation

E-14591 ₽001 TLEDOM SOL EDMONSE METERAL MARKET

E-14591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

61

38	, NAME OF DECEDE	HT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	S. DATE OF DEATH 4. SEX
5/	JUANTTA	HAR	58. COUNTY OF DEA		06/21/1917 NAME, RELATIONSHIP, FULL M	09/14/1998 PAILING ADDRESS AND ZIP CODE
7/	SAN DIEGO	DORESS OF CALIFORNIA—FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 7B. C.	SAN DIEGO L	DE INFORMANT EWIS COLONIAL/ 051 EL CAJON BI	BENBOUGH MORTUARY
	STATE OF THE PARTY	ONIAL/BENBOUGH MORTUAR AJON BLVD., SAN DIEGO,	T .	S	AM DIEGO. CA 93	
*	ACKNOWLEDGMENT OF A	I hereby acknowledge as applicant that the	e proposed disposition stated horses is one of the and was authorized pursuant to Soction 71,00 of	ne dispositions authorized by	Parette vale	2011111
	PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WISIONS OF THE CALIFORNIA HEALTH AND SAI AND IS THE AUTHORITY FOR THE DISPOSITION IN THIS PERMIT. INC. IN THIS PERMIT SHE NO RIGHT OF DESPOSAL OUTSIDE IN	SPECIFIED S7 DO	09/16/1999	9813581	CAL REGISTRAR ISSUING PERMIT
AP	OCAL REGISTRAR IV CHANGE IN DISPOSH- TION REQUIRES A NEW ERAIT TO SHOW FINAL DISPOSITION.	OD ADDRESS OF REGISTRAR OF DISTRICT WEATH OCCURRED IN CAMPONIA VITAL RECORDS PO BO SAN DIEGO, CA 92186-1	OF DEATH— 9E. AI		DISTRICT OF DISPOSITION— A ANOTHER DISTRICT IN CALIFOR	M44A
10	B. CREMATION		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF			ONER'S USE ONLY PENDING-REMAINS LOCATED AT
	BURIAL	NAME AND ADDRESS OF CALIFORN MT HOPE CEMETERY, 37 SAN DIEGO, CA 92102		9-21-98	11C SIGNATURE OF PERS	SON IN CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORN	A CREMATORY	128. DATE CREMATED	12C. SMNATURE OF PERS	ON IN CHARGE OF CREW
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORN	A FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERS	SON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING REMAINS OR CREMATED REMAINS /		14B. DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORE FICIENT TO IDENTIFY FINAL PLACE AN		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSI	

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

VS9 (REV. 6/91)

MT. HOPE CEMETERY INTERMENT ORDER

INTERNET ONE

City of San Diego

Date 9/17/98

You are hereby authorized and instructed, subject Audreu Wilson	ect to your rules and regulations, to inter the remains
TC VALIT	meral, date, time Middly Sept 211111
Church, Chapel, Graveside NUCA /Clis	Aveside: Hagsdalle Mortuary
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	AUGUST CONTRACTOR
Lot 79 Grave 2 Row	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	2250
Opening/Closing & Setup	315.00
Burial Container	2000
Handling Fees	50402 106.0D
Flower vases - Marker setting fee CFD	1 1998
Recording and filing fee	45.10
Sales taxes	CEMETERY
10144any 40 Brand C	TU93
TOV FULL CLIMOUNT Paid re	celpt number K-50101 1/67. 38
011000000000000000000000000000000000000	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and the said authorization are said authorization and the said	of the above named decedent if remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from d interment.
	Johnson Clark
I hereby authorize the interment in lot I hold under deed.	X1452 E 757.
Signature of recorded holder of dood	Splainfield 07062
	Tolophone -
	Invoice #
Work Order # E 14592	Acct. #

& Printed on respetial paper

REA-104 (7-96)

This information is available in alternative formats upon request.

Fax 203-1507

per Debbie & pkipper 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

43328		527-3400		- 21		98
From Probable	Addres	5050 Tele	Date:	(de	m Deign	9210
yout harris & pro	Jy Five -	1114	-	Dollars (\$	192.00	
n Payment of	Miles	Anstallation	the	for	11.77	
Cot 79 Grave	3 Will	Row	_ Section		Division \	2
Invoice No.	NOT VALID FOR PU	RPOSESTATED UNLESS STAM			-	
Acct. No.			BO% Sales of Lots Opening/	77184 — 100	-	
W.O. E - 14212			Closing Burist Containers	77181 — 100 77182 —	The Real Property lies	
BALANCE DUE			Handling Fe Recording 8 Misc. Free		¥23	00
Pre-Need Lot At Need On Acct			Pre-Need Trust	77183 — 63933 9022 —	13.2	
Pre-need Trust Cash Check Check	甲	W. Illa	Sains Tax	50101 78390 —	120	20
AC-212 (Flow. 5-94) 4368	ISSUED BY	der veller.	TOTAL PAID	The state of	143	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Pagelle	4 7	ddress: 5050	Lund alled	en Dujo	9210
In Payment of	Laterne	the fit	Wilson Dol	lers (\$ 17610	
*Lot 79	Grave 12	Row	Section 2	Division Block	12
Invoice No	NOTVALID	FOR PURPOSE STATED UNLESS ST HIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel	67007 \ 19 77184 \ 100 \ 71 \ 100 77184 \ 100 \ 3 \ 15 77181 \ 100 \ 3 \ 5 77182 \ 3 \ 5	00000
Pre-Need Lot At Need On On Pre-need Trust Cash Ch	Acct Deck Dissued By	allbull L	Recording & Misc. Fees Pro-Nond Trust Sales Tax	100 77185 100 77185 80003 9022 90101 78390 \$ 17769	38

E-14592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1C. LAST (FAMILY)

2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX

	Audrey		Winifred	Wilson		C	A CONTRACTOR OF THE PARTY OF TH	9/16/1998	y_
5/	CITY OF DEATH			5B. COUNTY OF DEATH			RELATIONSHIP, FULL MAILIN	ADDRESS AND ZIP CO	DE
	Natio	onal City		San Diego	1	ASSESSMENT	ah Richards,	Daughter	
7A	A STATE OF THE OWNER OWNE	-Ragedale M	ort.; 5050 Federal n Diego, CA 92102	Blvd -F	F. LICENSE NUMBER APPLICABLE	1562	E. Tulsa St.		NED
-	ACKNOWLEDGMENT OF A	necessary I hereby a	cknowledge as applicant that the propound dispu- 176 of the Health and Safety Code, and was suffice	sition stated heren is one of the cond pursuant to Section 7100 of the	dispositions authorized by Health and Solety Code.	De	Guchelia	09/17/1	998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	THE BY ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSAL OUTSIES OF CALFORNIA.	9A. AMOUNT OF FEE PA \$7.00	09/18/19	STREET, STREET	C, SIGNATURE OF LOCAL	PEGISTRAR ISSUING PER 9813767	RMIT
1	OF CHANGE IN DISPOSI- TION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION.	Vital Reco	egistrar of district of death o in california rds; B.O. Box 8522 an Diego. CA 92186	22	RESS OF REGISTRAR O		CT OF DISPOSITION— HER DISTRICT IN CAUFGRNIA		-
10	AUTHORIZED DISP			-3444			FOR CORONE	R'S USE ONLY	
-	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	ITA. NAME AND A	AINS OTHER DDRESS OF CALIFORNIA CEMETER Cemetery; 3751 Mar		ANIA	1 110.	(Name and Address SIGNATURE OF PERSON		
	SURIAL		San Diego, CA		19-21-98		WINT	8	-
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY.	128. DATE CREMATE	D 12C.	SIGNATURE OF PERSON I	N CHARGE OF CREMAT	Of
IL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF GALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	13C.	SIGNATURE OF PERSON	IN CHARGE OF FACILIT	Y
OMPLETE A	TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPER	14C.	ADDRESS AND SIGNATUR OF PLACING WITH THE C		NGE
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		15B, DATE OF DISPOSITION	150.	SIGNATURE OF PERSON CHARGE OF DISPOSITION		RE-

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

1A. NAME OF DECEDENT-FIRST (GIVEN) ! 1B. MIDDLE

MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/18/98

You are hereby authorized and instructed, sut of Mildred Bedd	eject to your rules and regulations, to in	nter the remains
ina Liner F	uneral, date, time TUS Sep	+20 20
Church, Chapel, Graveside	gravesdo Harsdale	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day, or an extra charge	ols 5000
will be applied and billed to undersigned.	Dierdie Redd	
Lot 135 Grave 9 Row	Section 3 Division/8	och/2
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup		3500
Burial Container Paul	a in full	190.00
Opening/Closing & Setup	-22-98	145.00
Flower vases - Marker setting fee		
Recording and filing fee		45,00
Sales taxes		14:23
Mathany Checkfort Paid n	Total Due	1564.23
Paid n	eceipt number <u>50408</u>	15047
to la like	Balance due	2
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certif	amed decedent y and represent y harmless from
any liability on account of said authorization a		1.1
I hereby authorize the interment in lot I	X Neidice Kel	201
hold under deed.	1728/ SARANAC	St #2
Signature of recorded holder of dead	X3AN DIEGO CI	92115
	Tellephone 67-34709	Zip Code
	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

TA	NAME OF DECEDE	ENT-FIRST (GIVEN) 18. MIDDLE	IC LAST (FAMILY)			OF DEATH 4. SEX
	Mildre	d Renae	Redd			DAY, YEAR
5A	CITY OF DEATH	- Million	58. COUNTY OF DEATH	-OUTSIDE CALIF.,	O. NAME, RELATIONSHIP, FULL MAILING AD	DRESS AND ZIP CODE
	San 1	Diego	San Diego		OF INFORMANT Dierdra Redd, Daught	ar
7A	TYPED NAME AND A	ODRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 78. CAL	IF. LICENSE NUMBER	7281 Saranac St. A	
	Anders	on-Ragsdale Mort.; 5050 Feder	al Blvd.	APPLICABLE	San Diego. CA 92115	
		San Diego, CA 92102	F	-1329	BA. SIGNATURE OF APPLICANT—Person taking I	writ, 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	200000 10076 of the Health and Salnty Gode, and was authors	eed pursuant to Section 7100 of th	Health and Safety Code.	Roller upil.	09/18/1998
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	9A. AMOUNT OF FEE PA	ND 96. DATE PERMIT	ISSUED, 9C. SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT
	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTE: THIS PERMIT WHEN MY WANT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	09/21/19	98	9813809
AN	Y CHANGE IN DISPOSE	SD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUPORNIA			OF DISTRICT OF DISPOSITION—	
	ON REQUIRES A NEW RWIT TO SHOW FINAL	Vital Records; P.O. Bax 852		isrosilion is 10 occor	the another desince in Charles	
	DISPOSITION.	San Diego, CA 921	Zara Paranco I			
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
Ē	A BURIAL UNCLU	LIDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I I DISPOSITION PENDING	REMAINS LOCATED AT
Ï	B CREMATION		F. DISINTERMENT		(Name and Address)	
ľ	C DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	ANIA		
[D. SCIENTIFIC U		H. TRANSIT TO OUTS	DE OF CALIFORNIA		
		11A NAME AND ADDRESS OF CALIFORNIA CEMETER	γ	11B, DATE BURSED	11C SIGNATURE OF PERSON IN C	HARGE OF BURIAL
	BURIAL	Mt. Hope Cemetery; 3751 Ma	rket St.	1	10 1	1
		San Diego, CA 92		19-22-9	8 1 111/16	
BM8		12A. NAME AND ADDRESS OF CALIFORNIA CREMATO		Marine and the second second second	ED 12C. SIGNATURE OF PERSON IN SI	MARGE OF CREMATION
E	CREMATION				. /	
BLE	100 miles	-		1		
CO		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF PERSON IN C	HARGE OF FACILITY
APP	SCIENTIFIC			1		
=	USE	Control of the Contro		!		
E W		14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF	F PERSON IN CHARGE
9	TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE S	SHIPPED	THE REPORT OF THE PARTY OF THE	OF PLACING WITH THE CARR	ER
N N	Industr	-		1		
ŏ	COATTONIO AT COL	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH	ER DESCRIPTION SUE.	15B. DATE OF	15C. SIGNATURE OF PERSON IN	150. LICENSE NUMBER
	SCATTERING AT SEA OR	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC	T OF DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE-
	DISPOSITION OTHER THAN IN A CEMETERY			i	i,	- F APPLICABLE
	anonamorasensusiani			1		

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

MILL BRING PERMIT NONTURA MENTURA MENT

MT. HOPE CEMETERY .

INTERMENT ORDER

City of San Diego

Date 9-21-98

of	MATTHE	W MARTI	N		×
na	Burnal Container	Funeral, date, t	me THUF	1. 9- 44	11.
Church, Chapel, Gra	eveside ChapE	L GRAVESIDE	CA	BURIAL MO	ortuary,
		0 p.m. of regular work		ra charge of \$	
vill be applied and t	oilled to undersigne	ed.			
ot 1104 Gra	ve Ro	w Section		Division/Bleek	
Grave space & Care		PAI)	100	.00
pening/Closing &		SEP 34 199	8	122	.00
Burial Container					-
landling Fees	CI	T. HOPE CEME Y of SAN DIEGO	CALIF		
lower vases - Mar					
Recording and filing	fee			45.	00
Sales taxes	***************************************				-
u use	val.		Total Due	270	00.
LLEST EAS	,ket.	Paid receipt number	R-50	415 270	00
	X		Ba	lance due	-
hat I have the right	nority to make disp to make this autho	esition of remains as rization and I agree to tation and interment.	above indicate	e above named de ed. I certify and re Cemetery harmle	present
hereby authorize the hold under deed.	he interment in lot	Signature	Jun)	nex.	
Signature of recorded holder	of closed	City	000		Zip Code
	1/50/	Invoice i			
Work Order #	44.	Acct. #			

@ Printed on recycled paper

E-14594

10日 11·31-9日

INTERMENT ORDER

MARTIN THORES TO AN INCOME

SACELIGRAPISIDE OF BURIALS

The Control of the Charles of the Ch

to HOH

Application & Constitution Applications of the Section Section 2

Opensor cares a value

O THE REAL PROPERTY OF THE PARTY OF T

.

.

Calas Heras

Hethung

AND ROSE THE

E 14594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E- 14594

DESTRUCTION OF STRUCTURE WINDSHIP OF STREET AS SERVICES.

	DSF STREET SHOWING				SUPER OF DESIGN CO. IN
	PROPERTY OF MEDICAL				THE THEORY IN CO.
			COLUMN THE PARTY OF THE PARTY O		
	CHARLES THE RESERVE TO THE PARTY OF THE PART				
			116		A 109/23 1198
CONTRACTOR OF STREET	The state of the s				AND DESCRIPTION OF THE PARTY OF
	THE RESERVE THE RESERVE AND THE PARTY OF THE				
	PARTY EXCORDS - P. C. SO				
	AN UIEGO. CA 92186-312				
A SUPPLE SECURITION	ATTENDED DIECK BANKONER GERBE			D - Blood at 188	•
					Towns of the Party
Em .				The state of the s	
	IS the MC MCAPES OF CALPERSON				
			THE SECTION		Separate Property
		ON HARD	and the latest		Charles
				. >	
					The state of the s
					T-100 TO TO TO THE REAL PROPERTY.
	S REMAIT ACCOMPANES THE DEMA				

WHAT IS NOT THE OR PROPERTY OF STREET SHOULD SEE THE PERSON OF THE PERSO

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA, NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE				2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTHEW	JAMES	MARTIN		09/16/1998	09/16/1998	M
SA. CITY OF DEATH		5B. COUNTY OF DEATH			IAILING ADDRESS AND ZIP	CODE
CRULA VIS	TA	SAN DIEG	200	INFORMANT INTKIA MARTIN-	MOTUTED	*
	DORESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CAL	IF LICENSE NUMBER	O QUINTARD S'	DECEMBER OF THE LOCAL PROPERTY OF THE LOCAL	•
CALIFORNI	A CREMATION & BURIAL CHAPEL		ALT PRINCIPLE	British Andreas Control of the Control		
5880 EL C	AJON BLVD., SAN DIEGO, CA 9	2115 F-		BNATURE OF APPLICANT	erson taking permit. 88. DATE	SIGNED
ACKNOWLEDGMENT OF A	I hambe administrate as applicant that the processed dis-		dispositions authorized by	Knulae	XU 09/24	/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. MOTE THE PERMIT SHIELD OF DISPOSAL OUTSIDE OF CALIFORNIA.		09/24/1991			PERMIT
	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEAT		DRESS OF REGISTRAR OF DIS		2000	
ANY CHANGE IN DISPOSE TION REQUIRES A NEW	IF DEATH OCCURRED IN CALIFORNIA		HIPOSITION IS TO OCCUR IN A		RMA	
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDS - P. O. BOX 8	5222				
	SAN DIEGO, CA 92186-5222	1 *				
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	AND STREET, ST		FOR COR	ONER'S USE ONLY	-
A. BURIAL (INCL	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT		PENDING-REMAINS LO	GA CO
B CREMATION		F. DISINTERMENT		(Name and A	ddress)	
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	RNIA	1		
D. SCIENTIFIC U	TOTAL CALL CO.	H. TRANSIT TO OUTS	IDE OF CALIFORNIA			
	11A NAME AND ADDRESS OF CALIFORNIA CEMETE	TDV	118. DATE BURIED	IC SIGNATURE OF REP	SON IN CHARGE OF BUI	214
Primar			I NO WATE BURIED	10. SIGNATURE OF PER	/ /	
BURIAL		MARKET ST.,	19-24-941	100	XX	
92	SAN DIEGO, CA 92102	FARM		TO DUTING OF DED	CON IN CUMPOR OF COR	MATION
COEMATION CO	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TOHY	128 DATE CREMATED	20. SIGNATURE OF PER	SON IN CHARGE OF CRE	MATION
W CHEMATION	-					
VB.			1 11			
SCIENTIFIC	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138 DATE RECEIVED 1	3C. SIGNATURE OF PER	SON IN CHARGE OF FAC	CILITY
			1			
USE	The state of the s		1			
¥	14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPPED 1	4C. ADDRESS AND SIGN	ATURE OF PERSON IN C	CHARGE
TOANNET	REMAINS OR CREMATED REMAINS ARE TO BE	SHIPPED	1	OF PLACING WITH T		
TRANSIT			1			
8			1 1	<u> </u>		
SCATTERING AT SEA	15A ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B DATE OF 1	5C. SIGNATURE OF PER CHARGE OF DISPOSE		TED RE-
DISPOSITION OTHER	DOTE THE PARTY OF DESIGNATION OF DES	M. Company	, and some	and the second second	MAINS DIS	SPOSER
THAN IN A CEMETERY			1		Tr. Acres	are this

COPY 2 IS RETAINED BY 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, of Manuel Dela	subject to your rules and regulations, to inter the remains
in a Line R	Funeral, date, time Luck Sept 23. 1:00)
	n. of regular work day or an extra charge of \$ 150
Lot 132 Grave / Row_	Section 3 Division/Block 12
Grave space & Care Fund	795.00
Additional spaces and care fund P	1D 375.00
Burial Container CED	5 1000 190.08
Handling Fees	5 1998 145.00
Flower vases – Marker settin ME. HOP! Recording and filing fee	
as soll	Total Due
I hereby certify I am the X DOUC and this is your authority to make dispositional I have the right to make this authorization any liability on account of said authorization	bn of remains as above indicated. I sertify and represent on and I agree to hold Mt. Hope Cemetery harmles from and interment.
I hereby authorize the interment in lot I hold under deed.	X. ana I Seon Signassine 5937 Pine Ave
Signature of recorded holder of dead	May wood CA 90270 X (213) 771-4189
Work Order # E 14595	Invoice #

Time nove from 2:00 to 1:00 per Maria from Humphrey.

GIAG

	***	P	OPE .	-	mm W
MI.	HU	PE	CEN	ne i	ERY

w.o. #_14595

NOTE

782.73	San Diego, California September 21 1998
Thirty days after date for value received 3751 Market Street, San Diego, CA 92 with interest from OCTODER	d, the undersigned maker promises to pay San Diego City Treasurer, or order at 101, the sum of Seven hundled eighty two 73/50 DOLLARS 03, 1998 on the unpaid principal
at the rate of 12 percent per annum, p	
accrue at the rate indicated above. Print will be liable and consents to renewal maturity, and waives presentment, de person who signs this note agrees the	due, it shall thereafter bear interest on the principal. Interest after maturity will incipal and interest are payable in lawful money of the United States. The maker is, replacements and extensions of time for payment hereof before, at or after mand and protest and the right to assert any statute of limitations. A married at recourse may be held against his/her separate property for any obligation tituted on this note, the undersigned promise(s) to pay such sum as the Court
	Paragraph 7528 of the State of California Health and Safety Code remains from a plot for which the purchase price is past due and unpaid.
PRINT NAME X Ana L. L	Leon SIGNATURE V ana L. Leon
ADDRESS \ 5937 Pine	Ave Maywood, CA 90270
CALIFORNIA DRIVER LICENSE NUMBER	× B4621635 SSN # X 611-40-1891

E-14595

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

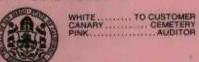
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

60

A. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)			ATE OF BIRTH		OF DEATH	4. SEX
MANUEL		S.	WRINA	WRINA TRINIDAD		TH, DAY, YEAR /17/1932	09/21	/1998 ·	M
A. CITY OF DEATH	TENT		5B. COUNTY OF DEATH	-OUTSIDE CALIF., 6.	NAME, RELA	TIONSHIP, FULL M	MAILING ADDR	RESS AND ZI	P CODE
San Ysi			San Di	ago		0.16	- Wif	e	
A. TYPED NAME AND AD	DRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR PER		F LICENSE NUMBER	2326	Smythe Av	enue		
Humphrey Ch	ula Vista l	Mortuary			San Y	didro CA	9217		-
855 Broadwa		Vista 91911	THE RESERVE OF THE PARTY OF THE	The second secon	A. SIGNATURE	OF APPLICANT-	Person Julying pers	IN BB DAT	E SIGNED
ACKNOWLEDGMENT OF AP	PLICANT 1 hemsty a Section 10	acknowledge as applicant that the propose (376 of the Health and Safety Gods, and was	d disposition stated horsen is one of the sauthorized guispant to Section 7300 of th	dispositions authorized by a Health and Safety Code.	1110	thex	ino	09/2	22/199
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH PRIFORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIFIC OF CALFORNIA OF CALFORN	ODE FIED	09/23/19:	98 981	IGNATURE OF LO	CALPEGIST	TRAR ISSUIN	G PERMIT
To the state of th	CALL STREET, S	EGISTRAR OF DISTRICT OF D		DRESS OF REGISTRAR D		F DISPOSITION-			
TION REQUIRES A NEW	IF DEATH OCCURRE		1 10 1	DISPOSITION IS TO OCCUR			RNA		
PERMIT TO SHOW FINAL DISPOSITION.		cords P.O. Box	DESCRIPTION AND ADDRESS OF THE PERSON AND AD		_				
O. AUTHORIZED DISPO		O CA 92186-522 PPLICABLE ITEMS			- 1	FOR COR	ONER'S L	JSE ONLY	,
THA BURIAL (MCLU	DES ENTOMBMENT)		TE TEMPORARY ENVA	ULTMENT	-	I. DISPOSITION	DENDING I	BENAINS LO	OCATED AT
7.99 EMATION			F. DISINTERMENT	DET MENT		(Name and A		HEMMING EX	WHIED H
		IAINS OTHER	G. SHIP IN TO CALIFO						
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEM Cemetery - 3751 CA 92102		118. DATE BURNED	The same	NATURE OF PER	SON IN CH	ARGE OF III	UFIIAL
2	-		**********	19-23-91	WHEN SHAPE AND ADDRESS OF THE PARTY OF THE P	VI	1/200	2	PLANTING.
GREMATION SCIENTIFIC	N/A	DDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATE	12C. SIG	NATIONE OF PER	SON IN CHA	NGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEIVE	Tac. SIG	NATURE OF PER	SON IN CHU	ARGE OF FA	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED		PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OF		15B. DATE OF DISPOSITION		NATURE OF PER ARGE OF DISPOS		OF CREW MAINS D —IF APP	NATED RE-

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY 527-3400

Today	1 0001-500	Date:	7/21	19.15
In Part Payment of	Lengty the cyl	Dela Dela	ollars (\$ 78	2.06
Lot 32 Grave	RowSe	ction	Divisio	
Acct. No	NOTYALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77164 100 77164 100 17164 100 77162 100 77162	900
Pre-Need Lot	ISSUED BY KAN JULIAK	Recording & Misc. Fees Pre-Need Yrush Sales Tax	100 77183 83033 9022 60101 78390	52 00

9

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-98

You are hereby authorized and instructed, subjection	act to your rules and regulations, to inter the remains
in a liner Full	neral, date, time MON . 28 H': 00
Church emiser Graveside Character Co	MVSIDE PAASDAIC Mortuary
All Funeral cars must arrive before 3:30 p.m. of	150 M
will be applied and billed to undersigned.	The war
Lot 34 Grave 10 How	Section 2 Division/Black 12
Grave space & Care Fund	895.00
Additional spaces and care fund	275 10
Opening/Closing & Setup	315.00
Burial Container	AII) 190.QQ
Handling Fees	145.00
Flower vases - Marker setting fee	771 1998
Recording and filing fee	PPE CEMETERY VI 72
Sales taxesCTTY of S	AN DIEGO. CALIF
Paid (et	Total Due
, , ,	Balance due
	of the above named decedent remains as above indicated. I certify and represent
any liability on account of said authorization and	nd I agree to hole Mt. Nobe Cemetery harmless from interment.
I hereby authorize the interment in lot I	Stuffner
hold under deed.	X3565 NORMOGNT 4D
Signature of recorded holder of deed	FOCEMUSIDE ON 99056
	7560 941- 9050
	Invoice #
Work Order # E 14596	Acct. #

E-1459C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

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

IA. NAME OF DECE	DENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	
Rubye		Lee	Davis			AND THE RESIDENCE OF THE PARTY	09/18/1998	F
5A. CITY OF DEATH			5B. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL MAIL DRMANT	ING ADDRESS AND	ZIP CODE
San D	iego		San Diego			as W. Darks,	Brother	100
	n-Ragsdale M	A FUNERAL DIRECTOR OR PERSON ENTERINE 5050 Fed	eral Blvd	F APPLICABLE	3565	Normount Dr		
		n Diego, CA 92102		Control of the Contro	BA SIGNAT	TURE OF APPLICANT—Perso	in taking permit, 88, DA	TE SIGNED
ACKNOWLEDGMENT OF	APPLICANT hendry a Section 10	cknowledge as applicant that the proposed dis 376 of the Health and Safety Code, and was auth	osition stated herein is one of the prizes pursuant to Section 7100 of the	w Health and Safety Code	de	the Well	CONTRACTOR DESCRIPTION AND ADDRESS OF THE PARTY OF THE PA	22/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT,	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE P	09/28/19	CONTRACTOR STATE	C. SIGNATURE OF LOCA	L REGISTRAR ISSU 981406	
ANY CHANGE IN DISPOS TICH REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	egistrar of district of Deat of in California ords; P.O. Box 852 an Diego, CA 9318	22 "	DRESS OF REGISTRAR OBSPOSITION IS TO OCCUR		CT OF DISPOSITION— HER DISTRICT IN CAUFORNI	•	9
10. AUTHORIZED DIS	SPOSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	HER'S USE ON	.Y
B. CREMATION	N OF CREMATED REM CEMETERY USE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	SIDE OF CALIFORNIA		(Name and Addi		
BURIAL		Cemetery; 3751 Ma San Diego, CA 9	rket St,	9 14 95		LOW	N IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY	12B DATE CREMATI	12G.	SIGNATURE OF PERSO	N IN CHARGE OF C	REM
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PERSO	N IN CHARGE OF	FACILITY
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	b 140.	ADDRESS AND SIGNAT OF PLACING WITH THE		* CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION	15C.	SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON I OF CHE	E NUMBER EMATED RE DISPOSER PPLICABLE

COPY 2 IS RETAINED BY 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

Row.

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



From

Acct. No. _

BALANCE DUE

Pre-Need Lot

Pre-need Trust

AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUBITOR

Payment of

At Need

Grave

On Acct

Check

MOUNT HOPE CEMETERY 527-3400

Address

NATE OF	mount nrange Le bel	Pd ollars (\$	COPA	98
S	ection 2		Division	2_
O to	CREDIT 20% Sales Cere 80% Sales of Lots Opening Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 – 100 77184 – 100 77185 – 100 77185 – 100 77185 – 100 77185 – 63033 9022 – 60101 78390 –	798000	120000000000000000000000000000000000000

MT. HOPE CEMETERY

INTERMENT ORDER

	S -	
	PE CEMETERY	
INTERN	MENT ORDER	
Pre Need Trust City	of San Diego	10,100
Due 9 1.	Date	1/21/98
NAME OF THE OWNER OWNER OF THE OWNER OWNE		
You are hereby authorized and instructed, su		
	ige d Clemmie	1
in a TS Vault 45 110	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 30 Grave 14 7 Row_	Section 2 Di	vision/Block_//
Grave space & Care Fund	20 795 0	1590.10
Additional spaces and care fund	The state of the s	
Opening/Closing & Setup	20 375 M	750.00
	000 250.00	571.0X
Burial Container.	100 1820	200.00
Handling Fees SEP 2 1 199	18	
Flower vases - marker setting red	10 110 10	- OAA
Recording and filling Mr. HOPE CEME	TERY	30.00
Sales taxes CITY of SAN DIEGO	CALIB 4 79.38	28-16
	Total Due	CONTROL OF THE PERSON NAMED IN
Paid	receipt number 56405	33381
		ance due
I hereby certify I am the	of the	above named decedent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indicated n and I agree to hold Mt. Hope (I certify and represent Cemetery harmless from
any liability on account of said authorization	and interment.	***************************************
I hereby authorize the interment in lot I	Sprange F, W.	anldridge
hold under deed.	VOESO SAN	SACINO PL
	XSD CALLE	SACINIU PL
Signature of recorded holder of deed	\$264-38	Zip Code
	X 2 6 4 - 3 8	67
	Terration H	
Work Order # E 14597	Invoice #	
Work Order # - 1 1001	Acct. #	

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: In Full Payment of Pile	Andrews: 5280 Sun	Date: 9/3	Sch Dey (6, 3335.76, 9)
Lot Grave	1-1-2 Row	Section 2	Division // Block
Acct. No W.OE 14597	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burlal 100 Containers 77182 -	1590 00
Pre-Need Lot		Handling Fee 77:85 – Hecording & 100 Misc. Fees 77:83 – Pre-Neod 53033 Trust 9022 – Selés Tax 60101	1748 76
AC-212 (Rev. 5-94)	ISSUED BY TO I DOWN	78390 -	3338 76



E- 14597

MT. HOPE CEMETERY - WORK REQUEST

Date: 12-17-07	submitted By: Paulette
Name of Contact Person: 6/077	a Luster
Address:	Apt. / Space:
City:	State: Zip Code:
Telephone: 619 479-023	Relationship to Deceased: wye
Name of Deceased(s): Bharles	W. Luster JR.
LOCATION: Div: 10 Sect: Roy	v/Blk: Lot:_4745 Gr:
☐ Raise / Level / Reseed / Resod Grav	20/366
Raise / Lower / Level Marker	
Install Galvanize Flower Can	
☐ Install Trion Flower Vase	
☐ Install Foundation Size	
☐ Install Border with Vase(s) / v	without
Install Government Marker – Bronz	
Install Marker(s) – as indicated belo	
Other Special Instructions:	we have an extra
used insett (according to add for
location lif to	of call wife so she can
purchost 1	
4	
Work Completed By:	Date:
Work Signed Off By:	Date:

69)917 - 3005

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations	, to inter the remains
of	P+.25 00 DUT Mortuary arge of \$ 50.0
will be applied and billed to undersigned.	
Grave space & Care Fund Punud D-CIUS	on/Bleck 10
Additional spaces and care fund	276 10
Opening/Closing & Setup. Burial Container. Handling Fees. Pard of Full 9125148	190.00
Flower vases – Marker setting fee	1 1 0
Recording and filing fee	45.00
Sales taxes Nortuany to bring check Total Due Paid receipt number 2-504 Balance	
I hereby certify I am the	
I hereby authorize the interment in lot I hold under deed. Adjusts	
Signature of recorded holder of deed City Telephone	Ze Code
Work Order # E 14598 Invoice #	
Work Order # L 1100 Acct. # REA-104 (7-96) This information is available in alternative for	the property of the

A Printed on recycled paper

REA-104 (7-96)

E 14598 William Wilbur Weber Discount premodium 3714 leles 1495 Leannette weber

· , . . . E-14598 WITERMENT ORDER City of Steen Street. 9-21-98 et la materia en alter martiniga i A 1914 mortually teening chill - reliationship to Saltimore dilli A Secretary of the second of t the residence of the state of the forest terms.

E-14598

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

108

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			ONTH DAY YEAR		OF DEATH DAY, YEAR	4. SEX
WILLIAM		WILBUR	WEBBER		- 4	02/21/1909	09/2	1/1998	M
SA. CITY OF DEATH			SB COUNTY OF DEATH		OF INFO	The state of the s			
	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PER		William Company of the Party of		A WEBBER - I			LAS
DISCOUNT C 2700 S. BR SANTA ANA	ISTOL ST.	ATION & BURIAL :	SERVICE	1600	FULL	E.COMMONWEA ERTON, CA 928 MRE OF APPLICANT—PE	331		E SIGNED
ACHNOWLEDGMENT OF A	on years 1 hereby a	cknowledge as applicant that the grapose 376 of the Health and Salety Code, and was	ed disposition stated herein in one of the	dispendions authorized by	Te	nd Weller	/	1091	23/98
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPERTY CONTROL HEALTH AND BAFETY CITY FOR THE DISPOSITION SPECIFOR BROWN OF PROPERTY OF PROPERTY OF PROPERTY OF THE P	OOE FIED	09/24/	1998	to m	ires	TRAR ISSUIN	enice in the second
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O.BOX 23			DRESS OF REGISTRAR OF SEPCEMBER 15 OCCUR. D.BOX 85222,	IN ANOT			-5222	
10. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORC	NER'S	USE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		DISPOSITION F (Name and Ad		REMAINS LO	OCATED AT
BURIAL	MOUNT HOP	DDRESS OF CALIFORNIA CEN PE CEMETERY LET STREET D.CA 92102	ETERY	7 25-94	116.	SIGNATURE OF PERS	ON IN CH	HARGE OF BI	URIAL
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA CRE	MATORY.	12B. DATE CREMATED	12C.	SIGNATURE OF PERSO	HO'' MI NC	ARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FAC	BLITY RECEIVING REMAINS	138. DATE RECEIVE	D 13C.	SIGNATURE OF PERS	ON IN C	IARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED		ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, o intify final place and ca <u>d</u>		15B. DATE OF DISPOSITION	150.	SIGNATURE OF PERS CHARGE OF DISPOSIT		15D. LICENSE OF CREA MAINS C	NATED RE-

COPY 2 IS RETAINED BY 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

1,000	rmed	1.500+23 1.00
Type of Burial Containes.	uneral, date, time WA	
	Graveolo: Koos	
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an	extra charge of \$ 50
will be applied and billed to undersigned.	THOUSE	
1000	Copy	
Lot 120 Grave Row	section	_ Division/Block / O
Grave space & Care Fund		995
Additional spaces and care fund	DAID	
Opening/Closing & Setup.	AID	. 35.00
	SEP 2 1 1998	190.00
AND COMMENT AND CO		145.00
Handling Fees MT.	HOPE CELEBRA	y
Recording and filling fee		115 34
		1/172
Sales taxes		10/41/12
	Total Du	407 174473
Paid re	eceipt number	IOI TOTAL
× links	174	Balance due
I hereby certify I am the and this is your authority to make disposition	of remains as above ind	of the above named decedent icated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization as	and I agree to hold, Mt. F	lope Cemetery harmless from
	v Allam	ME
I hereby authorize the interment in lot I hold under deed.	Signature	1 1 1 10 10
nois prisor sous.	Address 1894	tamula SX#15
	Von	CA
Signature of recorded halder of deed	A > 1)	2 Sin Chide
Signature of recorded holder of deed	City 2 9 LH	-4783 zir cun
Signature of recorded holder of deed	Telephone #	-4783 Ex Code

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

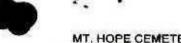
From: Hillyrian Community One Horizond In Full Payment of Th	MANDADORS: P.C. PSCY ILL Seven hundred Sixty Lamued a Tigist	1	ollars (\$.	1967.	927
Lot_1230 Grave	RowS	ection		Division/	
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Ciceling Burial Containers Handling Fee Recording & Alisc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	995 375 190 193 193	000000
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 594)	ISSUED BY KONJABAKA	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	1769	13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Tigist		Adan	Mohamed		1	1/01/1975	MONTH, DAY, YEAR	P
SA. CITY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF.	6. NAME, F	RELATIONSHIP, FULL M.	AILING ADDRESS AND 2	IP CODE
San Di	tego		San Dieg	0	111000000000000000000000000000000000000	Abid, Fath	er	
CONTRACTOR OF THE PARTY OF THE	-Ragedale M	lort.; 5050 Federa logo, CA 92102	al Blvd.	F APPLICABLE	4294 San	45th St.		TE SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed of 1376 of the freelth and Safety Code, and was so			PROL	la while	09/	22/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROV FORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE NO NIGHT OF DISPOSAL OUTSIDE OF CALFORNI	\$7.00	09/22/19	Commence of the commence of th	C. SIGNATURE OF LO	98139	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	EGISTRAR OF DISTRICT OF DE- ED IN CALIFORNIA COTOS; P.O. Box 8. IN Diego, CA 9218	5222	DRESS OF REGISTRAN		OF DISPOSITION— HER DISTRICT IN CAUFOR	THEA	1
10. AUTHORIZED DISP	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Contract Con	0-3222	0	1	FOR COR	ONER'S USE ONL	v -
A. BURIAL (INCLU	OF CHEMATED REM	IAINS OTHER	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO DUTS	ORNIA		L DISPOSITION (Name and Ac	PENDING—REMAINS L ddress)	OCATI
BURIAL	The state of the s	Cemetery; 3751 N San Diego, CA	Market St.	9-23-9	1	SIGNATURE OF PERS	SON IN CHARGE OF E	URIA
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY	128, DATE CREMA	TED 12C	SIGNATURE OF PERS	ON IN CHARGE OF CR	REMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILI	ITY RECEIVING REMAINS	138, DATE RECE	IVED 13C	SIGNATURE OF PERS	SON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		14B. DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH	ATURE OF PERSON IN HE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDI	AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIST		158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI	TION OF CHE	MATED RE- DISPOSER PLICABLE

COPY 2 IS RETAINED BY 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

9-21-98

	Date 21 10
You are hereby authorized and instructed, su of Vester Crowe	bject to your rules and regulations, to inter the remains
ina liner	Funeral, date, time MON SEP+.2811:0
Church, Chapel Graveside Church	191VSOSD Memorialuary
All Funeral cars must arrive before 3:30 p.m. will be applied and billed to undersigned.	of regular work day or an extra charge of \$ 150.00
Lot 80 Grave 12 Row	Section 3 Division/Block 12
Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 1 313W
Burial Container	OCT 2 0 1000 - 105 145 00
Handling Fees	OCT 3 0 1998 - 145 145 00
Flower vases – Marker setting fee	HOPE CEMETERY - US (1)
Recording and filling feeCITY	TAN DIEGO. CALIF
Sales laxes	Total Due
20000 11010	receipt number 5647 HOOO
^	1 A Belance due 164.73
I hereby certify I am the X	A Withe above daying decident 3
and this is your authority to make disposition	n of remains as above indicated. I certify and represent n and I agree to hold My Hope Cerpetery harmless from
I hereby authorize the interment in lol I	X long de
hold under deed.	7935 PALA ST
Signature of recorded holder of deer!	51) 921/4 Say 1/2 227) 921/4
	Telaphone 962-1220
	Invoice # 304887
Work Order # E 14600	Acci. # 090033
REA-104 (7-96) This inform	ation is available in atternative formats upon request.

111

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-202

ACCOUNTS RECEIVABLE INVOICE STATUS REPORT BY DEPARTMENT AS OF 11/09/98

DEPARTMENT 072

R.E.A.-MT HOPE CEMETERY

INV INV TYPE EXCPT ACCT F 14600 ACCOUNT NUMBER TYP CHRG CODE NUMBER F 14600 NAME

304887 GE TC 096633 JOHNNY CROWEL

INVOICE INVOICE DATE

09/30/98 10/30/98

AMOUNT ACTION

164.73 REFERRED TO CITY TREASURER

DATE: 11/09/98 TIME: 214830 PAGE: 5

--

MT.	HOPE	CEMET	ERY

PY-1012 (11-89)

W.O. # 5 14600

NOTE

164,73	San Diego, C	California September 24	1928
Thirty days after date for value	received, the undersigned maker pro-	mises,to pay San Diego City Treasurer, o	rorderat
3751 Market Street, Sen Diego with interest from	, CA 92101, the sum of One he Der 29, 1998	undred Sixly fou 1900 D on the unpaid	OLLARS principal
at the rate of 12 percent per an	num, payable on demand.		
accrue at the rate indicated abo will be liable and consents to r maturity, and waives presentm person who signs this note ag	ove. Principal and interest are payable renewals, replacements and extension nent, demand and protest and the rig rees that recourse may be held agai	nterest on the principal. Interest after mat le in lawful money of the United States. The ons of time for payment hereof before, a ght to assert any statute of limitations. A inst his/her separate property for any of rsigned promise(s) to pay such sum as t	he maker it or after i married bligation
		e of California Health and Safety Cod the purphase prige is past due and unpaid	
PRINT NAME Y JOHNNY	LAGNE SIGNATU	IREX A DOLLAR	
ADDRESS X 7933	PAR S	5. DU CA 92114'	5
CALIFORNIA DRIVER LICENSE NUM	BER XV3582009	ssn # X 565-92-186	3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

- 1460C 47

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC, LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Vester	50m C 1990 9855 13-89 M 1990 M 1992 - 1	Crowel		02/28/1951	
6A. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.,		MAILING ADDRESS AND ZIP CODE
La Mesa		ENTER STATE	an Diego	OF INFORMANT Johnny	Crowel - Brother
7A. TYPED NAME AND AD	DRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER	7935	
	go Memorial Chapel	DESCRIPTION OF THE PARTY	FAPPLICABLE		go. CA. 92114
2441 Un	iversity Ave. San Diego, CA.	. 92104 FD-	-1575	BA. SIGNATURE OF ABPLICANT	
ACKNOWLEDGMENT OF A	Section 10376 of the recards and Salety Code, and was mith	enzed pursuant to Section 7100 of the	Health and Safety Code.	· 11 Aut 1 44	09/24/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT CHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		98. DATE PERMIT 09/24/1 M. Lega	998	OCAL REGISTRAR ISSUING PERMIT
ULP TO SERVICE TO SERVICE STORY OF THE SERVICE STOR	PD ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CAUFORNIA VILLA Records; PO Box 852: San Diego, CA. 92186-5222	I IF C	RESS OF REGISTRAR	OF DISTRICT OF DISPOSITION- IR IN ANOTHER DISTRICT IN CALLED	
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COF	RONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE [F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	IDE OF CALIFORNIA	☐ (Name and)	
BURIAL	Mt. Hope Cemetery; 3351 Max	RY rket St.	11B. DATE BURIER	1 11C. SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
	San Diego, CA. 92102		7.28.9	XIN 1.51	1012
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	TORY	129. DATE CREMAT	ED 12C, SIGNATURE OF PER	SON IN CHANGE OF CREMAT
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B DATE RECEN	PED 13C, SIGNATURE OF PER	RSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OA DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	

COPY 2 IS RETAINED BY 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 BON DIERO, CALIFORNIA CITY THEASURER

enconstruction is a second sec

TH-1841 (2-82)

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

PAYMENT DATA PAID BY (CINGLE CHE) PAYMENT MEPSHENCE NUMBER THEASUREN VALIDATION CUSTOMER DATA CUSTOMEN ACCOUNT NAM PAYON NAME STREET THAN CUSTOMEN ACCOUNT NAME! CUSTOMER (PAYOR) ADDRESS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-98

You are hereby authorized and instructed, subject to	o your rules and regulations, to inter the remains $O = O = O = O$
or toleri vyirioj	Ex: 000 1-40 10.
	al, date, time
Church, Chapel, Graveside Dawey	M : LEWIS COLON Gloduary.
All Funeral cars must arrive before 3:30 p.m. of reg	Ular work day or an extra charge of \$
will be applied and billed to undersigned.	22 1 180 12 12 12 12 12 12 12 12 12 12 12 12 12
52 7	2 5
Lot 55 Grave Row 10.40	Section Division/Bleek
Grave space & Care Fund DU TUL	ac-1081 8
Additional spaces and care fun	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees SEP 2	1998 185.00
Flower vases - Marker setting	
Recording and filing fee CTTY of SAN DI	EMETERY 45.00
Sales taxes	19.38.
	Total Due87 4. 38
Paid receip	10 601110 024 38
() . ()	-
X Kiled (W) wa Balance due
and this is your authority to make disposition of rei	of the above named decedent mains as above indicated. I certify and represent
that I have the right to make this authorization and I any liability on account of said authorization and in	agree to hold Mt. Hope Cemelery harmless from
X	KCW wals
I hereby authorize the interment in lot I hold under deed.	12011 Inthe Dans Lawr
^	MARINA A DOCC
Signature of recorded holder of deed	Chy 10 10 100 26 Code
	Volephone 107
	Invoice #
Work Order # E 14601	Acct. #
This information i	e available in atternative formats upon request

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84 E 14601

	OSE BEACK IN ONL! MAK	L NO LIMOUNES, W	integra on or	TIET ALTERATIONS	POUND	
IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2 DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	4. SEX
HELEN	IRENE	WING		04/18/1914	09/20/1998	,
SAN DIEGO		5B. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL M. OF INFORMANT BOWARD M. WING	AILING ADDRESS AND Z	**************************************
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON			경기 (시대) 기업 설문 설문 설립 (기업 기업 기업 기업 기업 기업		
LEWIS COL	OMIAL/BENBOUGH MORTUARY		FAPPLICABLE	POWAY, CA 92064	TOTAL INCIDENT	<u>.</u> #.
3051 RL C	AJON BLVD., SAN DIEGO, CA 9:	2104 P	D-480	BA. SIGNATURE OF APPLICANT—N		E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disp Section 10376 of the Health and Safety Code, and was auth			> Parette val	1.tin 09/	22/199
PERMIT AUTHORIZATION OF	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. THE TREAT SPINIT SPECIFIC TO DESPOSE OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE P	09/23/19		CAL REGISTRAR ISSUIN	IG PERMIT
LOCAL REGISTRAR	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT	H— 9E. ADI	P Valent	OF DISTRICT OF DISPOSITION-		
TION REQUIRES A NEW	IF DEATH OCCURRED IN CALIFORNIA	18.6 g/	DISPOSITION IS TO OCCU	R IN ANOTHER DISTRICT IN CALIFOR	RNIA	
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSPO BOX 852	22				100
O AUTHORIZED DISPO	SAN DIEGO, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONL	
			80,500/3800			
A. BURIAL (INCLU	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I. DISPOSITION (Name and Ad	PENDING—REMAINS LO	DCATED AT
B. CREMATION	1	F. DISINTERMENT		granta dad ya	our out,	
C. DISPOSITION I	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	ORNIA			
D. SCIENTIFIC US	SE [H. TRANSIT TO OUTS	IDE OF CALIFORNIA			
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MT HOPE CEMETERY, 3751 MAI		118. DATE BURNED	11C. SIGNATURE OF PERS	SON IN CHARGE OF B	URIAL
BUHIAL	SAN DIEGO, CA 92102		9-28 98	in Le	MISTO	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMAT	ED 12C. SIGNATURE OF PERS	ON IN CHARGE OF CR	EMATION
CREMATION			i	1		
			į.			
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	FECEIVING REMAINS	138 DATE RECEIV	ED 13C SIGNATURE OF PERS	SON IN CHARGE OF F	ACILITY
USE			i			*
3	14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPPE			CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE		1	OF PLACING WITH TH	HE CARRIER	
5			!	1		83.85
SCATTERING AT DEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O	THER DESCRIPTION SUF-	158 DATE OF	16C. SIGNATURE OF PERS	SON IN 1150, LICENSE	NUMBER
SCATTERING AT SEA OR	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		DISPOSITION	CHARGE OF DISPOS	TION OF CREA	AATED RE-
DISPOSITION OTHER THAN IN A CEMETERY			j	1.2	—IF APP	
ITAN IN A CEME IENT			X.		7.10	57

COPY 2 IS RETAINED BY 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

a IINTY	Funeral, date, time	1es., 10.73.05-07
Church, Chapel, Graveside Delive	MCY MCY	ktey Mitche
MI Funeral care must arrive before 3:30 p.m.	of regular work day or a	Textra charge of \$
vill be applied and billed to undersigned		***
ot 169 Grave 9 Row_	Section	Division/Block 8.
Grave space & Care Fund		126.01
Additional spaces and care fund		
Dpening/Closing & Setup		145.0
Burial Container		50.00
landling Fees	D 26-98	
Nower vases – Marker setting fee	76-98	
Recording and filing fee		Um 111
secording and ming ree		······································
	Total D	3811.0
Sales taxes	Total D	3 80 .0
Sales taxes		Balance due
Sales taxes	receipt number	Balance due of the above named decedent
Sales taxes PA Vancy Hobbs Paid	receipt numbern of remains as above in and I agree to hold Mt.	Balance due of the above named decedent dicated. I certify and represent
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above in an and I agree to hold Mt. and interment.	Balance due of the above named decedent dicated. I certify and represent
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	receipt numbern of remains as above in and I agree to hold Mt.	Balance due of the above named decedent dicated. I certify and represent
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any llability on account of said authorization hereby authorize the interment in lot included under deed.	n of remains as above in an and I agree to hold Mt. and interment.	Balance due of the above named decedent dicated. I certify and represent
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any llability on account of said authorization hereby authorize the interment in lot included under deed.	n of remains as above in and I agree to hold Mt. and interment.	Balance due of the above named decedent dicated. I certify and represent
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot included under deed.	n of remains as above in and I agree to hold Mt. and interment. Signature	Balance due of the above named decedent dicated. I certify and represent Hope Cemetery harmless from
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization in the labelity on account of said authorization hereby authorize the interment in lot I	n of remains as above in and I agree to hold Mt. and interment. Signature Address City	Balance due of the above named decedent dicated. I certify and represent Hope Cemetery harmless from

@ Printed on recycled paper

14602

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

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

1/	1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)	IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SI		
PHYLLIS -		NoPHE	McPHERSON		09/05/1920 09/18/1998				
5/	SA. CITY OF DEATH LA MESA		ENTER STATE			6. NAME, RELATIONSHIP, FULL MAKING ADDRESS AND ZIP CODE OF INFORMANT HANCY HOURS - PUBLIC ADMINISTRATOR			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON. NERSOLEY—RITCHELL MORTUMATY 3455 FIFTH AVENUE, SAN DIEGO, CA 92103			-IF APPLICABLE		SAN DIEGO, CA 92123 8A. SIGNATURE OF APPLICANT—Propose taking gappen, 8B. DATE SIGNE				
	ACKNOWLEDGMENT OF A		acknowledge as applicant that the propo 1375 of the Health and Safety Code, and s			16	- CVE	1 09/1	3/1998
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. LOCAL REGISTRAR NOTE: THIS PERMIT SHES NO BEGIT OF DISPOSAL OUTSIDE OF CALIFORNIA.			CODE	98. DATE PERMIT 09/23/1998	8	90. SIGNATURE OF LI 9613983	OCAL REGISTRAR ISSU	ing Permit	
A		9D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF	DEATH— 9E.	ADDRESS OF REGISTRAR (F DISPOSITION IS TO OCCU	OF DISTE			•
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COL	RONER'S USE ON	Y
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM METERY BE 11A. NAME AND AL MOUNT HOPE	DDRESS OF CALIFORNIA CE	METERY	TSIDE OF CALIFORNIA	200	☐ (Name and /	RSON IN CHARGE OF	
SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATO CREMATION		REMATORY	9 23.99 128. DATE CREMATE		SIGNATURE OF PER	ISON IN CHARGE OF C	REMATION		
CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATO SCIENTIFIC USE 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR STREMAINS OF CREMATED REMAINS ARE TO BE STATE.			CILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 190	C SIGNATURE OF PER	RSON IN CHARGE OF	FACILITY	
				14B. DATE SHIPPEI	ED 14G. ADDRESS AND SIGNATURE OF PEI OF PLACING WITH THE CARRIER			RSON IN CHARGE	
Ö	SCATTERING AT SEA	A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION			- 15B. DATE OF DISPOSITION	150	SIGNATURE OF PER		SE NUMBER

COPY 2 IS RETAINED BY 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. HOPI DEMETERY INTERMENT ORDER

City of San Diego

ina T.S. Vawt	Funeral, date, time SQL.	ept.20 1:0
Church Chapel Graveside MAP 10	nusial kagsaa	Mortuary,
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra cha	rge of \$ 150.0
will be applied and billed to undersigned.	<	
100 0	0	10
Lot 100 Grave 5 Row	Socion Division	n/Block 12
Grave space & Care FundD		895.02
Additional spaces and care fond	-	
	1998	3751
	Maria (1907)	250.00
Burial Container MT. HOPE CE	METERY	TRET
CITY OF SA	OCALIE NEVIME SV	10000
Plower vases - Marker setting lee	O VOI TIITIO OVO	TIE ATT
Recording and filing fee		12.00
	-u 00u	colina a
sales taxes Ortuan to bring Chu	LCK FOY Total Due	2309.3
ortuany to bring chu	receipt number R-56420	2309.3
ortuany to bring chu	D -201 -0	
III amount. Paid	receipt number R-30720 Balance	due -0
I hereby certify I am the X and this is your authority to make disposition	Balance of the abo	due
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorizatio	Balance of the aborn of remains as above indicated. I on and I agree to hold Mt. Hope Cem	due
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	Balance of the aborn of remains as above indicated. I on and I agree to hold Mt. Hope Cem	due
I hereby certify I am the X and this is your authority to make disposition	Balance of the aborn of remains as above indicated. I on and I agree to hold Mt. Hope Cem	due
I hereby certify I am the Annual I have the right to make disposition that I have the right to make this authorization any liability on account of said authorization.	Balance of the abo n of remains as above indicated. I on and I agree to hold Mt. Hope Cem and interment.	due due evenamed decedent
I hereby certify I am the Annual I have the right to make disposition that I have the right to make this authorization any liability on account of said authorization.	Balance of the about and I agree to hold Mt. Hope Cem and Interment.	due Over named decedent certify and represent etery harmless from
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Balance of the about and I agree to hold Mt. Hope Cem and Interment.	due Over named decedent certify and represent etery harmless from
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Balance of the aborn of remains as above indicated. I on and I agree to hold Mt. Hope Cemand interment. Superfure Address City Telephone	due
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Balance of the abo n of remains as above indicated. I on and I agree to hold Mt. Hope Cem and interment. Superiore Address	due Over named deced certify and representery harmless fr

REA-104 (7-96)

203 1507 9/23/98 pripper from Ragsdale Called to schedule buriar awangements and requipt that we pick a \$ 895 lot, the burial container wars, vallet and be a. paturday burial permel

FROM : RAGSDALE - SER-23-158 NEW 15105 NEW 1510 PHONE 1/12, 5 619263151 Sep. 24 1998 01 E4PM P2 F14603 WIT WORK CEMETERY INTERMENT ORDER City of San Diego. 9-23-98 CATAVOTI that some will arrive before 3:30 pm Opening Cistates & Select relationship here signature address City telephone #

E14603

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Samuel Lavaughan		Caldwell		MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX DAY, YEAR /1998 M	
SA. CITY OF DEATH San D	iego	58. COUNTY OF DEATH- ENTER STATE San Diego)	NAME RELATIONSHIP, FULL MAILING ADD OF INFORMANT Darlene C. Caldwell,		
Anderson-R	oness of CAUFORNIA FUNERAL DIRECTOR OR PER agsdale Mort.; 5050 Feder San Diego, CA 9210	ral Blvd	APPLICABLE	4126 Hilltop Dr. San Diego, CA 92102 LA SEGNATURE OF APPLICANT—PERSON BARRES	mit 68. DATE SIGNED	
MONNOWN, EDGMENT OF AP	PLECKET Thereby acknowledge as applicant that the propose Section 10376 of the Health and Safety Code, and was	ed disposition Stated t —on is one of the a is sufficient purposent to Section 7100 of the	Especitions authorized by Health and Safety Code	Detbullhelian	09/24/199	
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR SIONS OF THE CALIFORNIA HEALTH AND SAFETY C AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT. NOTE: THIS PERMIT EINES NO DIGHT OF DISPOSAL DUTSIDE OF CALIFO	\$7.00	09/24/199	mit	TRAR ISSUING PERMIT 814017	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF D F DEATH OCCURRED IN CAUFORNIA Vital Records; P.O. Box 8 San Diego, CA 921	35222 F D		DE DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA		
10. AUTHORIZED DISPO	STHON(S) CHECK APPLICABLE ITEMS	STATISTICS CONTRACTOR		FOR CORONER'S	USE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US		Market St.	118 DATE BURIED	F. LIMS		
CREMATION CREMATION SCIENTIFIC LISE	12A. NAME AND ADDRESS OF CALIFORNIA CRI —	EMATORY	128, DATE CREMATI	ED 12C. MIGNATURE OF PERSON IN CH	ARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY	
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUR REMAINS OR CREMATED REMAINS ARE TO BE SHIP TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			14B. DATE SHIPPE	OF PLACING WITH THE CARRIER		
			15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISO. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	
COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLA			OF DISPOSITIO	N THE PERSON IN CHARGE OF	DISPOSITION IS	

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 su	bject to your rules and regulations, to inter the remains
or Ina A. Tormoe	in', 11'.3
ina 78VaW+	Funeral, date, time Wed Sep. 30 +0:0
Church Chape Oraveside hape	OVVSICE ELEGATOR Mortuary,
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an eying enarge of \$
will be applied and billed to undersigned.	X
Lot 68 Grave 12 Row	Section Division/Block
Grave space & Care Fund PUTW	la D4805
Additional spaces and care fund	11
Opening/Closing & Setup	9 E 11312
Burial Container	10 E 11312 D
Handling Fees PUIU	a E 11372 D
Flower vases - Marker setting fee	1 - 11270
Recording and filing fee	WE11312
Sales taxes PUIU	a E 113 12 Q
	Total Due
Paid	receipt number
Va.	Balance due
	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	X Xwda Strang
hold under deed.	X1042 Greta St.
Signature of secorded holder of deed	ET Coson 9202/ Style 141-3796 Zip Code
W. 5	Invoice #
Work Order # E 14604	Acct. #
REA-104 (7-98) This inform	ation is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

E14604

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS &

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

ALVERDA TORNOEN SA CITY OF DEATH ARSA ALVERDA TORNOEN SA CITY OF DEATH SB COUNTY OF DEATH—OUTSIDE CALF. EMTER STATE SAN DIEGO AND RELATIONSHE, FULL MALKING ADDRESS AND 2P COCK BY CALF LICENSE HUMBER EL CAJON MORTUARY EL CAJON, CA 92020 MORTUARY SB COUNTY OF DEATH—OUTSIDE CALF. EL CAJON, CA 92021 ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCh! 78 — A PAPICABLE EL CAJON, CA 92021 ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCh! 78 — A PAPICABLE EL CAJON, CA 92021 ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCh! 78 — A PAPICABLE PERMIT PERMIT PERMIT AND ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCh! 78 — A PAPICABLE PERMIT PERMIT PERMIT AND ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCh! 78 — A PAPICABLE PERMIT P	14	IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMIL	γ)	2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR				
LA MESA 7. TYPED MAKE AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENS HUBBER EL CAJON MORTUARY 684 5 MOLLISON AVE EL CAJON, CA 92020 MONORIEDDENT OF MPLOATI INDIVIDUAL SUDDENT OF APPLICABLE EL CAJON, CA 92021 MONORIEDDENT OF MPLOATI INDIVIDUAL SUDDENT OF APPLICABLE EL CAJON, CA 92021 MONORIEDDENT OF MPLOATI INDIVIDUAL SUDDENT OF APPLICABLE EL CAJON, CA 92021 MONORIEDDENT OF MPLOATI INDIVIDUAL SUDDENT OF APPLICABLE OF APPLICABLE EL CAJON, CA 92021 MONORIEDDENT OF APPLICATION OF EL CALIFORNIA SUBJECT OF APPLICABLE OF APPLICATION OF EL CALIFORNIA SUBJECT OF APPLICATION OF EL CALIFORNIA SUBJECT OF APPLICATION OF APP		INA	-	ALVERDA	TORMOR	CN CN				
TANSITION OF CREMATED DISPOSITION OF CREMATED RECEIVING STATE OR COUNTRY DESCRIPTION SUFFICIENT USE CREMATOR DISTORTING USE CR	54	CITY OF DEATH								
TALTIVED NAME AND ADDRESS OF CALIFORNIA CIRCHATCO OF PERSON ACTING AS SUCH TO CALIFOCRASE AMBRET BL CAJON NORTHAND TO SHORE IT CAJON, CA 92020 ACMORTISON OF EL CAJON, CA 92020 ACMORTISON TO FAMILIZATION OF CAMPICATION OF CALIFORNIA CONTROL OF PERSON OF CALIFORNIA CREMETRY OF CALIFORNIA CREMATION OF CALIFORNIA CREMETRY OF CALIFORNIA CREMATORY OF CALIFORNIA CREMETRY OF CALIFORNIA CREMETR		LA MESA			ENIER STATE		10000-1000	TAKEN THE PROPERTY OF THE PROP	GHTER	
EL CAJON AVE EL CAJON, CA 92020 ADDRESS OF REGISTRAR OF DESTROY OF PERSON IN CALIFORNIA CREMATED TO AUTHORIZED DISPOSITION S GRECK APPLICABLE (TEMS TO AUTHORIZED DISPOSITION OF CREMATED ACCORDANCE WITH PROVIDED TO AUTHORIZED DISPOSITION OF REGISTRAR OF DISTRICT OF DEATH— TO BOX 85222 SAN DIEGO, CA 92166-5222 O. AUTHORIZED DISPOSITION OF CREMATED REMAINS OTHER D. SCHEMATION THAN IN A CHARTERY OF CREMATED STATE OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CALIFORNIA CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATED THAN IN A CHARTERY TO BOX SHEET OF CREMATED THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATION THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX SHEET OF CREMATORY D. SCHEMATORY THAN IN A CHARTERY TO BOX S	74		DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS	SON ACTING AS SUCH 7B.		104	2 GRETA ST	(A)	
ACMONIZEDMENT OF APPLICANT Intering addressing as a particle file the request of scale flag through and through		EL CAJON	MORTUARY		1	- APPLICABLE	EL	CAJON, CA 9202	l .	
PERMIT AUTHORIZED IN ACCORDANCE WITH PROVIDE MICH SERVING BY COLLEGE AND ACCORDANCE WITH PROVIDE AUTHORIZED IN ACCORDANCE WITH PROVIDE MICH SERVING WITH SUBJECT OF THE DESPOSITION SPECIFIED AUTHORIZED ON THE DESPOSITION OF THE DESPOSITION SPECIFIED MICH SERVING WISS OF TREATH AND SAFETY CODE AND STORY AUTHORIZED ON THE DESPOSITION OF THE DESCRIPTION OF		684 S MOL	and the second s	CONTRACTOR OF THE CONTRACTOR O	The state of the s	The same of the sa	BA. SIGNA			
AUTHORIZATION OF THE CALIFORNIA CREMENTY FOR THE DISPOSITION SPECIFIED LOCAL REGISTRAR SONS OF THE CALIFORNIA OF THE DISPOSITION SPECIFIED LOCAL REGISTRAR OF THE CALIFORNIA OF THE DISPOSITION SPECIFIED WITE THE HERM SHE		ACKNOWLEDGMENT OF A			authorized pursuant to Section 710	of the Health and Salety Code.			10011	
ANY CHANGE IN DISPOSITION. SO. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— F DEATH OCCURRED BY CAURONNA PO BOX 85222 SAN DIEGO, CA 92186—5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THAN IN A CEMETERY THAN IN A CEMETERY THAN IN A CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY THAN IN A CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY THAN IN A CEMETERY 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF FACILITY 15B. DATE OF DISPOSITION 15B. DATE OF DISPOSITION 15B. DATE OF DISPOSITION 15C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15D. DATE OF DISPOSITION 15D. DATE OF D		UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI	DDE IED	09/25/1	998	9814100	ISTRAR ISSUING PERMIT	
F DERINGIAND IN DIRECTION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA FOR BOX 85222 SAN DIRECT, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL (INCLUDES ENTONIBMENT)	L				THE COLUMN TWO IS NOT					
PROBLET SAID TEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS CALIFORNIZED DISPOSITION(S) CHECK APPLICABLE ITEMS CALIFORNIZED DISPOSITION(S) CHECK APPLICABLE ITEMS CALIFORNIZED DISPOSITION CHECK APPLICABLE ITEMS CALIFORNIZED CHECK APPLICABLE ITEMS CALIFORNIZED DISPOSITION CHECK APPLICABLE ITEMS CALIFORNIZED DISPOSITION CHECK APPLICABLE OF PERSON IN CHARGE OF PERSON IN CHARGE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPO		Y CHANGE IN DISPOSH			Alle-					
TO. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL (INCLUDES ENTONEMENT)		RAIT TO SHOW FINAL			. 3					
B. CREMATION	10	ALITHORIZED DISPA						FOR CORONER'S	LISE ONLY	
S. CREMATION F. DISINTERMENT G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA THAN IN A CEMETERY THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA THAN IN A CEMETERY	1				T F TEMPODARY	THE TAPLET				
C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY D. SCIENTIFIC USE ITAL NAME AND ADDRESS OF CALIFORNIA CEMETERY SAN DIEGO, CA 92101 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	Į.		DES ENTOMBMENT)			Paragraph Property			HEMAINS LOCATED AT	
THAN IN A CEMETERY D. SCIENTIFIC USE II. THANSIT TO OUTSIDE OF CALIFORNIA III. DATE BURIED III. DATE BURIED III. SIGNATURE OF PERSON IN CHARGE OF BURIAL SAN DIEGO, CA 92101 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY III. DATE BURIED III. DATE BURIED III. SIGNATURE OF PERSON IN CHARGE OF BURIAL CREMATION III. DATE BURIED III. DATE BURIED III. SIGNATURE OF PERSON IN CHARGE OF CREMATORY III. DATE CREMATED III. DATE SHIPPED III. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE III. DATE SHIPPED III. DATE SHIPPED III. SIGNATURE OF PERSON IN CHARGE OF FACILITY III. DATE SHIPPED III. DATE SHIPPED III. DATE SHIPPED III. SIGNATURE OF PERSON IN CHARGE OF FACILITY OF PLACING WITH THE CARRIER III. DATE SHIPPED III. DA			OF CREMATED REM	AINS OTHER						
BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 3751 MARKET ST SAN DIEGO, CA 92101 12B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 9-30-97 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12D. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE OF DISPOSITION 14B. DATE OF DISPOSITION 14C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 14D. DISPOSITION 15D. D										
BURIAL NT HOPE CEMETERY/3751 MARKET ST SAN DIEGO, CA 92101 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12D. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13D. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13D. DATE RECEIVED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14D. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14D. DATE SHIPPED 14D. DATE SHIPPED 14D. DATE OF PERSON IN CHARGE 15D. DATE OF PERSON IN CHARGE 15D. DATE OF DISPOSITION 15D. DATE OF DATE OF DISPOSITION 15D. DATE OF DATE		D. GOILLYIN IO D.								
SAN DIEGO, CA 92101 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF PERSON IN CHARGE OF PERSON IN CHARGE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 15C. S		520000000				118. DATE BUHIE	au 110	SIGNATURE OF PENSON IN C	MANGE OF BUHIAL	
TRANSIT 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE RECEIVED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE SHIPPED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 12B. DATE SHIPPED 12C. SIGNATURE OF PERSON IN CHARGE OF		BUHIAL				9-30	-94	10 into	_	
SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 15D. SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF DISPOSITION OTHER 15C. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER OF CHARGE OF DISPOSITION 15D. DATE OF DISPOSITION OTHER 15D. DATE OF DISPOSITION OTHER 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER OF CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER OF CREMATED RE- MAINS DISPOSITION 15D. DATE OF DISPOSITION 15D. CREMATED RE- MAINS DISPOSITION 15D. CREMATED RE-	43		124 NAME AND AL	DORESS OF CALIFORNIA CREA	MATORY		0.045	SIGNATURE OF PERSON IN C	HARGE OF CREMA	
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 15D. SCATTERING AT SEA 15D. SOCIETY 15D. DATE OF DISPOSITION 15D. LICENSE NAMER AND SIGNATURE OF PERSON IN 13D. LICENSE NAMER OF PERSON IN 13D. LIC	Ē	CDEMATION			5000 - 2500 M	1 3000 1000 1000	F. Total	1		
SCIENTIFIC USE I/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 15D. DATE OF PLACING WITH THE CARRIER 15D. DATE OF DISPOSITION 15D. DISPOSITION OTHER 15D. DATE OF DISPOSITION 15D. DATE OF DATE OF DISPOSITION 15D. DATE OF DATE OF DISPOSITION 15D. DATE OF DATE OF DATE OF DISPOSITION 15D. DATE OF DATE	BLE.	CHEMATION	N/A			•	100			
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 15D. SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF DISPOSITION OTHER 15C. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. SIGNATURE OF PE		· · · · · · · ·	13A. NAME AND A	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAIN	S 138. DATE RECE	IVED 13C	SIGNATURE OF PERSON IN C	HARGE OF FACILITY	
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN YCHARGE OF PLACING WITH THE CARRIER 15D. SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF DISPOSITION OTHER 15C. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. LICENSE NAMBER CHARGE OF DISPOSITION 15D. SIGNATURE OF PERSON IN 15D. SIGNATURE OF PE	ď	775-9175-1405-14075				1	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 YCHARGE OF PLACING WITH THE CARRIER 15D. LICENSE RIAMBER OF PERSON IN	- 2	USE	N/A			1				
SCATTERING AT SEA OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OF CREMATED RE- MAINS DESPOSITION I 15D. LICENSE TALMBER I 15D. LICENSE T		-				14B. DATE SHIPE	ED 146			
SCATTERING AT SEA OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OF CREMATED RE- MAINS DESPOSITION I 15D. LICENSE TALMBER I 15D. LICENSE T	9	TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO	BE SHIPPED	1	ì	OF PLACING WITH THE CARR	MER	
SCATTERING AT SEA OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OR DISPOSITION OTHER ISA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OF CREMATED RE- MAINS DESPOSITION I 15D. LICENSE TALMBER I 15D. LICENSE T	8	10/2012/22	N/A				! ▶			
OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF DISPOSITION OTHER	Ö	SCATTERING AT SEA								
THAN IN A CEMETERY N/A		OR	FICIENT TO IDE	ENTIFY FINAL PLACE AND CA DI	STRICT OF DISPOSITION	DISPOSITION		CHARGE OF DISPOSITION	I MAINS DISPOSER	
			N/A			8			-IF APPLICABLE	

COPY 2 IS RETAINED BY 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

ina T.S. VAULT	Funeral, date, time	THUR	10-1	11:0
Church, Chapel, Graveside CHURCH	16-RAVESTEE	RAGSDA	LE	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day	or an extra cl	narge of \$ \frac{1}{2}	50.00
will be applied and billed to undersigned.	<i>X</i>			
Lot 53 Grave 8 Row	Section	QDivis	ion /filoc k _	13
Grave space & Care FundPRI	E-NeeD E-	3590		0
Additional spaces and care fund	grant de la constant			
Opening/Closing & Setup			37	3.00
Burial Container	4 2 2 E		વેડ	0.00
Handling Fees	OCT 0 2 1998		18:	5.00
Flower vases - Marker setting fee			9	-
Flower vases – Marker setting fee MT.	HOPE CEMETER	TE)	45	00.
Sales taxes			19	.38
	Tot	tal Due	87	4.38
р		5043:	The second secon	1.38
	20000000000000000000000000000000000000	Balanc	e due	0
hereby certify I am the	200	15090500	ove named	decadent
and this is your authority to make dispos that I have the right to make this authoriz any llability on account of said authorizat	ation and I agree to hold	e indicated.	certify and	represent
I hereby authorize the interment in lot I	Signature		92 V	
hold under deed.	X	Jan.	No.	
Signature of secorded holder of deed	Address	de	D.	
	Telephone	8		Zlp Code
	Invoice #			
Work Order # E 14605	Acct. #			
	ormation is available in			-

O Printed on recycles paper

REA-104 (7-96)

: LIPM FI

114605

- 1,000

la chird

He had free

a congress

200

-10

W. D. C.

300

Faceimile Commission

Fr w

192

Comments

- - -

80,30,300 p

E14605

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MA	AKE NO ERASURES, W	HITEOUTS OR OTH	IER ALTERATIONS	20		
1A. NAME OF DECEDE Herman	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH, DAY, YEAR	SEX	
SA, CITY OF DEATH	an Diego	9.5	5B. COUNTY OF DEATH ENTER STATE	5B. COUNTY OF DEATH—OUTSIDE CALIF., 6. NAME OF IN		ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT		
7A. TYPED NAME AND AC	ODRESS OF CALIFORN -Ragsdale M	A-FUNERAL DIRECTOR OR PERS Ort.; 5050 Feder In Diego, CA 9210	al Blvd.	IF LICENSE NUMBER FAPPLICABLE	Savannah Crensh 361 Ridgecrest San Diego, CA 9 A. SIGNATURE OF APPLICANT	Dr. 2114	SIGNED	
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposed 376 of the Health and Salety Code, and was a	disposition stated herein is one of the	dispositions authorized by Health and Salety Code.	Kelfer Whi	(09/28	/199	
The state of the s	THIS PERMIT IS ISSA SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT: - NOTE: THIS PERMIT GIVES IN	JED IN ACCORDANCE WITH PROTORNIA HEALTH AND SAFETY COI TY FOR THE DISPOSITION SPECIFIED IN MONTH OF DISPOSAL OWINGE OF CALIFORN EGISTRAR OF DISTRICT OF DE	9A. AMOUNT OF FEE P. \$7.00	98. DATE PERMIT IS 09/30/199	SSUED 9C. SIGNATURE OF LI	9814303	and the last	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE		5222		IN ANOTHER DISTRICT IN CAUR		•	
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY	AINS OTHER	E. TEMPORARY ENVA)RNIA	I. DISPOSITION (Name and	PENDING—REMAINS LOCA Address)	TED AT	
BURIAL		Cometery; 3751 M San Diego, CA	larket St.	118. DATE BURNED	10	RSON IN CHARGE OF BURIA		
CREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMATE	0 12C. SIGNATURE OF PER	SON TO CHARGE OF CREMA	ATION	
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	TY RECEIVING REMAINS	136. DATE RECEIVE	D 13C. SIGNATURE OF PE	ISON IN CHARGE OF FACIL	_ITY	
TRANSIT		DDRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO		148. DATE SHIPPED	0 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CH THE CARRIER	ARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or entify final place and ca <u>dis</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO		DSER	

COPY 2 IS RETAINED BY 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 instruc		agylations, to inter the remains
ina Ash Yout	Funeral, date, time	AUD
Type of Burial Conjuines	veryonly Fan	ulu Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or a	n extra charge of \$
will be applied and billed to undersigne	ad	-
Lot 88 Grave 2 Ro	w Section	Division/Block
Grave space & Care Fund	Pre Need	<u> </u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container	・・ハロ・	55.00
Handling Fees	SEP 1998	60.00
Flower vases - Marker setting fee	36	mun Page 125.00
Recording and filing fee	AT. HOPE CEMETERY	<u>45.a</u>
Sales laxes	TOTAL CALL	426
Washing .	Total C	ue394.26
Thu Colon	Paid receipt number VISC	394.26
Ming Im'		Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make disp that I have the right to make this authority	rization and I agree to hold Mt.	dicated. I certify and represent Hope Cemetery harmless from
any liability on account of said authori	zation and interment.	ob .
I hereby authorize the interment in lot hold under deed.	Signature 8565	BOOTH DAY PC
Signature of recorded holder of deed	Address	'eco cut. 97/2 5
Diffusitiva ou recoluse account di deen	XG(9-4	PX-8852 20,000
N 1 20-23	invoice #	
Work Order # E 14606	Acct, #	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-28-98

mana disgo	or mare 1 9-30 9;
Type of Burial Covising	Funeral, date, time West 30
hurch, Chapel, Graveside	crevelo Guadeligan Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
be applied and billed to undersigned	
cottl i	3 10
ol 147 Grave 6 Row	Section 3 Division/ Bleek _ 19
rave space & Care Fund	795.00
dditional spaces and gare fun	
pening/Closing & SetupSEP 29	375.00
urial Container	380,00
andling Fees MT. HOPE CI	320,00
CTTY of SAN DII	
ecording and filing fee	VZ.00
	29.45
ales taxes	1944,45
7 1979	Total Due 1944 4 5
Paid	receipt number
K/100	Balance due
hereby certify I am the	of the above named decedent roll remains as above indicated. I certify and represent
nat I have the right to make this authorization ny liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
ny naomy or account of said definitions.	X blow & late
hereby authorize the interment in lot ! old under deed.	Survey Salgoon
old under deed.	1 90 gardee St
gnature of recorded holder of deed	> San Diego A 926
	1609 233 6445
	Colephone
	Invoice #
Vork Order # E 14607	Acct. #

E 14607

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

34

	ENT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMI	LY)	1648	2. DATE OF BIRTH		OF DEATH	4. SEX
JUAN	A	Î	-	DELGADO	-ARROYO		06/12/1944	09/26	5/1998	P.
A. CITY OF DEATH	ANA		ENTER STATE		OF INF	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT				
A. TYPED NAME AND A GUAD	CONTRACTOR OF STREET	1. CHAPEL	& MORT.	ACTING AS SUCH 7	B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	290 SAN	AN SALGADO- PARDEE ST. DIEGO, CA 9 ATURE OF APPLICANT-	2102	-u ¹ an nav	E SIGNED
ACKNOWLEDGMENT OF A		schnowledge as applicant	t that the proposed disp	esition stated becomes one	of the dispositions authorized by 00 of the Health and Selety Code.	DA. SIGN	ance			0/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT CARS IN	JED IN ACCORDA CORNIA HEALTH AI TY FOR THE DISPO	NCE WITH PROVI- ND SAFETY CODE SITION SPECIFIED		PEE PAID 98. DATE PERMI	PEZ	90. SIGNATURE OF L	OCAL REGIS	TRAR ISSUM	G PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI		STRICT OF DEATH	9	E ADDRESS OF REGISTRAY IF DISPOSITION IS TO OCC VITAL RECORD SAN DIEGO, O	S P.C	BOX 85222	ORNIA		•
							FUND MANAGEMENT PROPERTY OF A STATE OF THE S			
B. CREMATION		ains other		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	Π.	6)	I DISPOSITION (Name and		REMAINS LO	CATED A
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY SE	DDRESS OF CAL	, 3751 MA	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	IT ALIFORNIA	ED 110		Address)		31-100 (J#S) 53
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT. HOPE	DDRESS OF CAL CEMETERY), CA 921	, 3751 MA 02	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RY RKET ST.	ALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE	D 110	☐ (Name and	Address) RSON IN CH	LARGE OF BI	IRIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT. HOPE SAN DIEGO 12A. NAME AND AI	ODRESS OF CAL CEMETERY O, CA 921 ODRESS OF CAL	, 3751 MA 02 IFORNIA CREMATI	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RY RKET ST.	ALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE 9 30-9 12B, DATE GREMA	ED 110	SIGNATURE OF PER	Address) RSON IN CH	Marge of Bi Arge of Cr	RIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT. HOPE SAN DIRGO 12A. NAME AND AI 13A. NAME AND AI	DDRESS OF CAL	, 3751 MA 02 IFORNIA CREMATI IFORNIA FACILITY	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RY RKET ST. ORY RECEIVING REMAI	TALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE 9 30-9 12B, DATE CREMA	TED 1100	SIGNATURE OF PER	Address) RSON IN CHA	NARGE OF BI	RIAL.

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





MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-29-98

or blodeng hover	neral date time Thus 10-1 2:00
Type of Burisl Containly	leral, date, time D-50 (5
Church, Chapel, Graveside	wash : Kagidale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. 🔀 😾	<u>e</u> ~
Lot 49 Grave 3 Row	Section 14 Division/Black 7
Grave space & Care Fund	1395.00
Additional spaces and care lung	
Opening/Closing & Setup	375,00
Burial Container	250.00
Burial Container SEP 2 9 1	10 4 - 4
Flower vases - Marker setting fee HOPE CE	METERY
Recording and filing fee CITY of SAN DIE	00.CALIFI 45.00
Sales taxes	19,38
	Total Due 22 69.36
Paid rec	eipt number R-5042 3269.3
K	Balance due
I hereby certify I am the Cuche and this is your authority to make disposition of that I have the right to make this authorization an any liability on account of said authorization and	of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from I interment.
hereby authorize the interment in lot I hold under deed.	* Burely Lafton * 4914 814 Ave
Signature of recorded holder of deed	1 (323) 292-1286
Work Order # E 14608	Invoice #

E 14608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX MONTH, DAY, YEAR MONTH DAY, YEAR Glodena Jones Roberson 05/23/1933 09/27/1998 SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE San Diego San Diego Beverly Lofton, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 4914 8th Ave. -IF APPLICABLE Anderson-Ragsdale Mort.: 5050 Federal Blvd. LOS ADDELES, CA 90043

8A. SIGNATURE OF APPLICANT—Person taking permit 8B. DATE SIGNED San Diego, CA 92102 F-1329 I hereby admostledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 09/29/1998 ection 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 09/29/1998 9814219 \$7.00 AUTHORIZATION OF IN THIS PERMIT. MOTE: THIS PERMIT RIVES NO INDICT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-SE ADDRESS OF RESISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY W A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOGATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market St. BURIAL 10-1-98 San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA DISPOSITION CHARGE OF DISPOSITION. OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER - AF APPLICABLE THAN IN A CEMETERY

COPY 2 IS RETAINED BY 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

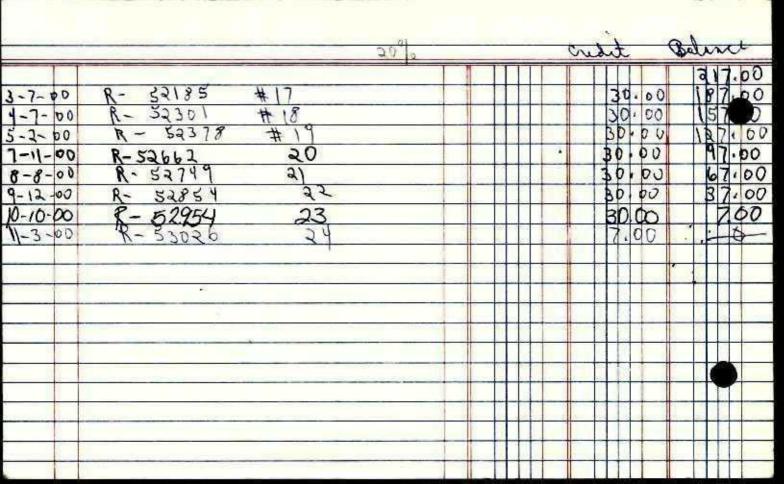
INTERMENT ORDER

City of San Diego

Date 9-29-98

a	Funeral, date, ti	me		
Type of Burial Container nurch, Chapel, Graveside	*			Mortuary.
Funeral cars must arrive before 3:3				
If be applied and billed to undersign				
ii be applied and billed to dildersigni	90.			
u 49 Grave 1 Ro	w Section	14	Division /Blo	rok
rave space & Care Fund	***************************************			1345.0
dditional spaces and care fund	AID			
pening/Closing & Setup	Fig. 4. A. A. A. B. St. St. St. St. St. St. St. St. St. St			
urial Container NOV	n 3 2000			9
andling Fees	PE CEMETARY	**********		
ower vases – Marker set@@%GF.	SAN DIEGO.C			
ower vases – Marker set@@TV+OF. acording and filing fee	SAN DIEGO C			<u> </u>
	SAN DIEGO C			
ecording and filing fee	SAN DIEGO C			
ecording and filing fee	SAN DIEGO &	Total C)ue	
ecording and filing fee	SAN DIEGO C	Total C	Due	1395.0
acording and filing feeales taxes	SAN DIEGO &	Total C)ue	1395.0
ales taxes	SAN DIEGO C	Total C	Balance due	1395.0 698.0
nereby certify I am the	Paid receipt number	Total C	Balance due	1395.0 698.0 697.0
ales taxesales taxes	Paid receipt number	Total C	Balance due	1395.0 698.0 697.0
nereby certify I am the	Paid receipt number position of remains as orization and I agree to zation and interment.	Total C	Balance due	1395.0 698.0 697.0
nereby certify I am the	Paid receipt number position of remains as orization and I agree to zation and interment.	Total C	Balance due	1395.0 698.0 697.0 emed deceder and represer harmless from
nereby certify I am the	Paid receipt number position of remains as orization and I agree to zation and interment.	Total C	Balance due	1395.0 698.0 697.0

		DEBLT	CREDIT	BALANCE
09-29-9	Opened Pre-need Lot 200 279 Lot 49, Gr 1, Sec 14 Div 7	1395.00		1395.00
09-29-9			698.00	697.00
1298	250559 Opn		80.00	CRC07.00
-5 9	4.50620 CPN 2		30.00	037.00
-5 90	1, 5. 4 (0		3000	1
9 99			30 00	57760
-19	1R 50987 (e		30.00	The second second
-10 9	1 2 51109 7		30.77	487 1
-6 4	P 5 13 13 849		60.00	the second second second
8 4	1 R 51505		1 30.0	
-5 9	1		30.00	
300	R- 31658		30.00	- 1010111.4
1-500	9 K-517 43 14		30.00	277.0
4-00			30.00	247.00
1-00	R- 52097 16 OVER		30.0	0 217,0
	ROBERSON, DEBORAH Pre-Need Lot E-14609			



CITY OF SAN DIEGO, CALIFORNIA

51109



PINKAuditor	527-3400	Date: 5	-6	,99
From Deborah Robert	SON Address: U304. Ohur		an Dicava	72119
In Payment of PYC	enced 10t			
Lot UG Grave	RowSe	ection 4	Division Block	I
Invoice No.	NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 50% Sales	87007 77184 100 2()	00
ACCT. NO. 14009		of Lots Opening/ Closing Buriel	77184 100 77181	-
BALANCE DUE 487.00		Containers Handling Fee	77182 — 100 77185 — 100	
Pre-Need Lot At Need Orn Acct		Recording & Misc. Fees Pre-Need Trust	77183 63033 9022	
Pre-need Trust Cash Check	CatthaAvallene	Sales Tax	60101 78390	0
AC-212 (Rev. 504) 4333	ISSUED BY	TOTAL PAID	. 20	100



From Doborch Roberson Thuly In part Payment of	n Address: 63 0 F John	Date: 10	Der Diego ollars (\$ 30.00	99
601: 49 Grave	RowS	action 14	Division Black	
W.O. E - 11607 BALANCE DUE 337.00	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Buriel Containers	67007 77184 100 77184 100 77181 100 77182 100	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 8-94)	ISSUED BY D. Dullton	Handling Fee Recording & Miss. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 8022 80101 78390 \$ \$ \$ \$ \$ \$ \$	00

CITY OF SAN DIEGO, CALIFORNIA

	WHITETO CUSTOMER GANARY CEMETERY PINKAUDITOR
--	--

From Bebruh Roberson Billy In part Payment of P	- Address: 6304 Thrin	It. In	- 2 ~ Dup onlars (\$ 30, 1	99 <u>99 (1</u> 92 (1)
Lot 49 Grave	ROWS	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	87007 77184 100 77184 100 77184	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY 12 Mullin	Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 100 77185 100 77183 53033 9022 80101 78390	3 0 0 0



From Deborah Roberson	527-3400 Address: 6304 Down X	Date: 12 - 3	uso 9a	99
In party Payment of 1	u-Nud dit	Dollars (\$30,00	
Lot 49 Grave	\ RowSe	ction 1 4	Division 7	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184-80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Opening 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022	٦	60
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY DULLE Y	Sales Tax 50101 78390 TOTAL PAID \$	30	00



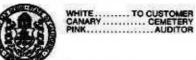
From Deborah Rober	A THE PARTY OF THE	Date: 1-6	509	
In part Payment of pre	enced lot and trust	Dollars (\$ 30.00)
Lot Grave	Row Se	oction	Division Block	
Invoice No	PAID JAN 06 2000	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185 Recording & 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MT. HOPE CEMETARY	Misc. Fees 77183 Pre-Need 63033 Trust 8022 Sales Tax 60017 TOTAL PAID \$	30	00

OFFICIAL	RECEIPT
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52097

From: Deborah Robinson Disty Payment of	n_Address: 6304 Down	Moste:	en di	0.00 30.00	9211
Lot Grave	Row Se	ection		Division Block	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77185 —	30	00
Pre-need Trust Cash Check A	ISSUED BY 1 Stubble	Sales Tax TOTAL PAID	60101 78390 —	30	00



From Deborah Roberson	Address: 6304 Horn St	Pate: 32	eyo 92115	, 462) ,
In Payment of	Ne-New Som S	ection 14	Division	7
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 3 C	00
Acct. No.	*	80% Sales of Lots Opening/	77184	-
W.O. E-1460 4 BALANCE DUE 187.00		Closing Burial Containers	77181 ——————————————————————————————————	
BALANCE DUE 10 / 100		Handling Fee Recording &	77185 100	
Pre-Need Lot At Need On Acct		Misc. Fees Pre-Need Trust	77183 ————————————————————————————————————	
Pre-need Trust Cash Check 284 AC-212 (Rev. 5-94)	ISSUED BY A. Mullin	Sales Tax TOTAL PAID	60101 78390 \$	000

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

From Datorah Robinson	Address: 6304 Thrn !	Date: 4-	Diego 92	115
In Part Payment of	he-hud lit	ection 14	Division Block	7
Invoice No. Acct. No. W.O. E- 14609 BALANCE DUE 157.00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY D. Sharbellon	Pre-Need Trust Sales Tex TOTAL PAID	63033 9022 60101 78390 \$ 3 6	0 0

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52378

		Date: 5-	۵ (SQ.
From Deborah Roberson	Address: 634 4 100m !	st. Sen	Duy 93	1115
In part Payment of	Ru- rud It	O	ollars (\$ 30, 00)
Lot Grave	Row S	ection_\Y	Division Block	7
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	100
Acct. No.		80% Sales of Lots Opening/	77184 100	
W.O. ETTENT		Closing Burlel Containers	77181 100 77182	
BALANCE DUE		Handling Fee Recording & Misc. Fees	77185 ————————————————————————————————————	
Pre-Need Lot - At Need On Acct Pre-need Trust Cash Check		Pre-Need Trust Sales Tax	63033 9022 60101	+
AC-212 (Rev. 5-94)	ISSUED BY J. Shullin	TOTAL PAID	78390	00



From: Deborah Roberson In part Payment of	Address:	202 Thom)	Date:	Our ollars (\$ -	1211 5 30,00	5
Lot 49 Grave	1	Row S	ection 14	5 2	Division 7	
Invoice No.	NOT VALID FOR PURP	OSE STATED UNLESS STAMPED	CREDIT	67007 77184	30	00
Acct. No.	"PAID" IN THIS SPACE		20% Sales Care 80% Sales of Lots	100 77184 —		
F- 11109	•		Opening/ Closing	100 77181 —		
97.00	-		Burial Containers	77182		_
BALANCE DUE	-		Handling Fee	77185 — 100		
	: 1	-	Recording & Misc. Fees Pre-Need	77183 — 63033		
Pre-Need Lot At Need □ On Acct □ Pre-need Trust □ Cash □ Check □		4	Trust Sales Tax	9022		
Pre-need Trust U Cash U Check 5 AC-212 (Rev. 5-94)	ISSUED BY	Muldlin	TOTAL PAID	78390	3 0	00



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

D	ellars (\$.	30.0	U_,
ection_\Y		Division Block	7
CREDIT 20% Sales Care	67007 77184	30	00
80% Sales of Lots	100 77184 —		
Opening/ Closing	100 77181 —		
Burial Containers	100 77182	-	
Handling Fee	190 77185 —		-
Recording & Misc. Fees	77183		-
Pre-Need Trust	63033		
Sales Tax	60101 78390		
TOTAL PAID	5	30	00

From: Deboral Roberson Thirty In Part Payment of Ra	and Sold Dinn	The In	- 8 - Durio ellars (\$ 30 -	9211 9211
Lot 49 Grave	Now So	ection \Y	Divisio	n 7
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlai Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77185 100	0 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A	ISSUED BY Dhille	Misc, Feea Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390 5	0 0 (



MOUNT HOPE CEMETERY (619) 527-3400

Erom beborch Roberson	Address: 6304 Thom	9-12	Dun 921	00
In part Payment of B	u-Nul It	Do	00.00 \$)
Lot 49 Grave	\ Row So	ection 14	Division	7
Involce No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 83033 9022 90101 78890	000
AC-212 (Rov. 8-94) V859	ISSUED BY & Shuldla	TOTAL PAID	3 0	00



WHITE TO CUSTOMER CANARY CEMETERY ... AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

DEBORAH K. T	Doc Solddress: (BOY Thom	N ST SD	4) A)
Payment of C	Pre-DEED)	Dollars	(\$)
Involce No Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID PAID	CREDIT 8700' 20% Sales Care 7718- 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718	Block-
BALANCE DUE 7	OCT 1 0 2000 MT. HOPE CEMETARY	Burial 10 Containers 7718 10 Handling Fee 7718 Recording & 10 Misc. Fees 7718	0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check —	CITY OF SAN DIEGO, CA	Pre-Need 5303 Trust 902 Sales Tax 8010 7839 TOTAL PAID	30.00

eb 30 San	ora 4 T	No. h R hor ego Gr	obe a S , C	rso tre A Sec	net 921 14	Di	v 7				
	2010	-	_	-		e in	_	1	-	1	
JUN	JUL	AUG	SEP	OCT	MOV	DEC	JAN	FEB	MAR	APR 10	MAY
due da	te abo	when p			fore,	ys I	> 5		30.	00	
after d	ue da	te abov	18.				\$	9	٥.	00	
NAM	Doct	8	÷	An	nount I	Receive	ed \$		0 1	<u> </u>	
ADD											

10000	COUN		FIG. 1	re-	1000	d I	ot	E-1	460	9	370
630	ora 04 T	hor	n S	stre	et	15		*			
Loi	49	G1 Mon	th a	Sec nd D	t Id	Di	v 7	ed B	elow	_	
JUL	AUG									MAY 10	JUN
lue d	nt due ate abo	ve		deleto.	STREET.		,	-	30.0	00	
after (due dat	e abo	v6.		8		s				
NAM	E			An	nount	Receive	d \$	_			
ADD	RESS										., 2
UDD						STAT					

ACC eb 30	NOT COUNT OT 8 4 T D1	h R hor ego Gr	obe n S	Fre Pre rso tre A Sec	ok -ne n et 921	ed 15.	Lot	E-	146	_	Z
								ed B			
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	10	NOV
ue da mour	te abor nt due ue dat	ve.	more th	1440-	day		\$ \$ \$ \$ d	30	30.		
	RESS										_

DO ACI	NOT COUN OF 8	MAIL T No. the R theretego Gr Mon	tobern S	re- rec tre A Sec	nee nee et 921	15 D1	ot.	E-1	460		3
JAN	FEB	MAR									DEC
due da Amou	nt due	when p ve. if paid i te abov	more ti	A-50-5:11	ore,	ys)	5	3	io.6	00	
NAM	E			An	nount l	leceive	s ed \$	2	30.	00	ii .
ADD	RESS										
СПҮ	year all the		heck	(V)) if t	STAT	E new	add	ZIF		_

ACC Deb 630 San	NOT COUNT GT A 4 T	MAIL I No. h R hor ego Gr	obe u S , C	F BOO Pre rso tra A Sec	ok -ne n et \$21	ed l	Lot v 7	E-	146		4
-						ie in					
FE8	MAR	APR	MAY	JUM	JUL	AUG	SEP	ocı	NOV	10	JAN
due da Amou	nt due nte abo	ve. if paid	more ti		ore,	ys)	s		30.	00	
dies (100 tsa	W 2007	ro.			•	\$	-			_
NAM	E			Ап	ount (Receive	d \$	30	0.0	D	_
ADD	RESS										_
CITY		-	acco.	2 4 - V		STAT		78343	ZIP		- 12
			ineck	(1	II t	his is	new	add	ress		

Do Acc Deb 630 San	NOT COUN OF A 14 T	MAIL T No. th R hor lego	entile n S	E BO	nee	15 D1	ot 7	E-1	460	9	5
MAR	APR	_		CONTRACTOR OF	AUG		Address Contractions	Contract of the last	2.110.000		FEB
										10	W.
due da	nt due	when posts of paid to above	more ti	And to	fore, da	ys)	> s	3	0.0	00	
							\$	1			
NAM	E	4		Ar	nount l	Receive	ed \$	_3	0.0	00	-
ADD	RESS										
CITY	10					STAT			ZIP	_	
			heck	(1)) if th	his is	new	add	ress		

DO ACI Deb 630 San	NOT COUN OF S 4 T	MAIL T No. h 2 hor	ENTII lobe	TE-	OK Tee S S S S S S S	d L	et	TOPES.	11.20/012		7
		Mor	ith ar	nd D	ay D	ue In	dicat	ed E	lelow		
MAY	אטנ	JUL	AUG	SEP	ОСТ	MOV	DEC	JAN	FEB	MAR 10	APR
	nt due te abo		paid on	, or be	fore.		> s	1	10.0	10	
Amou Mer d	nt due lue da	if paid le abo	more ti	han_	da	lys)	s	_			
							\$	_			_
NAM	E			An	nount l	Receive	ed \$	_			
ADD	RESS										
CITY					and lake	STAT	E	IVICE II	ZIF	,	
115			checi	(1/) if t	his is	nev	ado	iress		- 8

ACI ACI 3G	NOT COUN	MAIL F No. In Ex- hor- eso Gr	enni obe n S , C	E BO Fre Fre tre A Sec	DK PER ON PER PER PER PER PER PER PER PER PER PER	od i	iot v 7	OUP E-	ON L46	99	8
		Mon	th ar	id Di	by Du	e in	dicat	ed B	elow	072-30	100
JUN	JUL	AUG	SEP	oct	MOV	DEC	MAL	FEB	MAS	APR 10	MAY
tue di	ite abo	when p		Jan San	lore,		> ,		30.	00	_
		16 360C					S S		_		
AM	E			An	naunt E	Receive	d \$	_3	0.	00	
OC	RESS.								1000		
IY		=	-		V 54 W	STAT		- 1	ZIP		300

ACIDADO SAN	NOT COUN OF 8 4 T	MAIL F No. h H hor ego Gr	obe s S	re- reo tre A Sec	nee n et 921 14	6 L	ot n	1+. 37.5 S.O.	460 H6 51	mai 10:	rket
				nd Da							
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY 10	JUM
due da Amou	nt due ite abo nt due lue da	ve. It paid	moret	h, or bei		ys)	> s	3	0.0	iō	
NAM	E			An	nount l	Receive	S ed S		0,	∞	
ADD	RESS										
-											

DO ACI	NOT COUNT T D1	MAIL I No. I	ober s S	E BO Fre E Se L Te A	0K n et 921	ed 15 Di		3-	1461	2	0	
dia.	1320					100000	dicat					1
AUG	SEP	ocı	NOV	DEG	JAN	FEB	MAR	APR	MAY	10	JUL	ı
due da Amour	nt due fue dan	ve.	more ti	127	750	Receive	\$ s s s s s s s s s s s s s s s s s s s		.0.			
CITY						STAT	E		ZIP			
			check	(1)			new	add				•

E 284

nd or bring one coupen with a DO NOT MAIL ENTIRE B ACCOUNT No. Pre- leborah Enberg 304 Thorn Str. an Diago, CA at 49 Gr 1 Se	ook -nee on eet 921 c 14	15 15	ot i	E-10	\$60 L (aΩ	
Month and I						_	
SEP OCT NOV DEC JAN	FEB	MAR	APR	MAY	JUN	10	AUG
Amount due when paid on, or t lue date above.	etore,		5	3	0.0	0	-
Amount due if paid more than riter due date above.	da	rys	s		Š.	1	
			\$			_	
NAME	Amount I	Receive	d S	3	0.0	00	
ADDRESS							
CITY		STAT	E		ZIF		

ACIONAL SERVICE SERVIC	NOT COUN ST al	MAIL I No.	ENTIF	E BO	n n	ed 1	ot)UP	ON L45	2	2
		Mon	th ar	d D	y Du	e In	dicat	ed B	elow	i k	
OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG 10	SEP
due da	nt due ste abo nt due due dat	va. If paid i	more ti		fore,	ys)) ;		30.	00	
NAM	E			An	nount F	Receive	\$ d \$	30	5,0	00	
ADD	RESS										
	2										

DO AC Deb 630 San	NOT COUNT OF A	MAIL T No. th & thor age Gr	tebe	RE BOO	0K 1960 10 10 14	15 31	gt v 7	8-1 E	140	60	
NOV	nec			MAR							DCT
		e s							XXX-5	10	
Amou due da	nt due ste abo	when p	paid on	, or bel	lore,		> 5	1	0.0	0	
Amou after o	nt due lue da	If paid te abo	more t	han	de	As)	> 5			K	
							\$				
NAM	Ε			An	nount F	Receive	d \$	30	0.0	0-	
ADD	RESS										
СПУ						STAT			ZIP	V.	
			checi	(1)	if t	nis is	Dew	add	ress		

DO ACC ebs	NOT COUNT FEE TO D1	MAIL No. He El Horieso Gr	ENTIR De Si a Si , C	E BOI	# n et 9211	is Dir	tot	OUP	() \	L	4
DEC	JAN				MAY		Ben Salar	AUG		_	NOV
3							9			10	
MARIA Se da Maria Ser d	t dag is dead or disal or disal		add dar an i da a	ercut	day		\$ 5 5 d \$	7	7.	00	
AMI	1	-	-	-	_		22	- 88			_
	ESS	-			_					_	_
TY	3	-	h 1			STAT			ZIP		
		Цο	HECK	11	II th	113 13	LIGA	add	1033		

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

9/29/98

in liner	Funeral, date, time Mond	Od 5th 10:00
Church, Chapel, Graveside	very Hum	PhYCU) Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an ext	ra charge of
will be applied and billed to undersigned.		
Lot 277 Grave 3 Row	Section 2 t	Division/Blook 12
Grave space & Care Fund		795.61
Additional spaces and care fund	TIATE	220
Opening/Closing & Setup	KEULU	3/12/16
Burial Container	SEDO O 1008	190.00
tandling Fees	3LT Z 9 1990	140.0
Flower vases – Marker setting fee		TIEND
Recording and filing fee	Y of SAN DIEGO CALIF	420
Sales taxes		14:12
	Total Due	Kard 1914.
F	Paid receipt number 116070	ma 1314
V	Ba	alance due
hereby certify I am the ADD		e above named decedent
that I have the right to make this authorized any liability on account of said authorized	ration and I agree to hold Mt. Hope	Cemetery harmless from
any habitity on account of said authorizati	V 4 (11
hereby authorize the interment in lot I	Signature James	1 August
and ander stood.	Address LIGT LO	CU27 57
Signature of recorded holder of deed	Com	ECO ON 92106
	Tolephore 2.5	26-1519
	Invoice #	
E 44040	mvoice #	
Work Order # E 14610	Acci. #	

6 Printed on recycled paper

REA-104 (7-96)

E 14610

APPLICATION 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 2. DATE OF BIRTH 3. DATE OF DEATH IC. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR CAROL TULLOR SARGENT 09/28/1998 01/16/1919 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE El Cajon San Diego Gerald D. Sargent - Husband

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 1107 Locust Street -IF APPLICABLE Humphrey Chula Vista Mortuary San Diego CA 92106 855 Broadway Chula Vista 91911 FD-964 BA. SIGNATURE OF APPLICANT—Person paint permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated becomes one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 10/01/1998 Section 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A: AMOUNT OF FEE PAID, 9B: DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 10/01/1998 9814358 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$ 7.00 J.E. King MOTE: THIS PERMIT GRES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUPORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 San Diego CA 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address)

F. DISINTERMENT

G. SHIP IN TO CALIFORNIA

H. TRANSIT TO OUTSIDE OF CALIFORNIA

15B. DATE OF

DISPOSITION

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

11A. NAME AND ADDRESS OF GALIFORNIA CEMETERY 118. DATE BURNED . 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery - 3751 Market Street BURIAL 10 5-98 San Diego CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION N/A 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A

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

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION



15D. LICENSE NUMBER

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE

SCATTERING AT SEA

OR

DISPOSITION OTHER

THAN IN A CEMETERY

B. CREMATION

TEMS

THAN IN A CEMETERY D. SCIENTIFIC USE

C. DISPOSITION OF CREMATED REMAINS OTHER

N/A

мт. норе семетелу

INTERMENT ORDER

City of San Diego

9-29-98

You are hereby authorized and instructed, su	Diect to your rules and regulations, to inter the remains
ina a Sh valut	Funeral, date, time Thur 10-8 2:00
Church, Chapel, Graveside araves	SIAL: Teathering Ulmortuary.
All Funeral cars 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 Division/Black
Lot 4003 Grave Row Grave space & Care Fund Prond	360 E 9301 Q
Additional spaces and care fund	
Opening/Closing & Setup	(200)
Burial Container	41D 284
Handling Fees	00.00
Flower vases - Marker setting fee SEP	29 1998 7 15 (2)
Recording and filing fee	E CEMETERY 42.0
Sales taxes CITY of SA	N DIEGO CALIF
Paid	receipt number 50 22 2092
V	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent not remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature (DO)
	Address DO - O COLONE
Signature of recorded holder of deed	Zu Coyen (24 10) E
	Talaphane 619-442-1425
	Invoice #
Work Order # E 14611	Acct. #
REA-104 (7-96)	etion is quallable in afternalive formats upon request.
100000000000000000000000000000000000000	A CONTRACTOR OF THE PARTY OF TH

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	(x)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Milton A CITY OF DEATH El Calon			5B. COUNTY OF DEATH	+-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
A. TYPED NAME AND AD	DRESS OF CALIFORN	A-FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 78. CA	IF, LICENSE NUMBER FAPPLICABLE	6808 Clara Lee Ave. Sen Biogo, GA 92120
ACKNOWLEDGMENT OF AP		cknowledge as applicant that the proposes	disposition stated herein is one of the		BA. SUBNATURE OF APPLICANCE—Person taking permit. BB. DATE SIGNED
AUTHORIZATION OF	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	376 of the Health and Safety Code, and was JED BN ACCORDANCE WITH PRO- ORBINA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFIC DISPOSITION SPECIFICATION OF CALIFORNIA DISPOSITION OF CALIFORNIA CONTROL OF CALIFORNIA	QA. AMOUNT OF FEE P		
	D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DI	EATH— 9E. AD		R OF DISTRICT OF DISPOSITION— THE IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
D. SCIENTIFIC US	11A. NAME AND AL	other other others of California Cem Comptery 3751 M	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY ETERS St.	CONTRACTOR OF THE PROPERTY.	D 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	Pacific C	odress of California Cre rematory 571 J Smore, CA 92530	Crane St.	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPP	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A: ADDRESS, NEA FICKENT TO ID	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA D	R OTHER DESCRIPTION SUF- ISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION DE CHARGE OF DISPOSITION DE CHARGE DE MAINS 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 GEMETERY

City of San Diego

Date 9-30-98

You are hereby authorized and instructed, so	ubject to your rules and regulations, to inter the remains
" FUTT ETTOS	STUGSOIL OF 2 FO
in a Type of Bureal Containes a Marie	Funeral, date, time
Church, Chapel, Graveside	SICC : CANO COLLUMNIANY.
All Funeral cars must arrive before 3:30 p.m.	of regular work day of an extra charge of \$
fill be applied and billed to undersigned	
9211 _	
Lot 194 Grave Row	Wed D3943
Grave space & Care Fund	Wa D3945 &
Additional spaces and care fund	and haran so
Opening/Closing & Selup	WU E 13524 Q
Burial Container	Ua E 13524 D
Handling Fees	UAE13524 &
Flower vases - Marker setting fee	
Recording and filing fee	UL E13524 D
Sales taxes	la E13524 D
	Total Due
Paid	I receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispositio	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
A STATE OF THE STA	×
I hereby authorize the interment in lot I hold under deed.	Signature
	Addina
Signature of recorded holder of deed	City_ Zer Code
	Telephone
Work Order # E 14612	Invoice #
A - (C.S.) A SECOND - (C. C. C	Acct. #
DEA. (04 (7.08) This inform	i en la company de la company

14612

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH DAY, YEAR RUTH ETTA STOGSDILL 11/29/1912 09/30/1998 SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE NATIONAL CITY ETHEL SAXTON - SISTER SAN DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 2003 BAYVIEW MEIGHTS, \$136 -IF APPLICABLE LEWIS COLONIAL/BENBOUGH MORTUARY SAN DIEGO, CA 92105 FD-480 3051 EL CAJON BLVD., SAN DIEGO, CA 92104 8A. SIGNATURE OF APPLICANT—Person taking person, 8B. DATE SIGNED 09/30/1998 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 11 - C. C. Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 10/01/1998 9814359 AUTHORIZATION OF IN THIS PERMIT \$7.00 NOTE: THIS PERMET GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR P Valentine 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 40. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT I. DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY, 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 7-981 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIC 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

COPY 2 IS RETAINED BY 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 0/1/98

ou are hereby authorized and instructed, su	bject to your rules and regulations, to inter the ren	nains
VIOLA HAMISSEY	~ nx hafffy	
Ta LINEY	Juneral, date, time Mix. Oct 54h //	100
thurch, Chapel, Graveside (NUMA)	Grandell JD Memorial Mon	uary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	0
rill be applied and billed to undersigned.	<u> </u>	
ol 9/ Grave 3 Row	Section 3 Division/Block/2	
irave space & Care Fund	795	.02
dditional spaces and care fund		
pening/Closing & Setup	375	00
urial Container	Τη 5 1998 <u>190</u> .	00
andlina Easa	145.1	00
lower vases - Marker setting fee	OPE CEMETERY SAN DIFFOO CALIF	00
lecording and filing fee	LIZ	OZ
ales taxes	147	3
warn) Od 1X	Total Dye,	17
O'not formant	receipt number 50437 1500	4.7
orolla.	Balance due	
hereby certify I am the X	of the above named deci	edeni
nd this is your authority to make disposition	of remains as above indicated. I certify and repriand lagree to hold MI. Hope Cemetery harmless	esen
The state of the s	VM W	
hereby authorize the interment in lot I old under deed.	Signatura 2441 Univers	de
gnature of recorded holder of deed	V San Orego	V
* DAV 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Telephone 692-3090	ip Code
	Involce #	
Vork Order # E 14613	Appl. #	

Lot picked by Cemelory Staff.
per Mark / San Dugo. Memorial

3 2 ##-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76 E14612

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS Found 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Mahaffev Viola Ernestine 09/28/1998 06/15/1952 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. John Mahaffey - Father San Diego San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 6128 New Castle Place -IF APPLICABLE San Diego Memorial Chapel San Diego, CA. 92114 2441 University Ave. San Diego, CA. 92104 PD-1575 8A. SIGNATURE OF APPLICANT-Person taking permit. 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 0/01/1998 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID. 98. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 10/01/1998 AUTHORIZATION OF IN THIS PERMIT MOTE: THIS PERSON GRES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. \$7.00 M. Legaspi ► 9814388 LOCAL REGISTRAR 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW Vital Records: PO Box 85222 PERMIT TO SHOW FINAL DISPOSITION, San Diego, CA. 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED Mount Hope Cemetery; 3351 Market Street BURIAL San Diego, CA. 92102 10.5.98 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

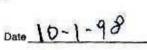


REA-104 (7-98)



INTERMENT ORDER

City of San Diego



na	Dela Cruz
Type of Burist Container	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersi	gned.
ot 145 Grave 10	Row Section Division/Block 2
Grave space & Care Fund	895.00
Additional spaces and care lund	<u> </u>
Opening/Closing & Setup	E1 / 1/4
Burial Container	· · · · · · · · · · · · · · · · · · ·
randling Fees	10 ,7 00
Flower vases - Marker setting fee	LL 700 ==
Recording and filing fee	1 3
Sales taxes	
	Total Due
	Paid receipt number R-56427 447.00
	Balance due 448,0
hereby certify I am the and this is your authority to make that I have the right to make this au	of the above named decedent disposition of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said auth	
iny liability on account of said auth	
any liability on account of said auth hereby authorize the interment in hold under deed.	XALLEN H della MAL
hereby authorize the interment in hold under deed. Signature of recorded holder of deed.	Vallana J. dela Core Signific 48. Dave Address **National City 9195 Cony 474-07-94 Invoice #*

O Printed on recycled paper

DELA CRUZ, JULIANA 48 D Avenue, National Ci	ity 91950
---	-----------

	DEBIT	CREDIT I	ALANCE
10-01-98 Opened Pre-need Lot. Lot 145 Gr 10 Sec 2 Div 12	895.00		
10-01-98 Receipt 50427 30 10 71	0	447.00	448.00
11-10 98 R-60554 CPn#1		19.00	429.60
2-198 250617 CPn#2		19.00	410.00
1-6 99 R 50713 CPN #3		19:00	39100
2-4 99 R 30810 CPA =4		1900	372 00
1-8 M9 R-50915 1 5		1900	35300
1-1 99 8 50984 CPNU		1900	B34.00
5-6 PA P 51/00 CDn 2		19.00	315.00
0-2 99 751198 OPN 8		19.00	2910 1
7-799 R 51324 OPN 9		19.01	27711
3-2 99 R51399 CPN 10		119.00	258.0
1-2 99 P51485 CAN 11		19.00	239 00
10-4 99 R-5158 () 12		19.00	00.00
1-2-99 R-51655 13		19.00	201.00
2-3-99 18-51742 14		19.00	182.00
1-4-00 R-51837 15		19,00	163.00
1-2-00 R. 52089 16		19.00	144.00
DELA CRUZ, JULIANA Pre-need Lot	E-14614	1 1 1 - X	

TOTAL PAID

ISSUED BY

AC-212 (Rev. 8-94)

AC-212 (Rev. 5-94)

WHITE TO CUSTOMER

PINK	AUDITOR MOU	527-3400			00
Juliana	Dela Cruz Add	ress: 48D Au	enversa	Fional CI	मुं वावव
NITUE TOTAL Payr	ment of Pre held	. 10t		Pollars (\$ 101 · C	<u>U</u> ,
Lot 145	Grave 10	Row	Section 2	Division - Bleck	2
Acct. Ng.	NOT VALID FOR "PAID" IN THIS	RPURPOSE STATED UNLESS STAN SPACE.	80% Sales of Lots	67007 77184 100 77184	N N
W.O. E 141014 BALANCE DUE 290	.00		Opening/ Closing Burial Containers	77181 100 77182 100	
Pre-Need Lot At Need	□ On Acct □		Handling Fee Recording & Misc. Fees Pre-Need	77185 — 100 77183 — 63033	
Pre-need Trust Cash	Check Suspensy	in Avallo	Trust Sales Tax TOTAL PAID	9022 90101 78390 \$	70
VC-212 (Rev. 5-94)	1100			-	100

OFFICIAL RECEIPT		Y OF SAN DIEGO, CALIFORNI	A		5158
WHITE TO CUSTOM CANARY CEMETEI PINK AUDITO	NA PAGE	UNT HOPE CEMETEI	Pate: 10	-4	1999
From: Juliana De la Newtern In_part Payment of_		ul III	me hation	al City onare (\$ 14	,00,
Lot 14 6 Grav	. 10	How	Section 3	Divis -Sico	
Invoice No. Acct. No. W.O. E-14614 BALANCE DUE 230,00	"PAID' IN TH	FOR PURPOSE STATED UNLESS STA	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033	19 00
Pre-Need Lot At Need On Ac Pre-need Trust Cash Check	8	allhuke. 6	Trust Seles Tex TOTAL PAID	9022 60101 78390	19 60



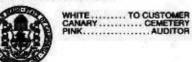
PINKAUDITOR	MOUNT HOPE CEMETERY	Date: 11-	2 04	919 8	99
In part Payment of P.	a- hud lit		Dollars (\$ _	19.00	
Lot 145 Grave	\0 Row	_ Section		Division Blook	13
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAME	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	19	60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 594)	SISSUED BY L. WILLIAM	Recording & Milec. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 — 63033 — 9022 — 60101 78390 —	19	00

OFFICIAL	RECEIPT
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
From: Jul	just also anois

MOUNT HODE CEMETERY

From Juliana Beli Cru Instead Payment of Dela	Address: 48 D trutie	Natural 12-	3 - 9 9 Ett. 919 19,00	9 5 0)
Lot 145 Grave	\0	ection 3	Division	13
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77185 100	9 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check RAC-212 (Rev. 5-94)	ISSUED BY JULIAN L. YED DURSE	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390	00

CITY OF SAN DIEGO, CALIFORNIA



Pink	527-3400	V -	u		04
rom: Juliana Dela Eu	y Address: 48 D Duine	Date:	2 0	Jen 91	19 <u>00</u> 150
Witun	Address: 10 0 000100		ottars (\$	19.00	
part Payment of	u-hu lt			101	
1	15			Division	13
ot 14 5 Grave	\0Row	Section 4		BIOCK	15
nvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007	16	00
8 3618 98 -	- PAID' IN THIS SPACE.	20% Sales Care 80% Sales	77184	3	00
ect. No.	-	of Lots Opening/	77164 — 100		
v.o. F = 11011	-	Closing Burial	77181		
ALANCE DUE 163.00		Containers	77182 — 100		
UN MACHE		Handling Fee Recording &	77185 100		
re-Need Lot At Need D On Acct	5] //	Misc. Fess Pre-Need	77183 — 63033		200
10-11000 EOL - LULITOUS - OIL HOUL		Trust Sales Tax	9022 — 60101		
re-need Trust Cash Check	040.18 P	147/50/50 (\$4/1)	78390 -		
C-212 (Rev. 5-94)	ISSUED BY	TOTAL PAID		1,	1 0
	.1	1			7.5

WHITETO CUSTOMER CANARYCEMETERY PINKAUDITOR

From Juliana Oda Cr. Nenteen	Address	18 0 the	nue hatimal	- 2 - Cuty 9 rollars (\$ 19.	1900
In part Payment of	Ru-he	uh UT	3	Divisi	
Invoice No	NOT VALID FOR PUI	RPOSE STATED UNLESS S	Section CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77182	19 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	Dk 0	Mullin	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390	19 00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Juliane Dala Cruz	Address: 48 D Quemu	e Notional C	19.00 ,
In Payment of S	10 Row	Section 3	Division \2
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 7718 60% Sales 100 of Lots 7718 Opening/ 100 Closing 7718 Burial 100 Containers 7718 Handling Fee 7718 Recording & 100	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY A Shaddlin	Misc. Fees 7718 Pre-Need 5303 Trust 902: Seles Tax 8010 76399 TOTAL PAID	3

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 52289 TO CUSTOMER WHITE MOUNT HOPE CEMETERY PINK.....AUDITOR 527-3400 Payment of Division Grave Row Section Block 60 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 80% Sales 77184 Acct. No. of Lots 100 Opening/ 77181 Closing Burial 100 106.00 Containers 77182 100 **BALANCE DUE** 77185 Handling Fee Recording & 100 77183 Misc. Fees 63033 Pre-Need Lot At Need On Acct Pre-Need Trust 9022 Check D Pre-need Trust 80101 Sales Tax 78390

TOTAL PAID

1210

AC-212 (Rev. 5-94)

ISSUED BY

OFFICIAL RECEIPT

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52388

From: Juliana Dela trus Matter In part Payment of	gre-Nux Sot	Date: 5-4 Date: 5-4 Dollars	19.00 (* 19.00,
Lot 1 1 5 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMP	Section	
W.O. F- 146 14 BALANGE DUE 87.00 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Julia	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 80101 78390 TOTAL PAID	

CITY OF SAN DIEGO, CALIFORNIA

52538

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

From: Juliana Dela Cru	2 Address: 48 D Overne	Date: 6	- 6	9195	90 0
In part Payment of P	which dot =	0	ollars (\$ _	119.00))
Lot 14 5 Grave	\0	F_noite		Division	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	19	00
W.O. E- 14614		Opening/ Closing Burisi Containers	77181 — 100 77182 —		
BALANCE DUE		Handling Fee Recording & Misc. Fees Pre-Need	100 77185 — 190 77183 — 63033		#=
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BW MILLIAM	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	19	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Juliana Dela Cru In_part Payment of P	12- Nul It		9195 Ollars (\$ 19,00	0
Lot 14 5 Grave _	\D Row_	Section_ 3	Division \	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE	D CREDIT 20% Sales Care 80% Sales of Lofs Opening/ Closing Burist Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY & Mullin	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	60

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

From Juliane Delice	Addr	8 D D	enue Na	8-2 timel Dollars	Col 919	O <u>Ø</u> ≤0 ,,
Lot 14 5 Grave	10	Row_	Section	3	Division 1	13
Invoice No	MOT VALID FOR "PAID" IN THIS	PURPOSE STATED UNLESS S SPACE.	STAMPED CREDIT 20% SI 80% SI of Lott Openii Closin	ales Care 7718- ales 104 7718- ng/ 104	0	00
BALANCE DUE 30,00	_		Burial Contai Handi Recon Misc.	10 Ing Fee 7718 ding & 10	2	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		N	Pre-Ni Trust Sales	902		
Pre-need Trust U Cash U Check (AC-212 (Rev. 5-94)	ISSUED BY	albhille a	TOTAL	7839	19	00

PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52823

MOUNT HOPE CEMETERY (619) 527-3400

From: Juliana Dela Crus Nenteen In part Payment of	g Address: Y8 D aven	Date: 1-3-	119.00
	\0	Section 2	Division \2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS ST "PAID" IN THIS SPACE.	AMPED CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lotx 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100	19 00
Pre-Need Lot At Need Ori Acct Pre-need Trust Cash Check	ISSUED BY I WILLIAM	Misc. Fees 77183 - 77183 - 77183 - 77183 - 77183 - 9022 - 78390 - 707AL PAID \$	19 0

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL		52984	
CANARY PINK	MOUNT HOPE CEM (619) 527-3400		17 00	
From Juliana G. Dela	Cruy Address: 48 D OWENU	y Vational	100 91	950
in Point Payment of Po	re-Need Lot For	Ollo		
Lot	10 Rows	Section 2	Division /2	
Acct. No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100	11.00	
W.O	-	Burial 100 Containers 77182 — 100 Handling Fee 77185 —		.
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	5	Recording & 100 Misc. Fees 77153 Pre-Need 83033 Trust 9022 Sales Tax 50101		
AC-212 (Rev. 5-94)	ISSUED BY YUCANUL COLOR	. TOTAL PAID \$	11.00	

DO ACC Jul 48 Nat	NOT COUN Lar D A	MAIL T No. MAIL T No. MAI T No. MAI T No. MAI T No. MAI T No.	Property Pro	E BO	ok leed uz CA lec	91 2 D	950	12	614		6
		Mon	th ar	d D	ty De	e in	dical	ed B	elow		
NUL	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR 10	MAY
	nt due	when p	oaid on	or be	fare,	1	> ,	_1	9.0	0	
Amou after t	nt due due da	if paid te abo	more t ve.	han_	de	lys	> s	_	-		
NAM	E			Ar	nount i	Receive	ed S				
ADD	RESS										
CITY					- 9	STAT			ZIF		-

Ju]	inn D A	a D	ela		uz			-14	614		
Lot	14	5 6	r 1	O S	ec	2 D	iv	12	alow		
JUL	AUG							_	_	MAY	JUN
										10	
Amou	ate abo ni due due dat	if paid	more t	han	de	lys	5	_1	9.0	0	
							\$				
NAM	IE:			An	nount l	Receive	ed \$				
	RESS										
ADD											_

Jul 48 Nat	NOT COUNT I am D A	MAIL I No. Le E Lver	Proels	E BO	OK LEEC LUZ CA	91	ot E	-14	and of		8
		Mon	th ar	d De	by Di	ie in	dicat	ed B	elow	-	
AUG	SEP	OCT	NOV	DEC	JAN	FE8	MAR	APR	MAY	JUN 10	JUL
due da	nt due de abo	ve.		Brown.	7054	lys I	> ,	1	9.0	0	
	ive dat			idal		42	\$				
NAM	E			An	nount	Receiv	ed \$		_		
ADD	RESS								907		
CITY		П	check	11) if t	STAT	E new	/ add	ZIP		
		-									



☐ check (✓) if this is new address

DO AC Jul 48	NOT COUN IBN D A	MAIL T No. IN D IV en IN S IV en	Prela ela ue Cie	E BOO	X ced uz CA ec	919 2 D	Cont E	-14 12	614		3
JAN	FEB						AUG			HOV	DEC
Amou	nt due	when a	aud on	or hel	070					10	
due da	ate abo			Sept.	da da	vs I		_ 1	9.0	0	
after o	due da	te abov	e.				\$		_		
NAM	E			An	tount	Receiv	ed \$	_	=		
ADD	RESS										
CITY			check	11) if t	STAT	IE s new	ado	ZIF		

Jul 48 Nat	D A	ves al 5 G	els ue Cit r I	y,	CA ec	2 D	950 Iv	12			
FEB	MAR					AUQ					MAL
due da Amou	nt due i nt due i due dat	re. f paid r	nore th		ore.	ys)	> s > s	-/	9.0	ri	
ADD	RESS	4.8	D.	as	- de	STAT	E C		ZIP	9/9	150

TOP	44	2 4	X 4	u a	Sec.	4 2		44.			
		Mon	th ar	id D	By Di	ue In	dical	ed B	elow	-	
MAR											FEB

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

, 19.00

Amount due if paid more than _____days after due date above.

\$____

NAME	dusing	the dela	cm_
ADDRESS	48.	Dave	national
			94

Amount Received

CITY LULY STATE Car. ZIP 91950

ACC Juli 48	NOT COUNT I AS I AS	MAIL T No.	Property of the last of the la	RE BOOK	CA ec	91 2_B	950	-14	614	el Tib	6
APR	MAY						NOV			FEB 10	MAR
	nt due ite abo		paid on	, ar bel	ore,	1	> s	1	9.0	0	
Amou after d	nt due i lue dal	if paid i	more ti ve.	han	da	ys	s	1	9,	00	_
				Villago C	No. Che Balan	0	\$				

ADDRESS 48 D. ave national
CITY Of STATE Ca ZIP 91950

☐ check (/) if this is new address

DO AC Jul 48 Nat	NOT COUN iam D A	MAIL T No.	Cie r l	E BO	OK BE CA CC	1.0 919 2 D	t 8	-14			7
F-200	1.0000		th a							The Late of the La	10900
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR 10	APR
due da	de abo	we. If paid	paid or more t	æ	- 20	lys	> 5 > 5	1	9.0	0	
	20000	1027	2	Ar	nound	Receivi	\$ ad \$		-		
NAM	EY	blic	na S.D.	h	ol	ulae	M				
ADD	DESC	11.9	4.	22	u	w.	7:2	m	2		
CITY	cie	v				STAT	EC	2	ZIF	17	957
	1		checi	k (1) if t	his is	nev	v ado	tress		

DO NOT MAIL ENTIRE BOOK
ACCOUNT No.

Pre-meet Lot E-14614
Juliana Bela Crux

48 D Avenue Mational City, CA 91950 Lot 145 Gr 10 Sec 2 Div 12

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

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

19.00

NAME Juliana St. Lules army

CITY National Will STATE Co ZIP 1 / 9 50

Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUL Amount due when paid on, or before, due date above Amount due it paid more than days Armount Received \$ NAME SULLaire H. Jele Cruz ADDRESS 48, Garre City violental city, STATE Ca ZIP 9195	Martional 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 JUL Amount due when paid on, or before, due date above Amount due it paid more than days Arount due it paid more than days Arount Received \$ NAME Sulance 11 Jela Cruss ADDRESS 4 8, Plance		COUNT Inn D A	s D	ela	Cr							
Month and Day Due Indicated Below JUL Aug SEP OCT NOV DEC JAN FEB MAR APR MAY JUL Amount due when paid on, or before, due date above Amount due it paid more than days Armount Received \$ NAME SULL and H. Jela Cruss ADDRESS 4 8, Barre City violated city STATE Ca ZIP 9195	Month and Day Due Indicated Below JUL Aug SEP OCT NOV DEC JAN FEB MAR APR MAY JUL Amount due when paid on, or before, due date above Amount due it paid more than days Arount Received \$ NAME SULLance H. Jela Cruss ADDRESS 4 8, Barre City violated city STATE Ca ZIP 9195	Nat	lon	al :	Cie	7.				4.3			
Amount due when paid on, or before, due date above Amount due it paid more than days after due date above. S Amount Received \$ NAME Sulfaire H. dela cruz ADDRESS 4 8, Garre City violated city STATE Ca ZIP 9195	Amount due when paid on, or before, due date above Amount due it paid more than days after due date above. S Amount Received \$ NAME SULLaire H. Jela Cruz ADDRESS 4 8, Garre City violated city STATE Ca ZIP 9195	Lot	14										
Amount due when paid on, or before, due date above \$ 19.00 Amount due it paid more than days \$ 19.00 Amount due it paid more than days \$ 19.00 Amount Received \$ 19.00 NAME Sulfaine H. dela cruz ADDRESS 48, Barre City violated city STATE Ca ZIP 9195	Amount due when paid on, or before, due date above. Amount due it paid more than days after due date above. S Amount Received \$ NAME SULLaire H. dela cruz ADDRESS 4 8, pare City violated city STATE Ca ZIP 9195	F	Taun										
Amount due it paid more than days \$ 19,000 Amount Received \$ NAME Sulfaine H. dela cruz ADDRESS 48, Gare City violated city, STATE Ca 2199195	Amount due it paid more than days \$ 19,000 Amount Received \$ NAME Sullaine H. dela cruz ADDRESS 48, Gare City violated city, STATE Ca 2199195	300	AUG	SEP	00.1	muy.	DEC	THE	72.0	MALE	AFA	- C-	JOH
Amount due it paid more than days \$ 19,000 after due date above. S Amount Received \$ NAME Sulvaine 11. dela cruz ADDRESS 48, Dave City viational city STATE Ca 2199195	Armount due it paid more than days \$ 19,000 after due date above. S Armount Received \$ NAME Sulvaine 11. dela cruz ADDRESS 48, Dave City viational city STATE Ca 21P 9195	Amgu	ot due	when o	aid on	, at be	OCE,			*	b 0		
NAME Juliana H. dela cruz ADDRESS 4 8, Garre CITY Vialional City STATE Ca ZIP 9195	NAME Juliana H. dela cruz ADDRESS 4 8, Garre CITY Vialional City STATE Ca ZIP 9195	due d	ate aho	A.B.					\$		***		-
NAME Sulvaine H. dela cruz ADDRESS 4 8, Garre City violated city STATE Ca ZIP 9195	NAME Sulfaine H. dela cruz ADDRESS 48, Garre CITY VIOLONIA City STATE Ca ZIP 9195	hmei	ert de la	Nico N	mora ti	han	de	ne h				**	
NAME Sulvaine H. dela criez ADDRESS 4 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195	NAME Sulvaine H. dela criez ADDRESS 9 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195	after	due da	te abo	re.			30	> \$		71	OL	-
NAME Sulvaine H. dela criez ADDRESS 4 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195	NAME Sulvaine H. dela criez ADDRESS 9 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195												
NAME Sulvaine H. dela criez ADDRESS 4 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195	NAME Sulvance H. dela criez ADDRESS 9 8, Darre CITY VIOLONIA CITY STATE Ca ZIP 9195								3	-	-		
CITY VIOLENTE CE ZIP 9195	CITY VIOLENTE CE ZIP 9195	2000000	-							_	-	-39	
CITY realismal city STATE CE ZIP 9195	CITY realismal city STATE Ce ZIP 9195								nu	5	-7-	_	-
CITY VIALLONAL CITY STATE CR ZIP 9/9/5	crity value of end state ce zip 4195	ADD	RESS	7 0	1 6	A. T	n-e		~	_	_	-	-
	Cueck (A) It tals is new addless		wa	Lin	tor.	cia	7	STAT	EC	æ	ZIP	71	150

ACC	NOT COUNT LAB D A	MAIL No No No No No No No No No No No No No	ela ce Cit	Cr y,	OK ws CA ec	91 2 D	950	12	614	2	0	
AUG	SEP						MAR		MAY	JUN 10	JUL	
	nt due te abo		said on	, or bei	lore,		> ,	1	9.0	0		-
Amour	nt due	if pald (more t	nan	da	lvs 1	1/1	1	910	כניד		

Amount Received \$

NAME Sylvana to delected.

ADDRESS 48. Dave

CITY national Life STATE Ca, ZIP 9 1950

Check (V) If this is new address

Juliana Bela Crus

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

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

s 19.00

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

\$ 19.00

NAME Juliana B. delo cres

ADDRESS 48, Dave

CITY National City STATE Ca ZIP 919 50

34 44 指	DO ACI	NOT COUNT LAN D A Lon	MAIL T No. # D Wan #1 5 G	ENTIFE PE	E BO		91 2 D	950 iv	-14	614	2	
O	T	NOV				MAR					SEP	

ADDRESS 48, Dave

CITYLATIONAL CATE STATE CA ZIP 91950

Check (1) if this is new address

Amount Received

Send or bring <u>one</u> coupon with each remittance	COUPON	22
DO NOT MAIL ENTIRE BOOK	Sistem of contact of the	43
ACCOUNT No. Pre-pand Lot	E-14614	
Juliana Dela Crus		
48 D Avenue		
National City, CA 9195	0	
Let 145 Gr 10 Sec 2 Bt		

1017				nd D							
MOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP 10	OCT

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

19.00

19100

Amount Received

Amount due if paid more than after due date above.

NAME Sellanca to dela esse

ADDRESS 48 De ave

CITY Trational STATE CA_ ZIF

ZIP 9/950

ist	D A ion	al 5 G	Cit r l	y. 0 s	CA ec	91 2 D	959 1¥	12			
DEC	JAN	_	MAR	_	_	_	_		SEP	0CT	NOV
e di e di ler d	d observed to street de disposi- tion disp	ecrecy As Spekts D-835gh	nore un	er bet	ere, day	5	> s > s	11	10	10	2
OD	RESS	4	rai	9.	a	ve	-	-	3-	010	9 C

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-2-98

ASH VAULT	Funeral, date, time	Friday.	Act 1841
hurch, Chapel, Graveside GRAV	eside :	Telophas	eMortuary
Funeral cars must arrive before 3:3	p.m. of regular work da	ay or an extra char	ge of \$
Il be applied and billed to undersigne	d		
a 71 Grave 5 Ro	w Section _	a Division	1 /Block _ 7
rave space & Care Fund	PRE- NEED	A - 4015	P -
diltional spaces and care fund			-
pening/Closing & Setup			INE ON
urial Container			, 55 VV
andling Fees			1000
ower vases – Marker setting fee			
ecording and filing fee			uc 00
		un teacor ser ribratives con encodesco	4.26
1,41/5		Total Due	269.26
Opposition	Paid receipt number	50439	264.26
V		Balance	due D
nereby certify I am the	0 4.1	CARLAN CONTRACTOR	ve named deceden
at I have the right to make disp at I have the right to make this authorized by liability on account of said authorized	rization and I agree to he	ove indicated. I co	ertify and represen
nereby authorize the interment in lot	x ore	ena di	
old under deed.	X 52	Boneta	Rd.
	- X Chul	a Vist	a Ca 919
gnature of recorded holder of deed	X 61	9426	1286

O Printed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IA. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE GLADYS KATHLEEN		IC. LAST (FAMILY)	(0)	2. DATE OF BIR			
		SEIDENBI	ECKER	03/04/190			
SA. CITY OF DEATH				ATH-OUTSIDE CALIF.	6 NAME, RELATIONSHIP, FL	ALL MAILING ADDRESS	AND ZIP CODE
NATIONAL	CITY		ENTER STATE	SAN DIEGO	GLORIA STREE	TER - DTR	
7A. TYPED NAME AND A	DORESS OF CALIFORNIA-FUNERAL	DIRECTOR OR PERSON AC			52 BONITA RD		\$3
TELOPHASE	CREMATION SOCIET	Y	1	IF APPLICABLE	CHULA VISTA,		m 30 - 3
	AVE., STE.B-3 CH	PVV 5.400 VKS8404 505 E. RF-750	91910 1	D 1605	BA. SIGNATURE OF APPLICA		B. DATE SIGNED
ACKNOWLEDGMENT OF	Thereby acknowledge as I	pplicant that I'm proposed disposit and Safety Code, and was authorize	ion stated harem is one of	the dispositions authorized by of the Health and Salety Code.	> mura Buy	man 11	0/07/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACC SIONS OF THE CALIFORNIA HEAL AND IS THE AUTHORITY FOR THE IN THIS PERMIT. INCTE: THIS PORMIT GIVES NO MIGHT OF DIS	ORDANCE WITH PROVI- TH AND SAFETY CODE DISPOSITION SPECIFIED POSAL GUISDE OF CALFORNA.	\$7.00	98. DATE PERMI 10/07/19 M. GUZM	998 AN >9814685		I ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DEATH OCCURRED IN CAUSE VITAL RECORDS P. SAN DIEGO, CA 92	O. BOX 85222	96.		R OF DISTRICT OF DISPOSITI CUR IN ANOTHER DISTRICT IN (•
10. AUTHORIZED DISE	OSITION(S) CHECK APPLICABLE				FOR	CORONER'S USE	ONLY
C. DISPOSITION THAN IN A C	Participation of the Control of the	ä	Control of the Contro	JEORNIA UTSIDE OF CALIFORNIA		PERSON IN CHARGE	E OF BURIAL
BURIAL	MT. HOPE CEMETE 3751 MARKET ST	ERY SAN DIEGO,	CA 92102	10-16-9	18 - TOM	tou	
8	12A. NAME AND ADDRESS OF	CALIFORNIA CREMATO	RY	128. DATE CREMA	ATED 12C. SIGNATURE OF	PERSON IN CHARGE	OF CREM
CREMATION	CREMAR CREMATOR ANAHEIM, CA 928	State of the second second second second second	NCHESTER AV	10/12/	98. BL	W Cou	se.
CREMATION GREMATION SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			S 138. DATE RECI	EIVED 13C. SIGNATURE O	PERSON IN CHARG	E OF FACILITY
	144. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIP	IPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAR OF PLACING WITH THE CARRIER		
TRANSIT	14A. NAME AND ADDRESS IN REMAINS OR CREMATED	REMAINS ARE TO BE S	SHIPPED	Ì	DF PENCING Y	THE CARGOET	



City of San Diego

Date_10-2-98

na IINEV	Funeral, date, ti	meTUES.C	Ct.10 11'1
Type of Burial Container Church, Chapel, Graveside	*		Morluary
All Funeral cars must arrive before 3	3:30 p.m. of regular work	day or an extra charg	ge of \$ 50.01
will be applied and billed to undersig	ned. X		
aul o		0	10
ot 214 Grave 2	Row Section	Division	ABHOCK
Grave space & Care Fund	re need		0
Additional spaces and care fund			
Opening/Closing & Setup			275 N
Burial Container			190.00
landling Fees			ILLE X
lower vases - Marker setting fee			IIE OF
Recording and filing fee			11:12
Sales taxes			=1000
		Total Due	<u>-102-1 - 1</u>
	Paid receipt number	50445	_ 761.13
· (A)		Balance d	ue
hereby certify I am the	langition of remains as	of the above	e named decedent
that I have the right to make this aut any liability on account of said author	horization and I agree to	hold Mt. Hope Cemet	ery harmless from
any liability on account of said author	rization and interment	1. No	into how
hereby authorize the interment in k	ot I	MAN	rachbino
hold under deed.	XSI	Kylen	1012
Signature of recorded holder of deed	7	dalm	0,92701
in bring check o	W 6317	8 della	7\\\S_zip code
N Of Senice.	Topphone	7	4-9-14539
of or solving	Invoice #		
Work Order # E 14616			

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request,

Forest Lawn 714 236-8813 FAX 720 1369

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE L.			IC. LAST (FAMIL	m	TH 3. DATE OF DEATH 4. SEX	
			MERRILL		06/03/1911	
5A. CITY OF DEATH				EATH-OUTSIDE CALIF.,		ILL MAILING ADDRESS AND ZIP CODE
WESTWEMSTER			ENTER STATE	CRANGE	OF INFORMANT STANLEY CHRIST	OPHER - SON
		IA-FUNERAL DIRECTOR OR PE	ERSON ACTING AS SUCH 78.		3113 SO. CENTE	The second secon
ACAUM I TRANSPORTE WILLIAM SERVICE			1	—IF APPLICABLE	SANTA ANA. CA	35330
FOREST LAMA NO	RTUARY 4471 L	INCOLN AVENUE CYPE	E38, CA 90630	FD-1051		NT Person taking permit, BB. DATE SIGNED
ACKINOWLEDGMENT OF A	nouveaux 1 hereby i	actnowledge as applicant that the prop 0376 of the Health and Solety Code, and v	osed disposition stated herein is one		· Cherie L	aking 10/05/98
PERMIT	SIONS OF THE CALL	UED IN ACCORDANCE WITH F FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEI	CODE	EE PAID 98, DATE PERMIT		F LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	TO BOOK OF DISPOSAL OUTSIDE OF CALL	47 00	10/06/19		STALLMORTH, M.D. SE
		EGISTRAR OF DISTRICT OF		ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSITK	XH-
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	P.O. BOX			P.O. BOX 85222	UR IN ANOTHER DISTRICT IN C	ALIFORNIA
PERMIT TO SHOW FINAL DISPOSITION.		. CA 92702-0234	i	SAN DIEGO, CA		<u> </u>
10. AUTHORIZED DISP		The control of the co		Get Disco, Or		CORONER'S USE ONLY
				MANY OF CHARGOS		
	IDES ENTOMBMENT)		E. TEMPORARY E			TION PENDING—REMAINS LOCATED A'
B. CREMATION			F. DISINTERMENT		230	
THAN IN A CE	OF CREMATED REM EMETERY	IAINS OTHER	G. SHIP IN TO CA	LIFORNIA		
D. SCIENTIFIC U	SE		H. TRANSIT TO C	OUTSIDE OF CALIFORNIA		
	11A. NAME AND A	DDRESS OF CALIFORNIA CE	METERY	11B. DATE BURIE	D 11C. SIGNATURE OF	PERSON IN CHARGE OF BURLE
BURIAL	MT. HOPE C	ENETERY 3151 NAME	ET STREET	1	1 /	Dung!
	SAM DIEGO.	CA 92102		10-6-9	8 - /	mus
CDEMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CE	REMATORY	128. DATE CREMAT		PERSON IN CHARGE OF CREMATION
CREMATION	-	•		1		NO.
SCIENTIFIC				1	1.	
3	134 NAME AND A	DDRESS OF CALIFORNIA FA	CLITY RECEIVING REMAIN	IS 13B DATE RECEI	VED 13C SIGNATURE OF	PERSON IN CHARGE OF FACILITY
SCIENTIFIC	Jord Manue May 1	W.	issuit i tieseering them to		1	*
		• .		i i	1	80 (55)
₹		DDDC00 #1 DC00##10 0741		I AND DATE CHEEN	TD 1 440 4000000 440	CONTINUE OF DEDOOD IN CHARGE
<u> </u>		DDRESS IN RECEIVING STATE		14B, DATE SHIPP		SIGNATURE OF PERSON IN CHARGE TH THE CARRIER
TRANSIT	I MANAGERALIZA			10		
TRANSIT	5	51			_ i >	
SCATTERING AT SEA		AREST POINT ON SHORELINE,			15C, SIGNATURE OF CHARGE OF DIS	
OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		DISTURCT OF DISCOVERDON				
DISPOSITION OTHER	Transcontratement	ENTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITION	i Change of Di	MAINS DISPOSER

COPY 2 IS RETAINED BY 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

or Helan Womas			
Ina Liner	Funeral, date, time	led .10	- 7 1:00
Church, Chapel, Graveside	raveal go	gedele	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an extra charge	e of \$ 150.00
will be applied and billed to undersigned.	EAMY.	•	
,	7-0		
Lot 13 4 Grave 1 Row	Section _	Division#	Block 12
Grave space & Care Fund	or in a second constant	13	795,00
Additional spaces and care fund		***************************************	
			375.00
Burial Container			190.00
Handling Fees	a19 10	***************************************	145.00
Flower vases - Marker setting fee			
TO THE WOOD CONTROL OF THE PARTY OF THE PART	1-311 ca		45.00
Recording and filing fee	1-22	***************************************	14.73
Sales taxes			WEL 4 73
30 day note	- 4	5043 6	722.00
Paid	receipt number 11	27 2 -	782.73
X Janal	ten	Balance du	
and this is your authority to make disposition	n of remains as above		named decedent tity and represent
that I have the right to make this authorization any liability on account of said authorization		ft. Hope Cemete	ery harmless from
	X Namice	Marie	Grant
I hereby authorize the interment in lot I hold under deed.	Signature 249	IN COLUN	Dn #53
	Address / 1.10 v	AUTI C	1 05.001
Signature of recorded holder of deed	X CITY FZA	1-19,0	127 Zig Code
	Telephone 200-	645-67	
	2	05513	ζ
Work Order # E 14617	Invoice #	0727	
THE PARTY OF THE P	Acet # 1	V / 2 /	
Work Order # <u>L 14011</u>	Acci. W O II		

W.O. # E - 14617

03

NOTE

\$ 182-13	San Diego, California V Nov 5 1918
Thirty days after date for value received, the unders	igned maker promises to pay San Diego City Treasurer, or order
with interest from November 8, 1990	or Seventuded Eighty Two a 100 DOLLARS on the unpaid principal
at the rate of 12 percent per annum, payable on de	mand.
accrue at the rate indicated above. Principal and int will be liable and consents to renewals, replaceme maturity, and waives presentment, demand and pr person who signs this note agrees that recourse n	hereafter bear interest on the principal. Interest after maturity will be been are payable in lawful money of the United States. The maker ents and extensions of time for payment hereof before, at or after botest and the right to assert any statute of limitations. A married may be held against his/her separate property for any obligation is note, the undersigned promise(s) to pay such sum as the Court

PRINT NAME X JANICE MARIE GRANT SIGNATURE * FAMILEE M. GEART
ADDRESS X 849 LINCOLN RO #53, YUBA CITY, CA 05991
CALIFORNIA DRIVER LICENSE NUMBER X C 415 3301 SSN # \$ 550-11-0151

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.

£ 14617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

600

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE Helen Marie			1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEA MONTH, DAY, YEAR MONTH, DAY, YEAR				
			Thomas		01/10/1938 10/01/1998 1		
5A, CITY	OF DEATH	1212		5B. COUNTY OF DEA ENTER STATE		6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CODE
74 TVPEN	NAME AND AD	n Diego	A-FUNERAL DIRECTOR OR PERSON	San Dieg	ALIE LICENSE MINOSO	Janice Grant, D	Secretary Control of the Secretary Control of
			rt.; 5050 Federal San Diego, CA 9	Blvd.	-IF APPLICABLE	849 Lincoln Rd. Yuba City, CA 9	5991
ACKNON	WLEDGMENT OF A	PPLICANT I hereby a Section 10	chrowledge as applicant that the proposed disp 376 of the Health and Safety Cade, and was author	esition stated herein is one of t	he dispositions authorized by	BA. SIGNATURE OF APPLICANT—	Person taking person 88. DATE SIGNED
PERMIT 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 THES PERMIT. NOTE: THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE	10/06/19		OCAL REGISTRAR ISSUING PERMIT 9814524
TION REGI	IGE IN DISPOSI- NURES A NEW SHOW FINAL OSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEAT D IN CALFORNIA PTG: P.O. BOX 852 D Diego. CA 92186	22		OF DISTRICT OF DISPOSITION- RE IN ANOTHER DISTRICT IN CAUF	
10. AUTH	ORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
☐ B. C	CREMATION	SE.	AINS OTHER	- And the same of the same of		└── (Name and	N PENDING—REMAINS LOCATED A' Address) RSON IN CHARGE OF BURIAL
-500	BURIAL	THE UNDER THE PROPERTY OF THE	Cometery; 3751 Ma an Diego, CA 9210		10-7-9		Mt .
CRE	EMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PER	RSON IN CHARGE OF CREMA
3	ENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIV	VED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
	RANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHEPPED			14B. DATE SHIPPE	ED 14C ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
DISPOS	TERING AT SEA OR ISITION OTHER IN A CEMETERY		rest point on shoreline, of o entify final place and ga <u>distr</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	

COPY 2 IS RETAINED BY 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

E 14617

782.73

INVOICE: 305513

ACCOUNT: 096737

INV TOTAL:

NAME: JANICE MARIE GRANT

INVOICE STATUS

DISPOSITION

DATE

THUOMA

PAID

01/22/99

782.73

COLLECTION ACTIONS

LATE NOTICE - 1ST:

REFERRED TO - TREAS COLLECTION: 11/23/98

- CITY ATTORNEY

- 2ND:

- 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

R Date/0/5/98

ina Y Double Dooth	Funeral, date, lime Welly	verden Ott 72
Church, Chapel, Graveside	1 110	Y With Mortuary.
All Funeral cars must arrive before 3:30 p.m.	Ann	her was
will be applied and billed to undersigned.		
,		
Lot 4730 Grave - Row	Section	Division/Block /O
Sec Marie No Nov	No A pod	2
Grave space & Care Fund	ie juuu	
Additional spaces and care fund	TAIR	
Opening/Closing & Setup	$^{\prime}\Delta H)+$	3/308
Burial Container	, 	380.00
Handling Fees	CT 0.7 1998	32000
Flower vases - Marker setting fed		
Recording and filing fee	OPE CEMETERY	4500
Sales taxes	SANDFOO. CALIF	29.45
	Total Due	114945
760-745-2126	0 - 0 - 11 0	
EAX 745 5259	receipt fromber	
bitvary to loring chec	¥ Ba	lance due
I hereby certify am the and this is your authority to make disposition		e above named decedent
that I have the right to make this authorization	n and I agree to hold Mt. Hope	
any liability on account of said authorization	and interment.	
I hereby authorize the interment in lot I	Signature	
hold under deed.	Y	thenled
Bignature of recorded holder of deed	Abdress	, 000-
The state of the s	*	Zip Code
0.9	Telephone	
	Invoice #	
Work Order # E 14618	A September 1975 St.	
WORK Order # - I TOILO	Acct. #	

.

MIT WAS DEAD .

for sent + + ...

ON TO LOUIS

AN FRANKLI - F

Carvere

.

Admin

CE STO

Burne

Billion

8000

\$size of

The Tax

Post files

Bry Tr

Promise -

Wan Grave E 1-45

A continued to a control of the control of the property

REA She (7-50)

E14618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE Masashi -			1.9	C. LAST (FAMILY)	(FAMILY) 2. DATE OF BIRTH 3. DATE OF I			DATE OF DEATH	
				01 Name (0.0 March 1990) 1 (1.0			0/03/1998	200000000000000000000000000000000000000	
Pause Val	lley		51	B. COUNTY OF DEAT ENTER STATE San	H-OUTSIDE CALIF., (OF INFO	elationship, full maili rmant 'oko Kariya -		ZIP_CODE
Alhiser-Wild 225 So. Bros	son Mortuar			NG AS SUCH 7B. CA	LIF. LICENSE NUMBER	157 Pau	25 Highway 7 ma Valley. C	6 A 92061	F SIGNED
ACKNOWLEDGMENT OF AP	en crass bereity a	concentrate as applicant that 376 of the Health and Safety C	the proposed disposition	stated herein is one of th	dispositions authorized by	VII	Joon H. TIN	10/	-/98
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE ORINIA HEALTH AND S TY FOR THE DISPOSITION DISPIT OF DISPOSAL OUTSING	AFETY CODE ON SPECIFIED	\$7.00	K. Pontil		SIGNATURE OF LOCAL	L REGISTRAR ISSU	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			9E. AL	ORESS OF REGISTRAR	OF DISTRIC	T OF DISPOSITION— ER DISTRICT IN CALIFORNIA	^	4
IO. AUTHORIZED DISPO			30-3222		-	1	FOR CORON	ER'S USE ON	Y
B. CREMATION	SE 11A. NAME AND AD	AINS OTHER DORESS OF CALIFOR	F. G. H.	TOTAL CONTROL	errentan	116.	(Name and Addr	10	
BURIAL		o, GA 9210		irket St.	16-7-95	·	1111		_
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				128. DATE CREMATI	ED 12C.	SIGNATURE OF PERSON	N IN CHARGE OF C	REMAT
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138, DATE RECEIV	ED 13C.	SIGNATURE OF PERSON	N IN CHARGE OF	FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				148. DATE SHIPPE		ADDRESS AND SIGNATI OF PLACING WITH THE		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION ER				15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	ON OF CRI	SE NUMBER EMATED RE- DISPOSER PPLICABLE

COPY 2 IS RETAINED BY 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

1.4 1 0 4 11	ct to your rules and regulations, to inter the remains
in a Type of Burlat Containing Fun	eral, date, lime tue Out 6 1:3
	with lagedale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of (egular work day or an extra charge of \$150 , 00
will be applied and billed to undersigned.	Floyd W. Duff
1	2. 40
Loi 99 Grave & Row	Section 3 Division/Block 13
Grave space & Care Fund	0 63 895.00
The second secon	
Additional spaces and care fund	7-99 37500
Opening/Closing & Setup	190 00
Burial Container	10.00
Handling Fees	195,00
Flower vases - Marker setting fee	cavicta 1500
Recording and filing fee	reverse) 45.00
Sales taxes	14.73
2000 UNDIA	Total Due
SOCIAL LICE	pipt number 50438 832.00
raid tele	150.00+ 832.73
XS.	- 982.73
I hereby certify I am the	of the above names decedent remains as above indicated. I certify and represent
	d I agree to hold Mt. Hope Cemetery harmless from
any natural of account of said authorization and	× 40, 0 0 V 00
hereby authorize the interment in lot I	Signature W. Murgh
hold under deed.	X 821 QUAIL STREET
Signature of recorded holder of dead	SDiego, CA. 92102
	2104-6380 Zip Code
8	Telephone
	Invoice # 305514
Work Order # E 14619	Acet # 0910738
Work Gradia - TIOTA	Aut. TO TO TO

Son will be in to pay after 12:00. He lian D 158 late service arrived at 3:34pm \$\ 150.00 additional fee. Catina M. Durgen-Paallon fol Mater Lampbak

211 23

w.o. # E - 14619

NOTE

\$ 834113	San Diego, California Uwww 5 19 19
Thirty days after date for value received, the 3751 Market Street, San Diego, CA 92101, twith interest from	undersigned maker promises to pay San Diego City Treasurer, or order at the sum of Sught Huntur Miny Two Spot DOLLARS on the unpaid principal
at the rate of 12 percent per annum, payable	e on demand.
accrue at the rate indicated above. Principa will be liable and consents to renewals, repmaturity, and waives presentment, demand person who signs this note agrees that red	it shall thereafter bear interest on the principal. Interest after maturity, will and interest are payable in lawful money of the United States. The maker blacements and extensions of time for payment hereof before, at or after and protest and the right to assert any statute of limitations. A married course may be held against his/her separate property for any obligation d on this note, the undersigned promise(s) to pay such sum as the Court
	graph 7528 of the State of California Health and Safety Code ns from a plot for which the purchase price is past due and unpaid.
	MOING422 CA X 429-66-6589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F 14619

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

14	NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF DEA	
Walter Red		Huff	Huff			09/29/199			
5A	CITY OF DEATH	1ero	3000000	5B. COUNTY OF DEA ENTER STATE	100	OF INFORM	MANT	MAILING ADDRESS A	ND ZIP CODE
7A			IA-FUNERAL DIRECTOR O	OR PERSON ACTING AS SUCH 78. C	LIF. LICENSE NUMBER	Y 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	W. Huff,	son	
				Pederal Blvd.	HF APPLICABLE	The second secon	mail St.	0100	357.5
			San Diego, C	92102 F	-1329	BA. SIGNATU	RE OF APPLICANT	Person taking permit 88.	DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10	1375 of the Health and Safety Code	proposed disposition stated herein is one of the sad was authorized pursuant to Section 7100 of	the Health and Safety Code.	> Ku		Cur 10	
	PERMIT	SIONS OF THE CALIF	UED IN ACCORDANCE WI FORMA HEALTH AND SAF TY FOR THE DISPOSITION		98. DATE PERMIT 10/06/19		SIGNATURE OF LO	CAL REGISTRAR IS	SUING PERMIT
	JTHORIZATION OF	IN THIS PERMIT.	ID RIGHT OF DISPOSAL OUTSIDE O	\$7.00	10/00/15	>		901	4343
w			EGISTRAR OF DISTRICT	OF DEATH- 9E. A	DORESS OF REGISTRAR				
	ON REQUIRES A NEW RMIT TO SHOW FINAL	210 2000	creds; P.O.	CONTRACTOR OF THE PROPERTY OF	processing to the color	A IN ANOTHER	to both in Cale	MGA:	
	DISPOSITION.		San Diego.						
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COF	ONER'S USE	NLY
I	A. BURIAL (INCLI	JOES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT	l r		PENDING REMAIN	IS LOCATED A
1	B. CREMATION			F. DISINTERMENT		- 1	(Name and	(ddress)	
Ī		OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIF	ORNIA				
Ì	D. SCIENTIFIC U			H. TRANSIT TO OUT	SIDE OF CALIFORNIA				
-		11A. NAME AND A	DDRESS OF CALIFORNI	A CEMETERY	118. DATE BURIE	D 11C. SI	GNATURE OF PER	ISON IN CHARGE C	F BURIAL
	BURIAL	BURIAL Mt. Hope Cemetery; 3751 M				E	1/	1/	
	(1900)07.00		FOR HOLDER STATE OF THE STATE O	, CA 92102	106.94			1112	
2		12A. NAME AND A	DDRESS OF CALIFORNI		12B. DATE CREMAT		GNATURE OF PER	SON IN CHARGE OF	CREMATION
E	CREMATION	DEMATION		TANAMAH PERUSANA	1 Control Section Section 1	E-	/		
ä	ST.				1				
APPLICABLE ITEMS		13A, NAME AND A	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C. SI	GNATURE OF PER	SON IN CHARGE C	F FACILITY
5	SCIENTIFIC	1	CONTRACTOR OF SACRED WAYS ALTER DATE AND		1				5.
ALL	USE	SHE			4				73
4					736				
				STATE OR COUNTRY WHERE	14B, DATE SHIPPI			NATURE OF PERSO	N IN CHARGE
	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A		14B, DATE SHIPPI		DDRESS AND SIGN		N IN CHARGE
	TRANSIT				14B, DATE SHIPPI				N IN CHARGE
	TRANSIT	REMAINS OR	CREMATED REMAINS A	THE TO BE SHIPPED INE, OR OTHER DESCRIPTION SUF-	168. DATE OF	15C. Si	F PLACING WITH '	THE CARRIER	e Ense number
COMPLETE	1020027029 Silonorum 1020-2004	REMAINS OR	CREMATED REMAINS A	re to be shipped		15C. Si	F PLACING WITH	THE CARRIER	

COPY 2 IS RETAINED BY 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. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-5-98

of June WM	Funeral, date, time WED 10-7 12:00
Type of Burial Container. Church, Chapel, Graveside CRAV	i dilotal, date, time
	when the data are to be an in the second N built are to the second of
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	k
20	2 12
Lot 85 Grave \ Row	
Grave space & Care Fund	895.00
Additional spaces and care full and	
Opening/Closing & Selup	375.00
Burial Container	15 1998 \(\frac{190.00}{0.00}
Handling Fees	145.00
MT. HOPE Flower vases – Marker Cyring Mes AN	CEMETERY
Recording and filing fee	VC D()
Sales taxes	14.73
	Total Due 1664. 7.3
	Paid receipt number V \ SA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Balance due
X ///	of the above named decedent
hereby certify I am the / / / / / / / / / / / / / / / / / / /	sition of remains as above indicated. I certify and represent
that I have the right to make this authoriza any liability on account of said authoriza	zation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
	Xxuaille white
hereby authorize the interment in lot I hold under deed.	X 356 54 th Street
	Address
Signature of recorded holder of deed	Chy 20 Cods
	Fall Piegu Ca. 92119
Work Order # E 14620	\Invoice #
Work Order # <u>E 14620</u>	Accl. #

C Printed on recycled paper

PEA-104 (7-96)

This information is available in alternative formats upon request.

F 14620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

47

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAMI	LY)		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
Lynn		A.		White		01	03/30/1951		1/1998	M
SA. CITY OF DEATH Peter	bure			58 COUNTY OF ENTER STATE		OF IN	RELATIONSHIP, FULL IN FORMANT Cille White,		RESS AND Z	IP CODE
A. TYPED NAME AND AD	DRESS OF CALIFORN	MA-FUNERAL DIRECT	OR OR PERSON	ACTING AS SUCH 7	. CALIF. LICENSE NUMBER	3	66 54th St.	, wrre		
Anderson-Ra	gsdale Mør	t.; 5050 F	ederal B	lvd.	—IF APPLICABLE		n Diego, CA	92114		
A10-THE REST AND GOOD STA	San Dieg	o, CA 9210	2		F-1329	BA. SIGN	ATURE OF APPLICANT-	Person taking per	mit 8B. DAT	TE SIGNED
ACKNOWLEDGMENT OF AF	PLICANT 1 hereby Section	acknowledge as applicant th 0376 of the Health and Safety	at the proposed dispo Gode, and was author	tred ourseast to Section 71	of the dispositions authorized by 00 of the Health and Safely Code.	1	colule.	16.		06/199
	AND IS THE AUTHORS IN THIS PERMIT.	UED IN ACCORDANCE FORNIA HEALTH AND TY FOR THE DISPOSIT NO MIGHT OF DISPOSAL OUT!	NON SPECIFIED	9A. AMOUNT OF 1	10/06/19		9C. SIGNATURE OF LO	OCAL REGIST	98146	
THE RESERVE THE PROPERTY OF THE PARTY OF THE	D. ADDRESS OF R	EGISTRAR OF DISTI			E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI VItal Record	CUR IN AN	O. Box 85222	2 2	1.5	200
IO. AUTHORIZED DISPO		ALTOGRAM DO LEGISTA		f_	\$	an Di	ego, CA 9218	R6-5222 RONER'S I		. 4
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND A	DORESS OF CALIFO Cemetery; San Dieg	3751 Ma	rket St.	OUTSIDE OF CALIFORNIA	ED 110	C SIGNATURE OF PER	ISON IN CH	ARGE OF B	URIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFO			128. DATE GREMA	100	C. SUSMATURE OF PER	SON IN CHA	RGE OF CR	REMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFO	DRNIA FACILITY	RECEIVING REMAI	NS 138. DATE REGE	EIVED 134	C. SIGNATURE OF PER	rson in Ch	ARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVE CREMATED REMAIN			14B. DATE SHIP	PED 144	C. ADDRESS AND SIGN OF PLACING WITH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		arest point on sh entify final place					C. SIGNATURE OF PER CHARGE OF DISPO		MAINS I	NUMBER MATED RE- DISPOSER PLICABLE

COPY 2 IS RETAINED BY 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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Swille White One Hunder Kody & In full Payment of M	ather Steery Tee	, d	Ches. 148.78 \	199 1990he 177,233
Lot 88 grave	1 Row S	gather Sypte	Division Block	13
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - 50% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -	10	00
BALANCE DUE -O		Burlat 100 Containers 77182 - 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77183 Pre-Need 63033	13	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New. 504)	ISSUED BY J. "MILLIA	Trust 9022 - Sales Tax 80101 78390 - TOTAL PAID \$	148	78 78

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

V	49-300 Sunt a	Date 101	5198
1		ALC: THE	10:30
ou are hereby authorized and instructed, su		nd regulations,	to inter the remains
1 telix Kodinguez	NA 193	57926	Tues. Oct.2
na Uner	Funeral, date, time	MUT.	10-19-10
Church, Chapel, Graveside	pry: 9	Madall	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra char	rge of \$
dil be applied and billed to undersigned			1713
20 12		1	12
ot Grave Row	Section	Division	WBlock 12
Grave space & Care Fund			120.00
Additional spaces and care fund			WAS K
Opening/Closing & Setup			105.0
Burlal Container P	<i>!</i>		50.0
Handling Fees	., 0, 3		
Flower vases — Marker setting fee	-16-10	manaanaanaan	700
Recording and filing fee			4500
Sales taxes			
Pe becca Pari PiA: Paid	Tot	al Due	386.00
Paid Paid	receipt number		39
(-2)		Balance	due
hereby certify I am the		of the above	ve named deceden
and this is your authority to make disposition that I have the right to make this authorization	and I agree to hold	Mt. Hope Cem	ertity and represent stery harmless from
any liability on account of said authorization a	and interment.		
hereby authorize the interment in lot I	Signature		
icia uncer appa.	Address		
Signature of recorded holder of deed	Cay		Zio Cod
			2000
	Telephone 2/	25011	
	The state of the s		
Nork Order # E 14621	Invoice #	00911	

E (462)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	FELIX	4-	RODRIGU	EZ	12/29/1943 07/31/1998 M.
5/	CITY OF DEATH SAN DI	EGO	58. COUNTY OF DEAT ENTER STATE SA	H-OUTSIDE CALIF.,	 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR-DEPUTY PUBLIC GUARDI
7.4	GUADAI	oress of california funeral direc JUPANA MEM. CHAPEL & MPERIAL AVE., SAN DI	TOR OR PERSON ACTING AS SUCH 78, CA		5201-A RUFFIN RD. SAN DIEGO, CA 92123 8A. SKRNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED
	ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant t Section 10376 of the Health and Sele	hat the proposed disposition stated herem is one of the br Code, and was eatherized pursuant to Section 7100 of th	dispositions authorized by he Health and Safety Code.	Nacy (0002 10/08/199
	PERMIT JTHORIZATION OF DCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANC SIONS OF THE CALIFORNIA HEALTH AND AND IS THE AUTHORITY FOR THE DISPOSI IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO MIGHT OF INDPOSAL OUT	TION SPECIFIED	NANCY IA	PEZ // Com
AN		DO. ADDRESS OF REGISTRAR OF DIST IF DEATH OCCURRED IN CAUFORNIA VITAL RECORDS P.O. SAN DIEGO, CA 9210	BOX 85222	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	E 11A. NAME AND ADDRESS OF CALIF	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ORNIA CEMETERY		(Name and Address) D 11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL
_	BURIAL'	MT. HOPE CEMETERY, SAN DIEGO, CA 9200		10/20	98 Tam 1.11
UBLE LIEMS	CREMATION	12A. NAME AND ADDRESS OF CALIF	ORNIA CREMATORY	128. DATE CREMA	12C. SKÁNATURÉ OF PÉRSON IN CHARGE OF CREMA
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIF	ORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVE REMAINS OR CREMATED REMAI		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		ORELINE, OR OTHER DESCRIPTION SUF- E AND CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

of Moyer williams	Th. Oal 9	11120
Type of Burtal Continue.	Funeral, date, time 1 hur OC+ 8,	11:00
Church, Chapel, Graveside CNG PEL	Gravesde Kagsdall	_ Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	8
will be applied and billed to undersigned.		
1	-	
Lot 98 Grave 6 Row	Section 2 Division/Block	. 11
Same and Same Sand		FIN
Grave space & Care Fund		الكيانية
Additional spaces and care fund	1 I	75 1.2
Opening/Closing & Setup	0.7 1998	12.00
Burial Container	0.1 1330 1 3	XO:OO
Handling Fees	CEMETERY	50,000
Handling Fees	N DIEGO, CALIE	
Recording and filing fee		45.00
Sales taxes	-	29115
	T5	aud its
Aclas War	Total Due 19	944. 45
Paid Paid	receipt number 12 3013 1	111.12
to be check V B.	Balance due _	-
I hereby certify I am the A 6/4 Mg and this is your authority to make disposition	legel of the above name	
that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemetery has	
any liability on account of said authorization	and interment.	
I hereby authorize the interment in lot I	X Dannie M NU ell	conce
hold under deed.	¥ 3227 Commerce	100 OS
Signature of recorded holder of deed	X No Disale	884 8
agriculte of faculties include of dead	81 000 11058	Zip Code
	Talephone	
	N_00000	
Work Order # E 14622	Invoice #	
	Acct. #	

14622

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF	DECEDENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Råge	er	Lee	Williams	ž m	04/14/1921	MONTH, DAY, YEAR 10/01/1998 M
5A. CITY OF D	and the second s		58. COUNTY OF DEATH ENTER STATE San Diego		OF INFORMANT	IAILING ADDRESS AND ZIP CODE
7A. TYPED NAM		NIA-FUNERAL DIRECTOR OR PER		IT LIGHTION SUBJECT	Fannie M. Will:	
Ande	ercon-Ragadale	Most.; 5050 Fed	leral Blvd	Control of the Contro	3227 Commertéa	
	S	an Diego, CA 921	02 F-1	329 84	San Diego, CA S	Person taking pernnt, 88. DATE*SIGNED
ACKINOWLEDGE	Section Section	acknowledge as applicant that the propositions of the Health and Salety Code, and wa	s authorized persuant to Section 7100 of th	dispositions authorized by e Health and Safety Code	dettucke	16/06/1998
PERMIT AUTHORIZATIO LOCAL REGIS	ON OF IN THIS PERMIT.	BUED IN ACCORDANCE WITH PR IFORMA HEALTH AND SAFETY O ITY FOR THE DISPOSITION SPECI NO MONT OF DISPOSAL OUTSIDE OF CALFE	FIED \$7.00	10/06/199	69 1	CAL REGISTRAR ISSUING PERMIT 9814601
ANY CHANGE IN I TION REQUIRES . PERMIT TO SHOW DISPOSITION	90. ADDRESS OF IF DEATH OCCUR. VIIIAL NEW VIIIAL REC.	REGISTRAR OF DISTRICT OF DISTR	DEATH—		DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFO	ENIA C
10. AUTHORIZE	ED DISPOSITION(S) CHECK	n Diego, CA 9218	16-5222 -		FOR COR	ONER'S USE ONLY
B. CREM	L (INCLUDES ENTOMBMENT) ATION DISTION OF CREMATED REI IN A CEMETERY HTIFIC USE		E. TEMPORARY ENVA	RNIA	I. DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT ddress)
BURIAL		Cemetery; 3751 San Diego, CA	Market St.	118, DATE BURIED	10	SON IN CHARGE OF BURIAL
APPLICABLE TEMS	1000	ADDRESS OF CALIFORNIA CRI	BMATORY	12B. DATE CREMATED	12C, SIGNATURE OF PER	SON AFCHARGE OF CREMAN
SCIENTIF USE	\$1000 TO 1000	address of California Fac	CILITY RECEIVING REMAINS	13B. DATE RECEIVED	0 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSI	REMAINS OF	ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C ADDRESS AND SIGN OF PLACING WITH T	ature of Person in Charge He Carrier
SCATTERING OR DISPOSITION THAN IN A CE	OTHER	AREST POINT ON SHORELINE, C DENTIFY FINAL PLACE AND CA [15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/6/98

10-13-98

uner Uner	Funeral, date, time Thurs Oct 8, 1998
Total of Board Backward	wery Only Mayer Monuary
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	d
ot 130 Grave 4 Ao	v Section _ 3 Division/Block /2
	795.00
Additional spaces and care fund	
Opening/Closing & Setup	1 P 9 37500
Burial Container	190.08
landling Fees	145.00
Flower vases – Marker setting fee	
Recarding and filing fee	45.00
Sales laxes	<u>14.73</u>
in Edwards	Total Due
- Edwa	Paid receipt number
	Balance due
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above named decadent osition of ramains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
hereby authorize the interment in lot I hold under deed.	Signature
	Admose
Signature of recorded holder of deed	Oley Zip Code Telephone
	0010
Work Order # E 14623	Invoice # 305542 Acct. # 000962

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)			VEN) 1B. MIDDLE 1C. LAST (2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
_	Joy	ce			Robinson	01/26/1927 09/18/1998 F
5/	. CITY OF DEATH	El Cajo	on	58. COUNTY O	F DEATH—OUTSIDE CALIF., STE San Diego	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COME OF INFORMANT John Edwards-P. A.
74	. TYPED NAME AND AL	ODRESS OF CALIFORN	IA—FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE	5201-A Ruffin Rd., San Diego, CA 92123
	Mayer I	Mortuary, 2859	9 Adams Ave., San D	iego, CA	FD1424	BA. SIGNATURE OF APPLICANT - Par Chingson II BB. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	ocknowledge as applicant that the proposed 1376 of the Health and Safety Code, and was a	disposition stated herein is authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	10/06/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY CO- TY FOR THE DISPOSITION SPECIFI ID MIGHT OF DISPOSAL OUTSIDE OF CALIFORN	\$7.00	FEE PAID 9B. DATE PERMI	17 DECEM 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 198 9814621
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE ED IN CALIFORNIA P.O.Box 85222, San 92186-5222	ans and [R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK A		· ·		FOR CORONER'S USE ONLY
The state of the s	B. CREMATION		AINS OTHER	F. DISINTERMI	Elektroperantan	L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
	BURIAL		Mt. Hope Cemete Market St., San Diego	ery	118. DATE BURIE	101.16-
BLE ITEMS	CREMATION		DORESS OF CALIFORNIA CREM		128. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REM	AINS 138. DATE RECE	TYED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E 148, DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		urest point on shoreline, or Entify final place and ca <u>dis</u>			15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

* MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 40 2 12	Date 10/0	148
You are needy authorized and instructed, su	bject to your rules and regulations, to	inter the remains
The state of the s	Funeral, date, time Friday (8+9 150C
Church, Chapel, Graveside Chapel	Gravesch CA Burral	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.	Man Tell	~
	1 1 1	2
Lot 104 Grave 9 Row_	Section 3 Division/E	ilock 62
Grave space & Care Fund		795,00
Additional spaces and care fund	7	
editoria para para programa de proprio de contrata de contrata de contrata de contrata de contrata de contrata		コマナーマ
Opening/Closing & Setup	7	380.00
landling Fees	1 4	.30000
VII,	V	
Flower vases - Marker setting fee	7	115-11
Recording and tiling fee	- 2 (C)	45.00
Sales laxes		<u>29.95</u>
1	Total Due	1944.45
\	receipt number 3 046 /	472,00
	Balance du	972.45
Charabu and the Lam the VII a	7 -05	Court of the Court
I hereby certify I am the Action and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n of-remains as above indicated. I cert n and I agree to hold Mt. Hope Cemete	named decedent ify and represent iry harmless from
	VX1 - 500	5_)
I hereby authorize the Interment in lot I hold under deed.	Signature Street III	J#9
Signature of recorded holder of deed	Soles Valley Tributions) 9097 75 20 Code
	Invoice #	
Work Offser # E 14624	Acct. #	

MT. HOPE CEN	METERY
--------------	--------

PY-1012 (11-89)

W.O. # 14624

NOTE

\$ 972.45	San Diego, California	Ver 7 1926
Thirty days after date for value received, the under		
3751 Market Street, San Diego, CA 92101, the sewith interest from	9, 1998	DOLLARS on the unpaid principal
at the rate of 12 percent per annum, payable on	demand.	7/42
Should this note not be paid when due, it sha accrue at the rate indicated above. Principal and will be liable and consents to renewals, replace maturity, and waives presentment, demand and person who signs this note agrees that recours contained herein. If any action be instituted on may fix as attorney's fees.	interest are payable in lawful money of t ments and extensions of time for payme protest and the right to assert any stat e may be held against his/her separate	the United States. The maker ent hereof before, at or after tute of limitations. A married property for any obligation
Part II, Chapter I, Article 2, Paragraph authorizes the removal of any remains from		
ADDRESS SATS Down of Dright	SIGNATURE X May	Jell - 62-8717
CALIFORNIA DRIVEN LICENSE NUMBER	55N#	10 00- 0 100

MT. CHE SEMETERY INTERMENT ORDER

City of San Diego

Date 10-7-98

ina LINER		Fund	eral, date, tir	ne MoN	10-	12	10:3
Church, Chapel, Grave	elde CHURC	LICE	Adecide	CONR	GA		Mortuary.
All Funeral cars must a	rrive before 3:30	p.m. of re	gular work	day or an e	xtra charge	e ve	,
will be applied and bille	d to undersigned	i,					
Loi Grave	47 Row	_1	Section	3	Division/	Hoek _	a
Grave space & Care Fu						24	0-
Additional anaces and	eare fund					15 Wes	-
Opening/Closing & Setu	**************************************	E-NE	ed l) - 60	36	NORTH CO.	Ð
Burial Container	ጎ 5	11		11	*******************	****	0
Handling Fees					**********		0
Flower vases - Marker	setting fee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Recording and filing tee							-6
Sales taxes			************				0
				Total Due		M3=	-0
		Paid rece	ipl number .	373 - 15		_	
	X			,	Balance du	е	
I hereby certify I am the and this is your author that I have the right to r any liability on account	nake this authori	zation an	d Lagree to I	bove indic	the above aled. I cert pe Cemete	ify and	represent
I hereby authorize the i hold under deed.	nterment in lot !	(Signature Address		8		
Signature of recorded holder of de		28	X City Xelephona	28	efre	ð	Zip Code
Work Order # E 1	4625	23	Invoice #	0.000	1 - 9: 0		

MT. HOPE CEMETER

City of San Diago

Date 10-7-98

LINER GOK	Funeral, da	e, time	MO	4 JO-	12 10:3
hurch, Chepal, Graveside CRCV I	REAL GRAVES	JE!	DNY	. an	_ Mortuny
A Funeral cars must arrive before	3:30 p.m. of regular	ron de	oren	extra charge :	of \$
rill be applied and billed to undersi	gned.				
ot Grave 37_	Row \ Se	dian	3	Division/94	" aʻ
	PRE-NEED	्र	+ 5	136	-0-
dditional approes and care fund			ļ.,Ļ.,		
pening/Closing & Setup	SE- HEED	0	+ 6	136	0
urial Container	31	1.1	11		-0
landing Feet				***********	-0
lower vases - Marker setting fee .		1	11		
sacording and filling fee			11	· · · · · · · · · · · · · · · · · · ·	-5
lales taxes	******				_+
		1	out Cu	o	_0
	Paid receipt num	nber			
~	San	11		Balance due	
hereby certify I em she					smed deceden
and this is your authority to make that I have the right to make this au	disposition of remain Monicalion and I agn	s ale ap	diam.	iceted, i certil lope Cartister	y and represen y harmless from
my liebility on account of said auth	orization and interme	1	111	4	1n
hareby authorize the interment in	tot /	Y	700	Anu	
nold under dead.	<u>_7</u>	121	211	AMS	DR
ligations of although paider at plant	- x72	olo	Ma	SPAN	5 80%
APP 10 (APP) 10 (APP) 10 (APP)	2	719-	142	3-117	3
	(Am	Plant.		S - 1/10/ 1/14	
		104.	4 6 6 6		
North Orders E 14625	Inve	ice #_	1		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK O	NLY-MAKE NO ERASURES,	WHITEOUTS OR OTH	IER ALTERATIONS		
IA. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOEN 5A. CITY OF DEATH		GORELY	EATH—OUTSIDE CALIF 6.	6. NAME. RELATIONS AP. FULL MAILING ADDRESS AND ZIP COD		
	D-1000-2009-0-121	ENTER STATE	EATH—OUTSIDE CALIF., 6.	OF INFORMANT	MALING ADDRESS AND Z	P CODE
COLORADO	ACCUMULATION OF THE PERSON OF	CO CO		GEORGE GORELY -	SON	
CONRAD LE	DORESS OF CALFORNA FUNERAL DIRECTO MON GROVE MORTUARY DWAY - LEMON GROVE, C			1218 ADAMS STRE COLORADO SPRING A SIGNATURE OF APPLICANT—	S. CO 80906	E-SIGNED
ACKNOWN EDGMENT OF A		the proposed disposition stated herein is one of code, and was authorized pursuant to Section 7100	the dispositions authorized by	(mand helping	1	2/199
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA MEALTH AND SAND IS THE AUTHORITY FOR THE DISPOSITION THIS PERMIT.	AFETY CODE	Geent K. Con	SOED 9C. SIGNATURE OF LO		G PERMIT
LOCAL REGISTRAR	NOTE: THIS PERSON WAS NO RESULT OF DISPOSAL OUTSE	E OF CALIFORNIA.	10/12/19			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTR IF DEATH OCCURRED IN CALIFORNIA	(D. OF SAN DIEGO DE	F DISTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUSE T. OF HEALTH SERVI		
IO. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		MD DIEGO, CA.		ONER'S USE ONLY	1
A. BURIAL (INCL) B. CREMATION C DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHER	☐ E. TEMPORARY EI☐ F. DISINTERIMENT☐ ☐ G. SHIP IN TO CAL	20/2=093000	L DISPOSITION (Name and A	PENDING—REMAINS LO	OCATED A
D. SCIENTIFIC U		H. TRANSIT TO O	UTSIDE OF CALIFORNIA			
BURIAL	11A. NAME AND ADDRESS OF CALFO MOUNT HOPE CEMETRY 3751 MARKET STREET SAN DIEGO. CA 92102	INIA CEMETERY	118. DATE BURBED	1/	SON IN CHARGE OF B	JRIAL (
CREMATION	12A, NAME AND ADDRESS OF CALIFOR	RNIA CREMATORY	128. DATE CREMATE	12C. SIGNATURE OF PER	son in Charge of CR	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA	rnia facility receiving remains	B 13B. DATE RECEIVE	D 19C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT	14A, NAME AND ADDRESS IN RECEIVIN REMAINS OR CREMATED REMAINS		14B, DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHO FICIENT TO IDENTIFY FINAL PLACE		F. 15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	ISON IN 150. LICENSE	NUMBER- NATED RE-

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

MAINS DISPOSER

OR

DISPOSITION OTHER THAN IN A CEMETERY



MT. HORE-SCHETERY INTERMENT ORDER

Pierre ca	y of San Diego Date 10/9/98	
	sybject to your rules and regulations, to inter the re $IMan SR$	mains
in a Liner	Funeral, dete, time	
Church, Chapel, Graveside	: (Paperer , Mo	nuary:
All Funeral cars must arrive before 3:30 p.a	n. of regular work day or all extra charge of/s	
will be applied and billed to undersigned.		
Lol 6 Grave / Aow	Section TOOF DIVISION/Block 16	,
Grave space & Care Fund		0.00
Additional spaces and care fund	20:	.00
Burial Container	<u> 190</u>	00
Handling Faes	145	00
Flower vases - Marker setting fee		
Recording and filing fee	45	.45
Sales taxes	<u></u>	23
714 681 1130,891 000	Total Que	473
10 Visa	I overtime 1000.00	
and this is your authority to make disposition that I have the right to make this authorization any sability on account of said authorization	of the above named decome of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Corpetery harmless and ipharment.	eseni trom
I hereby authorize the interment in lot I hold under deed.	Formy 961 East PointE	- NÆ
Signature of recorded trainer of deeps	X CAMESONO CA.	520
CHIEBO PUL	Temphone 73 3 -0 +7	Z =
Work Order # E 14626		
This inform	nelion le svoilable la alternative tormate unos rec	ringet

O Administration recorded paper.



0	NTERMENT OR	DER	
ext ad town on	City of San Diego	Date 10/8/9	8
10/101 N	instructed, subject to your rule	es and regulations, to inte	r the remains
ina Liner Specie	(Vodes) Funeral, date, the	me FRId, Cat 9	4 1:00
Church, Chapel, Graveside	hapel/Gravesde:	CA Bunal	Mortuary.
All Funeral cars must arrive befo	ore 3:30 p.m. of regular work	day or an extra charge of	150
will be applied and billed to under	ersigned. X	of allah	 /
Lot 138 Grave 576	Row Section	3 Division/Bloc	+12
Grave space & Care Fund	1115		12,50
Additional spaces and care fund		G 50	000
Opening/Closing & Setup		21.00 S	5/19/00
Burial Container Handling Fees	PALO	IN FULL	655.00
Flower vases - Marker setting f		12,1998	
Recording and filing fee	}		4500
Sales taxes	V. 3		6936
Bogling Riving	Paid receipt number	Total Due	268.00 258.00
I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said a	ke disposition of remains as a subthorization and lagree to inthorization and interment	of the above name above indicated, I certify a hold Mt. Hope Cemetery h	hed decedent and represent parmiess from
I hereby authorize the interment hold under deed.	t in lot I Signature	7 Strende	767
Signature of recorded holder of deed	City Telephone	305541	Zip Code
Work Order # E 1462	7 Acci.#	24/1/144	
REA-104 (7-96)	This information is available © Privated on recycled paper	e in alternative formats to 10 - 13 - 9	pon request.

MT	HOPE	CEMI	FTFRV
ret i .	HOPE	CEMI	- 1 - 11 1

PY-1012 (11-89)

W.O. # E 14627

NOTE

\$_1331.86	San Diego, California	October 8	_ 19_96
Thirty days after date for value received, the 3751 Market Street, San Diego, CA 92101, with interest from	undersigned maker promises to pa the sum of <u>One thousand thi</u> 9, 1998	ay San Diego City Treasurer, Nechundred that your on the unpaid	POLLARS
at the rate of 12 percent per annum, payab	le on demand.		1
Should this note not be paid when due, accrue at the rate indicated above. Principa will be liable and consents to renewals, rematurity, and waives presentment, demand person who signs this note agrees that recontained herein. If any action be institute may fix as attorney's fees.	al and interest are payable in lawful re placements and extensions of time d and protest and the right to asset course may be held against his/her	money of the United States. I for payment hereof before, rt any statute of limitations. r separate property for any	The maker at or after A married obligation
Part II, Chapter I, Article 2, Para authorizes the removal of any remains			
ADDRESS 8475 Avenue	Low SIGNATURE X M	lay rectors	
CALIFORNIA DRIVER LICENSE NUMBER	5212069 ssn	1.+ 546-62	-8712

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

20



1A. NAME OF DECEDE	L NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (I			2. DATE OF BIRTH 3. DATE OF DEATH 4 MONTH, DAY, YEAR MONTH, DAY, YEAR			
LEGARY	DEVON	KELLOUGE			0/06/1998 M		
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER:		ю.	NAME, RELATIONSHIP, FULL MARLINI OF INFORMANT CHEREE KELLOUGH-M 4201 SPRING STREE	OTHER		
	A CREMATION & BURIAL CHAEP AJON BLVD., SAN DIEGO, CA	T i		LS MRSA, CA 91941			
ACKNOWLEDGMENT OF A	T THE RESERVE OF THE	d disposition stated herein is one of the	dispositions authorized by	Kin Walker	10/08/399		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROSIONS OF THE CALIFORNIA HEALTH AND SAFETY OF AND IS THE AUTHORITY FOR THE DISPOSITION SPECIF IN THIS PERMIT. NOTE: THIS PERMIT ONES NO MONIT OF DISPOSAL OUTSIDE OF CALIFORNIA.	DOE	17	ssúed¦ 9C SIGNATURE OF LOCAL I 1998 9814765 ER ►	REGISTRAR ISSUING PERMIT		
ANY CHANGE IN DISPOSH- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF D IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BO SAN DIRGO. CA 92186-5222	X 85222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA			
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNA	(Name and Address			
BURIAL	MT. HOPE CEMETERY 3751 SAN DIEGO, CA 92102	2E-54E-742	118. DATE BURIED	11C. SIGNATURE OF PERSON	IN CHARGE OF BU		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATES	12C. SIGNATURE OF PERSONT	CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	19C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		148. DATE SHIPPED	0 14C. ADDRESS AND SIGNATUR OF PLACING WITH THE C			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICIENT TO IDENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION			

MT. HOPE CEMETERY

INTERMENT ORDER

. City of San Diego

Date 10/8/98

You are hereby authorized and instructed, subject to your rules of	and regulations, to inter the remains
in a	THICK TO STATE Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day	or an extra charge of \$ 1/2 C
will be applied and billed to undersigned.	Division/Block
Grave space & Care Fund	1935
Additional spaces and care fund	<u>, 50 , 7%, 50</u>
Burial Container	×2500
Handling Fees	<u>107,10</u>
Flower vases – Marker setting fee	
Recording and filing fee	4589 (436
Sales taxes To provide aid receipt number	USA Salance due 123/CC
I hereby certify I am the and this is your authority to make disposition of remains as about that I have the right to make this authorization and I agree to hole any liability on account of said authorization and interment.	of the above named decedent ve Indicated. I certify and represent Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I Signature Address.	JAN 12 AND 27
Signature of recorded holder of deed City Telephone Invoice #	05541
Work Order # E 14627 Acct. # O	10 149
REA-104 (7-86) This information is available in	alternative formats upon request.

CITY OF SAN DIRED, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

-14	GUSTOMER ACCOUNT NO.
8117	PAYMENT DATA
	PAYMENT P.M. RECEIVED DATE 11-9-98 CH.D. +0 Mt.
-1	AMOUNT PAID LULU. 10
	TREASURER VALIDATION
	" CUSTOMEN DATA
	PAYOR HAME NICHOLOS V. KELLOUGH ST.
	San Diego, CA 92114
	MS 72
3	CABILIER

TR-1861 [8-68]

REA-104 (7-96)



MT. HOPE CEMETERY

City of San Diego

Date 10/8/98

The second second	Uneral date time FRICE CUT	9th 1:00
Church, Chapel, Graveside (Mapel/4)	ausde: CH Bunal	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge	of \$ 150
will be applied and billed to undersigned,	216.73	2
Lol <u>138</u> Grave <u>516</u> Row	Section Division/E	100k /3
Grave space & Care Fund	- 11-	111/3/0
Additional spaces and care fund	7127 FN	-2/76
Opening/Closing & Setup	<u></u>	2000
Burial Container	PAID IN FULL	2000
Handling Fees	No IN FULL	135.00
Flower vases – Marker setting fee	MUN. 12,170	8
Recording and filing fee		45.00
Sales laxes	,5	01296
21.90	Total Due	266186
aid re	eceipt number 50459	361.00
Jan Bull O	11-9-78 50457 Balance du	0/33/5/
hereby certify I am the A Think	of the above	
and this is your authority to make disposition of that I have the right to make this authorization	of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	fy and represent ry harmless from
any liability on account of said authorization ar	nd intermental balance	1205.81
hereby authorize the interment in lot I	" A La Ferra Live "	18.05.0
hold under dead-	V SYT SADVE IN	- ALLIE
	Follow Valley	7(47)
Signature of recorded holdsr of deed	19 DITS	Zo Code
	Talophone	
	10 10	
	Invoice #305541	

O Printed on recycled paper

This information is available in afternative formats upon request.

TH-1961 (2-62)

CITY OF SAN DIRGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

USTOMEN ADDOUNT NO. 096749

PAYMENT P.M. RECEIVED	November 12, 1998 CH-D-to Mt. Hope
PAYMENT REPERENCE NUMBER 1	MDER 4851
***	TREASURER VALIDATION CUSTOMER DATA
PAYON NANIF	May Kellough #2
CUSTOMER [PAYOR] ADDRES	Spring Valley, CA
MEMARKE ME	2 Aprille

E'14627

TH-1541 (2-83)

CITY OF SAN DIRRO, CALIFORNIA CIPY TREASURER

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 09 U749

PAYM	ENT DATA		
PAYMENT P.M. HECEIVED DATE	1/17/98 426	(H.D.1	Hope,
AMDUNT PAID \$U-00) BEAS	, UHER VALIDAJ	IGN
CUSTON	MER DATA	¥	•
PAYOR NAME LAVEN GO PAYOR NAME LAVEN GO PAYOR NAME LAVER THAN GUSTOMR 498	N Kelli 255 A ABEBURTHAME! 1 LISC (ough aul.	
Jaima N	n Dug 92102	20, CA 2 Ulon	
MS 72		20554	<u>-</u> - - H





MT. HOPE CEMIN'ERY INTERMENT ORDER

City of San Diego

Date 10-9-98

ina LINER	Funeral, date, time Max, Oct 12 11:00
Church, Chapel, Graveside Circute.	Side GOOD BODY Mortuary
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$ 150.0
will be applied and billed to undersigned.	
Lot 95 Grave 6 Row_	Section 3 Division/Black 12
srave space & Care Fund	-NEED E-1916A -
Opening/Closing & Setup	A
Burial Container	
	ě
29	
The state of the s	
Recording and filing fee	<u> </u>
Sales taxes	
Latinal house	Total Due
(0	Secretaria (Albanes Albanes)
1	Balance due
I hereby certify I am the Cand this is your authority to make disposit that I have the right to make this authorizations liability on account of said authorizations.	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	X Signature Address
	Ze Cod
Signature of recorded holder of deed	Memora

P.01

1. (**;H_ //40

when we are a series of the first of the series.

#150 POI

E14628

TENET WARREN COUNTRY SOL

. .

(S) (S)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TMBALECTA		C	GARCIA				
SAN DIE	5178		5B. COUNTY OF DEAT ENTER STATE		B. NAME, RELATIONSHIP, FULL OF INFORMANT MARTA ROBLES -	MAILING ADDRESS AND Z	IP CODE
7A. TYPED NAME AND AD	DORESS OF CALIFORNIA	-FUNERAL DIRECTOR OR PE 027 EL CAJON I	ERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER IF APPLICABLE	4177 WIGHTMAN	The state of the s	•
	S	AN DIEGO, CA S	92115	FD-790	BA. SIGNATURE OF APPLICANT-		E SIGNED
ACKNOWLEDGMENT OF AP			osed disposition stated herein is one of the was authorized curruant to Section 7100 of I		· Outen	me - 10/8	11998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH P PRIMA HEALTH AND SAFETY FOR THE DISPOSITION SPEC MIGHT OF DISPOSIL QUITERS OF CALL	CODE STREET	9B. DATE PERMIT VICTORIA	3021001	OCAL REGISTRAR ISSUM	IG PERMIT
	P.O. BOX	GISTRAR OF DISTRICT OF	DEATH— 9E. AC	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALLE		
B. CREMATION		INS OTHER	G. SHIP IN TO CALIF		(Name and	PENDING—REMAINS LI	DCATES AT
BURIAL	HOURT HOP	DRESS OF CALIFORNIA CE PE CEMETERY CET STREET. SA	EMETERY H DIEGO, CA 9210	(18. DATE BURIED	11C. SIGNATURE OF PE	rson in Charge of B	URIA
CREMATION		DRESS OF CALIFORNIA CE		128, DATE CREMAT	ED 12C. SIGNATURE OF PER	rson in Charge of Cr	EMATION
SCIENTIFIC USE	13A. NAME AND ADD	DRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATURE OF PE	rson in Charge of F	ACILITY -
TRANSIT		DRESS IN RECEIVING STATEMENTED REMAINS ARE I		14B. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	ISITION OF CREA	NUMBER MATED RE- DISPOSER PLICABLE





MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/9/98

ina AshVauH ,	uneral, date, tim	ie hon	10-19	10:0
Church, Chapel, Graveside Cartainer		merkley		Unortualy.
All Funeral cars must arrive before 3:30 p.m.				150
will be applied and billed to undersigned. X				
/				
Lot <u>Le15</u> Grave Row	Section		ivision/ Bloc	<u>10</u>
Grave space & Care Fund	Pre!	Need		0
Additional spaces and care fund	in and the second			
Opening/Closing & Setup			<u>1</u>	05.00
Burial Container				55.00
Handling Fees				60.00
Flower vases - Marker setting fee				· ·
Recording and filing fee			поосония: _	45.00
Sales taxes		*************		426
		Total Due		26926
Paid r	eceipt number _	5646	4.	26926
	Уď	Bal	ance due	0
I hereby certify I am the X SON	a Maria 1000 annia			ned decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as a and I agree to h	bove indicate old Mt. Hope	 d. I certify a Cemetery h 	armless from
any liability on account of said authorization a	and interment.	11	PALOSELLES EN	
I hereby authorize the interment in lot I	x hla	ul Jul	m	
hold under deed.	XP.o.	BUY 20	65	
Signature of recorded holder of deed	Y PLZ	INE	9,	1903
	X(6/4) Telephone	443-7	877	Zir Code
Work Order # E 14629	Invoice #_	1250257	1200	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC LAST (F/	MILY)		DATE OF BIRTH		OF DEATH	4. SEX
	EAETAN		MARGARET	T IVERS	DI-MATCHER		MONTH DAY, YEAR 05/12/1910	10/09/	DAY, YEAR /1996	F
5	, CITY OF DEATH	M DIEGO	×	5B. COUNTY (ENTER ST	OF DEATH-OUTSIDE CALIF., ATE SAM DIEGO		RELATIONSHIP, FULL MORMANT IVERSON - SO		DRESS AND Z	P CODE
7/			IA FUNERAL DIRECTOR O	R PERSON ACTING AS SUCH	78. CALIF. LICENSE NUMBER	10000000	BOX 2068	218		
	3455 FIF	TH AVENE, SA	H BIEGO, CA 9216		—IF APPLICABLE	ALPI	ME, CA 91903 TURE OF APPLICANT—	Person Laking pe	rnil, 88. DA	E SIGNED
	ACKNOWLEDGMENT OF A			proposed disposition stated herein is and was authorized persoant to Section	one of the dispositions authorized by 17100 of the Health and Salety Code.	1/4	m (1151	11.6	19/1	2/198
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	UED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE ITY FOR THE DISPOSITION !	ETY CODE SPECIFIED	F FEE PAID 98. DAYE PERM 10/12/19 0 T.C. MITC	98	C. SIGNATURE OF LO	CAL REGIS	STRAR ISSUM	IG PERMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE P.O. DOS 052			9E. ADDRESS OF REGISTRA # DISPOSITION IS TO OCC	R OF DISTRI		RNIA		•
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE 11A. NAME AND A	DDRESS OF CALIFORNIA	CEMETERY		W	SIGNATURE OF PER		IARGE OF BI	JRIAL
CABLE ITEMS	CREMATION		DORESS OF CALIFORNIA TREMATORY, 1625 (CA 92625		120. DATE CHEMI 10/15/9	ATED 12C.	Store Training of PER	SON IN CH	New CR	EMATION
ALL APPLIC	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	A FACILITY RECEIVING REA	IAINS 13B. DATE RECE	EIVED 13C.	SIGNATURE OF PER	SON IN CH	IARGE OF F	CILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	STATE OR COUNTRY WHER RE TO BE SHIPPED	BE 148. DATE SHIPI		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
-	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ne, or other description ca <u>district</u> of dispositi			SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS D —IF APP	ATED RE-

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

	PETRICIAL	U
/	City of San I	Diec
1		

tomily to his of	San Diego Date 10-12-98
" Kaymona Wallac	neral, date, time WEA - Oct 14 10:30
All Funeral cars must arrive before 3:30 p.m. of will be applied and billed to undersigned.	regular work day or an extra charge of \$ 19().00
V Loi 4505 Grave Row	Section Division/Block 10
Additional spaces and care fund Opening/Closing & Setup	375.00
Burial Container	1 80 380.00 1 FULL 320.00
Flower vases – Marker setting fee	23-98 45.00
30day note	Total Due 1149.45
I hereby certify I am the AUFE and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and the said authorization and th	of the above named decedent remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from d interprent.
I hereby authorize the interment in lot I hold under deed.	7355-186 Calle Oustabal
Bignature of recorded holder of deed	City San Diego OA 92126 Zip Code 1019 - 566 7689
Work Order # E 14630	Invoice #305908 Acct. # 090842

REA-104 (7-96)

This information is available in alternative formats upon request 0-21-98

ALCANOR	H=0/12/03/20	DARGO DA	NUMBER OF STREET		MORE TO STORY
98T	uл	DE	CEN	CT	EDV
PH .	nu	PE	CEM		CFTT

w.o. # E 14630

NOTE

\$ 574.45	San Die	go, California OC+O	ber 12 1,99	2
Thirty days after date for value rece				a
Thirty days after date for value rece 3751 Market Street, San Diego, CA with interest from	92101, the sum of HVEY	iunai di Sotoi	on the unpaid princip	
at the rate of 12 percent per annun	n, payable on demand.		i e	
accrue at the rate indicated above. will be liable and consents to rene maturity, and waives presentment, person who signs this note agrees contained herein. If any action be may fix as attorney's fees.	wals, replacements and ext , demand and protest and the s that recourse may be held	ensions of time for pay he right to assert any st I against his/her separa	ment hereof before, at or aft tatute of limitations. A marrie te property for any obligation	éc ed en
	2, Paragraph 7528 of the ny remains from a plot for wi			7
PRINT NAME X TINA T LE	E-DANIELS SIG	NATURE X Vina	JOR Dans	1
ADDRESS X 1355-186 Ca	lle asistobal I	0 0A 92126		
CALIFORNIA DRIVER LICENSE NUMBER	X V9042727	ssn #X	586-44-8077	<u>-</u> @



CITY OF SAN DIEGO, CALIFORNIA GENERAL INVOICE

HITE - CUSTOMER

= 1463C

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER P.O.BOX 2269

SAN DIEGO, CALIFORNIA 92112

TINA LEE DANIELS 7355-186 CALLE CRISTOBAL SAN DIEGO CA 92126 ACCT NO 096842

TREASURERS USE ONLY-EDI INVOICE NUMBER-

PAYMENT 11-23-90 DATE: BY: CA (CK) IF ED REF NO

INVOICE DATE 10/21/98

PAYMENT DUE 11/20/98

PERIOD COVERED SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: . REF NO: 072 CATINA M.T. AVALLONE 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 DOUBLE DEPTH CRYPI -HANDLING FEE TAX ON DOUBLE DEPTH CRYPT RECORDING FEE

380.00 320.00 29.45

375.00

45.00 LESS PAYMENT R-50467 575.00-

574.45 TOTAL DUE 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 ACALSTED ABOVE. INV NO. RETURN WITH PAYMENT

04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			SE BLACK INK ONLY—M/	Cocoes Inchestra of the Control of t	HITEOUTS OR OTH	A SECTION AND ADDRESS OF THE PROPERTY OF THE P		
IA	. NAME OF DECEDE Raymond	NT—FIRST (GIVEN)	Wallace	Daniels		2. DATE OF BIRTH MONTH, DAY, YEAR 05/16/1944		4. SEX
	San Diego TYPED NAME AND AD Californi	DORESS OF CALIFORN	n & Burial Chape , San Biego, CA	58. COUNTY OF DEATH ENTER STATE San Diago ON ACTING AS SUCH 78, CAL	IF. LICENSE NUMBER APPLICABLE	NAME, RELATIONSHIP, FULL NOF INFORMANT Tina Lee Danie. 7355-186 Calle San Diego, CA SIGNATURE OF APPLICANT—	MAILING ADDRÉSS AND ZI Ls—wife Cristobal 92126	CODE
	ACKNOWLEDGMENT OF AF	PLICANT 1 bereby in Section 10	chrowledge as applicant that the proposed 376 of the Heelth and Safety Gods, and was a	disposition stated herein is one of the authorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Mentho	16/1/ 10/1	4-199
L	UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORITIN THIS PERMIT. NOTE: THIS PERMIT BHES IN D. ADDRESS OF R IF DEATH OCCURS Vital Rec	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFIC TO BUSH OF DISPOSAL OUTSIDE OF CALFON EGISTRAR OF DISTRICT OF DE STO IN CAUFCINIA OTCS-P.O. BOX 85 CA 92186-5222	\$7.00	10/14/19 M. Mitchel		8	G PERMIT
	A. BURIAL (MCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM		E. TEMPORARY ENVA	RNIA	No. of Parket of Market Confedences	RONER'S USE ONLY PENDING—REMAINS LO (ddress)	
	BURIAL	Mt. Hope	DORESS OF CALFORNIA CEME Cemetery ket St., San Die	Tatura Parance 13. 1	118. DATE BURIED	11C SIGNATURE OF PER	ISON IN CHARGE OF BL	IRIAL
OF IEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	MATORY	128, DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CRI	
1	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	138. DATE RECEIVE	13C. SIGNATURE OF PER	RSON IN CHARGE OF FA	CILITY
OMPLEIE A	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE .
)	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		riest point on shoreline, or Entify final place and ca <u>di</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

FUND DEPT ORG ACCT J/O OPER BN/EQ FACILI AMOUNT APPLIED WARDUNG BILLED UNPAID BALANCE

305908 10/21/98 096842 TINA LEE DANIELS 11/23/98 CK E-14630 574.45 80.00

E-10383 100 072 77183 000072 180.00
100 072 77183 000072 45.00
100 072 77185 000072 320.00
29.45

-2-4

MT. HOPE SEMETERY INTERMENT ORDER

City of San Diego

Date 10/0/98

Larol F. Haiker	Funeral, date, time Thuio,	15th Opt 10
Type of Burial Container	S Family	
Church, Chapel, Graveside WFINES	Farety	Mortuary.
II Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra cha	rge of \$
rill be applied and billed to undersigned.		
12 00		2504-00
ot 10 Grave 20 Row_	Section_TODE Division	n/Block 15
Brave space & Care Fund	Pro Deed	D
additional spaces and care fundD.	$\Lambda \Pi \Pi \Pi \Pi$	
and the second of the second o	MIP	105.00
pening/Closing & Setup	T 1 2 1998	55.06
		40,00
andling Fees	OPE CEMETERY	60-00
lower vases – Marker setting fee M	SAN DIEGO, CALIF	100
Recording and filing fee		45.00
ales laxes		426
	Total Due	26926
Paid	receipt number 50466	26420
3.33	Balance	due -B
· · · · · · · · · · · · · · · · · · ·		
hereby certify I am the \(\Lambda \bullet \partial \text{\$\ext{\$\text{\$\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{	on of remains as above indicated. I	
hat I have the right to make this authorization on liability on account of said authorization		etery harmless from
	X Daylong 2	- Rules
hereby authorize the interment in lot I old under deed.	Signature of the profit	L. B. M. F
	Address 2	CR AUE.
ignature of recorded holder of deed	SAN DIEGO	CA92116-198
	8 (619) 283	1638
	Telephone	
	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

OF

	NT-FIRST (GIVEN)	1B. MIDDLE	1G. L	AST (FAMILY)			2. DATE OF BIRTH	3. UAIE	OF DEATH	4. SEX
Carol Frances			Par	Parker 12/25/1907 09/23/1998				F		
CITY OF DEATH			58. C	QUINTY OF DEATH-	-OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL			ZIP CODE
San Diego				nter State			ormant ene F. Park	or - I	Janah -	
. TYPED NAME AND AD	DRESS OF CALIFORN	IA-FUNERAL DIRECTOR	OR PERSON ACTING	S SUCH TB. CALIF			Arthur Ave		Mugnite	L
eatheringil				1 -4	APPLICABLE		Diego, CA 9	CONTRACTOR OF THE PARTY OF THE	-33.08	•
322 El Cajo	on Blvd. Sa	n Diego, CA	92115	FD 1	083		ATURE OF APPOCANT		ernst, 88, DA	TE SIGNED
ACKNOWLEDGMENT OF AF	PLICANT I hereby Section II	acknowledge as applicant that I 1376 of the Health and Safety Co	the proposed disposition state ade, and was authorized pursua	od them is one of the d off to Section 7100 of the	isgositions authorized by Health and Safety Code.	>UU	rhei nati	MILLI	1 09/	24/199
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE 1 FORNIA HEALTH AND S/ TY FOR THE DISPOSITIO ID RIBBIT OF DISPOSAL OUTSITE	AFETY CODE ON SPECIFIED	7.00	09/24/19	98	9C. SIGNATURE OF L 9813995	OCAL REGI	STRAR ISSU	NG PERMIT
	D. ADDRESS OF R	EGISTRAR OF DISTRIC	Winds on the Control of the Control		SESS OF REGISTRAR	OF DISTR	TICT OF DISPOSITION-			
TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	PO BOX 852	222 San Dieg	o, CA 92186	A. CHARLES	SPOSITION IS TO OCCU	JR IN AND	THER DISTRICT IN CALIF	PORNIA		•
AUTHORIZED DISP		PPLICABLE ITEMS		38011			FOR CO	HONER'S	USE ON	Y
A. BURIAL UNCLL	IDES ENTOMBMENT)		E. TE	MPORARY ENVAU	ILTMENT		I DISPOSITIO	N PENDING		OCATED AT
A B. CREMATION	SE		F. DI G. SI H. TF	SINTERMENT HIP IN TO CALIFOR	RNIA DE OF CALIFORNIA	D : 110	☐ (Name and	Address)		
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REN EMETERY SE 11A NAME AND A Mt. Hope	DORESS OF CALIFOR Cemetery 37 0, CA 92102	F. DI G. SI H. TF	SINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSI	RNIA	1		Address)		
BURIAL	of CREMATED REMEMETERY SE 11A. NAME AND A Mt. Hope San Diego	DORESS OF CALIFOR Cemetery 37 CA 92102 DDRESS OF CALIFOR	F. DI G. SI H. TR INIA CEMETERY 751 Market 1	SINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSE	RNIA DE OF CALIFORNIA 11B. DATE BURIE	5/1	☐ (Name and	Address)	HARGE OF	
BURIAL	OF CREMATED REMEMETERY SE 11A NAME AND A Mt. Hope San Diego 12A NAME AND A Pacific (DORESS OF CALIFOR Cemetery 37 o, CA 92102	F. DI G. SI H. TF INIA CEMETERY 751 Market 1 INIA CHEMATORY 71 J Crane 1	SINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSE	RNIA DE OF CALIFORNIA 118. DATE BURIE	FED 120	(Name and	Address)	HARGE OF	BURIAL
BURIAL CREMATION BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETERY SE 11A NAME AND A Mt. Hope San Diego 12A NAME AND A Pacific (Lake Els:	Cemetery 37 c, CA 92102 DDRESS OF CALIFOR Crematory 57	F. DE G. SE H. TE RNIA CEMETERY 751 Market : RNIA CHEMATORY 71 J Crane : 2530	SINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSE St. St.	RNIA DE OF CALIFORNIA 11B. DATE BURIE 10-15-9 12B. DATE CREMAT	FED 120	(Name and	Address)	HARGE OF C	BURIAL -
BURIAL CREMATION C. DISPOSITION THAN IN A CREMATION BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE 11A. NAME AND A Mt. Hope San Diego 12A. NAME AND A Pacific (Lake Els: 13A. NAME AND A	DDRESS OF CALIFOR Cemetery 37 o, CA 92102 DDRESS OF CALIFOR Crematory 57 Inore, CA 92	F. DE G. SE H. TE RNIA CEMETERY 751 Market S RNIA CREMATORY 71 J Crane S 2530 RNIA FACILITY RECEN	SINTERMENT HIP IN TO CALIFOR RANSIT TO OUTSE St. St. VING REMAINS RY WHERE	PRIA DE OF CALIFORNIA 11B. DATE BURIE 10-15-9 12B. DATE CREMAT	VED 130	SIGNATURE OF PE	ERSON IN CHERSON IN CHERSON IN CH	HARGE OF C	BURIAL R'UV

RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED ON 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, su	pject to your rules and regulations, to inter the remains
INEV ADAU	CAN EXICK III (A)
The stand domainer was to all	arys via Daas and
Church Chanel Graveside	SI WITH THE STATE OF THE STATE
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	77
Lot 133 Grave U Row	Section 3 Division/Plack 12
Grave space & Care Fund	<u> 195.00</u>
Additional spaces and care fund	~=~ N
Opening/Closing & Setup	PAID 3/8%
Burial Container	or
Handling Fees	1 14,1998 1 145.00
Flower vases - Marker setting fee	
Recording and filing feeCITY of	SAN DIEGO, CALIF
Sales taxes	12:0173
	Michael 15017
Peid :	receipt number MANUTATIVE 1919.15
V	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent a and I agree to hold Mt. Hope Cemetery harmless from
	X Mendone 19. Sundon
I hereby authorize the interment in lot I hold under deed.	Synature SouthLook AVE
100 to	SAN DIECO 92113
Signature of recorded holder of doed	2 619 527 0825
	Invoice #
Work Order # E 14632	Acci. #

O Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

14632

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	
Ishmael -		Abdullah			06/09/1920 10/10/1998			
SA. CITY OF DEATH			58, COUNTY OF DEAT	H-OUTSIDE CALIF.,	6. NAME, RI	ELATIONSHIP, FULL MAIL	ING ADDRESS AND	OP CODE
San D	iego		San Diego			rly Mitchell	. Daughter	•
		IA-FUNERAL DIRECTOR OR PERSON		LIF. LICENSE NUMBER F APPLICABLE		Golderest La	200	*
Anderso		Mort.; 5050 Feder	at prag.	150/12/1009/98/00/0	San D	lego, CA 921	14	
		Diego, CA 92102			BA. SIGNATI	URE OF APPLICANT—Person	on taking permat 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT Section 10	acknowledge as applicant that the proposed dis 1376 of the Health and Safety Code, and was auth	position stated herein is one of the renized pursuant to Section 71(0) of th	dispositions authorized by the Health and Safety Code	nhol	bullet.	10/1	2/199
PERMIT	SIONS OF THE CALIF	UED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE			85000088 MM//	SIGNATURE OF LOCA		
AUTHORIZATION OF	AND IS THE AUTHORE IN THIS PERMIT.	TY FOR THE DISPOSITION SPECIFIED	\$7.00	10/16/19	998		9815	5113
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES I	10 RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	Water Control of the	talel	<u> </u>			
NY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRE		l te t	DRESS OF REGISTRAF DISPOSITION IS TO OCCU		T OF DISPOSITION— ER DISTRICT IN CALIFORN	IAS	
PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	ords; P.O. Box 852	222					4
000000000000000000000000000000000000000		San Diego, GA 9218	36-5222 -					
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S USE ONL	Y
A. BURIAL (INCL.)	JDES ENTOMBMENT)	1	E. TEMPORARY ENV	ULTMENT	3	I. DISPOSITION PE	ENDING REMAINS L	OCATED A
B. CREMATION	ST THE CONTRACT DOWNSHIP CONTRACT.	WALLOOM CONTROLS.	F. DISINTERMENT	ALCONOMIC TO	1	- (Name and Add	1958)	
C. DISPOSITION	OF CREMATED REM EMETERY	IAINS OTHER	G. SHIP IN TO CALIFO	AINA				
D. SCIENTIFIC US	SE		H. TRANSIT TO OUTS	IDE OF CALIFORNIA				
	11A. NAME AND A	DDRESS OF CALIFORNIA CEMETE	RY	11B. DATE BURIE	D 110. t	SIGNATURE OF PERSO	N IN CHARGE OF E	BURIAL
BURIAL	Mt. Hope	Cemetery; 3751 Ma	arket St.	!	!=	Thurs		- 2
2		San Diego, CA 9310	02	110-16-9	8	184119		
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	28. DATE CREMAT	ED 12C.	SIGNATURE OF PERSO	N IN CHARGE OF C	REMATION
CREMATION				í	10			
				i i				
3	13A, NAME AND A	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEI	VED 13C.	SIGNATURE OF PERSO	N IN CHARGE OF	ACILITY
SCIENTIFIC				į.	iii			
USE	*			1.				
14A. NAME AND ADDRESS IN		DORESS IN RECEIVING STATE OF		14B. DATE SHIPPI		ADDRESS AND SIGNAT		N CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				OF PLACING WITH THE	CARRIER		
TRANSIT	-			ţ.	1			0.40
SCATTERING AT SEA		AREST POINT ON SHORELINE, OR O		15B. DATE OF		SIGNATURE OF PERSO		
OR DISPOSITION OTHER	FICIENT TO ID	entify final place and ca <u>distr</u>	RICT OF DISPOSITION	DISPOSITION		CHARGE OF DISPOSM	1 MAINS	MATED RE- DISPOSER
THAN IN A CEMETERY				ţ.	dves		- IF AF	PLICABLE
4					100		65 60	



MT. HOWE CEMETERY



City of San Diego

Date 10/10/98

na TS VauH	L/U Funeral, date, time Prid. Oct	16,1998200
Church, Chapel, Graveside	veside : Merkleyi	Artche/Mortuary
III Funeral cars must arrive before	3:30 p.m. of regular work day or an extra ch	arge of \$ 150
will be applied and billed to undersig	gned. X SHIJU LU	
293	Row Section Chincol Division	500 <u>2</u> 50 520
ot Grave <u>293</u>	Row Section West Division	on/Block
arave space & Care Fund	PIE 1000	-0
Additional spaces and care fund		
Opening/Closing & Setup	PAIU	<u>375.00</u>
Burial Container	OCT 1 2 1998	230.00
landling Fees	UCI 2 4550	185.00
lower vases - Marker selling fee	MT. HOPE CEMETERY	most
Recording and filing fee	CITY of SAN IN - OO COATE	45.00
Sales taxes		1938
	Total Due	874.38
18	Paid receipt number 50470	874.3
	Balance	a dua O
hereby certify I am the X JHI	SAN	ove named deceden
and this is your authority to make d	isposition of remains as above indicated. I	certify and represen
nat I have the right to make this aut any liability on account of said author	thorization and I agree to hold Mt. Hope Cen orization and interment.	netery narmiess from
	V SHI THELLY	
	Signalure 1410 P.F. ea	for # d
	1 764 0 6	27 12
	Address T- 0 = of	0.000
old under deed.	- x national city	91950 Zeco
old under deed.	x national city x 474-09%	91950 3
hereby authorize the interment in I nold under deed. Signature of recorded holder of deed	Additional City 2 474-098	91950 3

MOUNT HOPE CEMETERY

-11 cest 9819

1/16	14N N 1 / 1 /		C /73 C	t of the remains of SEIA
图美	1 io CHINFSET accor	dence with and s	subject to the rules	and regulations
此时地	e ming said interment	in Mount Hope (Cemetery, and certif	ies and represents
hol	d Mount Hope Cemetery	har near	my and all liabilit	on and agrees to
A	Arrization and interm		MA E	and the second second
館。	nature of relative or	Cemetery !	manuss & relation	ship to deceased or authorization Thated BenevoLent
	Albert	180100	ASSOCIATION, I	
F	Witness	Cass C	Bordings	

APPLICATION 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		IC. LAST (FAMILY	N)	2. DATE OF BIRTH MONTH, DAY, YEAR		4. SEX		
5/	SA CITY OF DEATH			TAN 5B. COUNTY OF DEATH—OUTSIDE CALIF. B. NAI		09/05/1919 10/10/1998 F		
94	SAN DIE	DORESS OF CALIFORNI ERKLEY-NITCH	A FUNERAL DIRECTOR OR PERSO ELL MORTUARY WI DIEGO, CA 92103	ENTER STATE	SAN DIEGO	OF INFORMANT SHI JU LIU - SOI 1448 E. 8TH AVE NATIONAL CITY. 8A. SIGNATURE OF APPLICANT-	N NUE, #S CA 91950	
	ACKNOWLEDGMENT OF AF		cknowledge as applicant that the proposed d 376 of the Health and Safety Code, and was su			MTL (14	2744 10/2	5/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT LINES IN	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY CODI TY FOR THE DISPOSITION SPECIFIES ID BIGHT OF DISPOSAL DUTSIDE OF CALFORNIA	A 7.00	10/15/19 T.C. MITG	IELL D		NG PERMIT
್ರಾ	O' CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEA TO IN CALIFORNIA 122, SAN DIEGO, CA 92			OF DISTRICT OF DISPOSITION- IR IN ANOTHER DISTRICT IN CALIF		•
-	B. CREMATION	OF CREMATED REM		E. TEMPORARY EI F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O		0 12-18-18-18-18-18-18-18-18-18-18-18-18-18-	RONER'S USE ONL N PENDING—REMAINS L Address)	
	BURIAL		DORESS OF CALIFORNIA CEMET CEMETERY, 3751 MARKE CA 92102	OHIO CO.	118. DATE BURIE	, ,	ERSON IN CHARGE OF B	BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM/	ATORY	189-DATE CREMÂT	12C. SIGNATURY AF PE	ASON IN CHARGE OF CA	REMODE
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEI	VED 13C, SIGNATURE OF PE	erson in Charge of F	ACILITY
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COL				14B. DATE SHIPPI	ED 14C. ADDRESS AND SIG OF PLACING WITH	BNATURE OF PERSON IN THE CARRIER	CHARGE	
0	SCATTERING AT SEA OR DISPOSITION OF DESCRIPTION SUIT OF DESCRIPTION SUIT OF DISPOSITION OTHER DESCRIPTION SUIT OF DISPOSITION OTHER THAN IN A CEMETERY			158. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	OSITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/12/98

1	
You are hereby authorized and instructed,	, subject to your rules and regulations, to inter the remains
of Chapter 11 F	ening
In a Me Container	Funeral, date, time FRA CCF 15th 11'0
Church, Chapel, Graveside Church	Agasta CA Burial 11 Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$ \$ \(\subseteq \subseteq \)
will be applied and billed to undersigned.	
Lot 52 Grave 10 Row_	Section Division filteek
Grave space & Care Fund	<u>1950</u>
Additional spaces and care fund	16
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Flower vases - Marker selling les	
Recording and filing fee	45.00
Sales taxes	14.23
to burglack.	aid receiphoumber
V .	Balance due
I hereby certify I am the X and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold. It. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot-L hold under deed.	Signature Adyrans
Signature of recorded holder of deed	City Zip Code Tolophone
_	Invoice #
Work Order # E 14634	Acct. #

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/13/98

of 0/9 G D	bject to your rules and regulations, to inter the re):
ina TS VauH	uneral, date, time Thur Oct 15	10
Church, Chapel, Graveside De live u	Derkleum the Mo	ortuan
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned.	77 T 7 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	
/		
Lot 4 Grave 7 Row	Section TOOT Dis CovBlock //	>
3072	Dec Alored	L.
Grave space & Care Fund	E-1293	-01
Additional spaces and care fund	E-1203	
Opening/Closing & Setup	Θ	-1
Burial Container	The state of the s	E
	A CONTRACTOR OF THE PARTY OF TH	
Handling Fees		
Recording and filing fee		_
Sales taxes	Total Due	
1 20 98	Total Due	
A TIME OF THE PARTY OF THE PART		
Paid	receipt number	
	Balance due	
I hereby certify I am the	of the above named de	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and rep and I agree to hold Mt. Hope Cemetery harmles and interment.	prese ss fro
	X	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	×	Zip Co
	City X Telephore	200
	Invoice #	
Work Order # E 14635	Accl. #	
Science and Scienc		

O Printed on recycled paper

2:50 pm 10-15-98 Merkley-nuchell | Scott had delivery date for 10-16-98 on his paperwork moved date to 10-19-98.

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) 1B. MIDDLE		IC. LAST (FAS	IC. LAST (FAMILY)			3. DATE OF DEATH MONTH, DAY, YEAR		
		C	CALLOW		11/19/1898 10/11/1998			
SAN DIFGO			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHIRLEY LEESCH - DAUGHTER			
		NA-FUNERAL DIRECTOR OR PER	ROON ACTING AS SUCH!	7B. CALIF. LICENSE NUMBER	30200	D. BOX 22068	DITOGRAFIER	
SHEROMON INTO HOST USES ABOUT AND	MERIKLEY-HITCH	EL MARTIMEY	1	IF APPLICABLE	93	N DIEGO. CA 92	192	7037
3655 FIFTH AVENUE, SAN DIEGO, CA 92103			FD-119	BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED				
ACKNOWLEDGMENT OF A		acknowledge as applicant that the propose 0376 of the Health and Safety Code, and we			1	m M	tz4 10/1	5/1998
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI	FIED	10/15/199	98	9815092	OCAL REGISTRAR ISSUI	NG PERMIT
LOCAL REGISTRAR	279.785.2019.7 (0.001).0	NO NIGHT OF DISPOSAL OUTSIDE OF CALFO EGISTRAR OF DISTRICT OF D	4 .100	9E. ADDRESS OF REGISTRAL		ICT OF DISDOSITION	20	T C SW
TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	IF DEATH OCCURRE		1	IF DISPOSITION IS TO OCC				•
O. AUTHORIZED DISPO	OSITION(S) CHECK A	APPLICABLE ITEMS				FOR COF	ONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	IAINS OTHER DDRESS OF GALIFORNIA CEN		Control of the contro		SIGNATURE OF PER	ISON IN CHARGE OF E	BURIAL
BURIAL	MOUNT HOPE SAN DIEGO.	CEMETERY, 3751 MAR CA 92102	KET STREET,	10/19/0	201	TOW T	in-	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			iza okte chew	ATÉ# 120	SAGNATION OF PER	SON IN CHARGE OF C	RE
SCIENTIFIC	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			AINS 13B. DATE RECE	EIVED 13C	SIGNATURE OF PER	ison in Charge of I	FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			E 14B. DATE SHEP!	PED 14C	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION					SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CRE	E NUMBER MANED RE- DISPOSER PUICABLE

PUT IN GRAVE MT. HOPE CEMETERY W/ FOLLY INTERMENT ORDER PEARSON H. Van Meter San Diego Da

REA-104 (7-96)

Date 10-13-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
" KUDY MAXIVIE	Gessell (X)
In a AST VULLT	uneral, date, time WO (OFTER TV)
Church, Chapel, Graveside	GYECT IVOUCL Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 1000 Grave Row	Section Division/Block
Grave space & Care Fund Prenet	a C3889 B
Additional spaces and care fund	IOE (I)
Opening/Closing & Setup	105:01
Burlal Container	
Handling Fees	
Flower vases - Marker setting fee	760
Recording and filing fee	7530
Sales taxes	วโล้า
Paid	eceipt number 50477 209.20
	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 and I agree to hold Mt. Hope Cemetery harmless from
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 14636	Acct. #

This information is available in alternative formats upon request.

pecceived burial permit from Greenwood for Ruby Genell's unarment of a phes.

8

apper & check for payment are in the mail to us, along with further details of the burial and location.

Victoria-Greenwood 527-3041

original montians in Portland handling burial arrangements

Gateway little chapel of Chimes (503) 256-0606

909日三 3:04 3:00 head stone

PERMANENT BLACK INK TOREGON DEPARTMENT OF HUMAN RESOURCES 247111 HEALTH DIVISION ID TAG NO CENTER FOR HEALTH STATISTICS 136-CERTIFICATE OF DEATH Local File Number State File Number DECEDENTS 161 2 SEX 3 DATE OF DEATH (Month Day Year Ruby **GESSELL** Maxine September 28, 1998 7 DATE OF BIRTH (Month Day Year) Female 6. BIRTHPLACE 'City and State or Foreign 4 SCCIAL SECURITY NUMBER | 5a. AGE-Last Birthday 5b Under 1 Year Sc Under - Day Oavs. Mos 559-30-0631 Pueblo, CO June 18, 1922 8 AAS DECEDENT EVER IN - 3 ARMED FORCES? 9s. PLACE OF DEATH (Check only one) DECEDENT HOSPITAL Inpatient DER/Outpatient CTHER □ OOA W XXNO ☐ Nursing Hama ☐ Decedent's Home ☐ Other (Specify Actual to Specific Care) 3c FACILITY NAME (If not institution give street and number) 90 CITY TOWN OR LOCATION OF DEATH 1143 NE 157 Portland Multnoman MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) 124 DECEDENT'S USUAL OCCUPATION 106 KIND OF BUSINESS/INDUSTRY 2. SPOUSE /If Married, Widowed) Give kind at work done during most at working life Joing! use retired.) Hospital Surgery Widowed George Gessell Ga RESIDENCE - STATE 13b. COUNTY 136 CITY TOWN OR LOCATION 13d. STREET AND NUMBER Oregon Mul thomah Portland 1143 NE 157 13a NSIDE CITY 13/ ZIP CODE 15 RACE American Indian. Black. White etc. (Specify) 16 DECEDENT'S EDUCATION Specify only highest grade completed Etementary/Secondary (0-12) College (1-4 or 5 -Yes No 97230 White SMAN REHTAR 18 MOTHER - NAME maiden 19. INFORMANT - NAME and relationship to deceased PARENTS Pearson Hobson VanMeter Pearl Victoria Kniesley Donna Schull-Daughter Da. METHOD OF DISPOSITION | Mausoleum 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION - Name of cemerery, crematory, or other place. BON ☐ Burial ☐ Cremation ☐ Pernoval from State ☐ Conston ☐ Other (Specify) Portland, OR Killingsworth Chines Crematory 1's SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 216 DREGON LICENSE NO 22 NAME ADDRESS AND ZIP OF FACILIT Gateway Little Chapel of the Chimes 324 1515 NE 106th Ave. Portland, OR 9722' 22 DATE FILED (Month Day, Year REGISTHAR PESERVED FOR REGISTRAR'S USE 10 TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMINER 28. WAS MEDICAL EXAMINER NOTIFIED? 31a. TIME OF DEATH | 31b. DATE PRONOUNCED DEAD .Month. Day, Year, Hour "ME OF DEATH 1310 Yes INO On the basis of examination and/or investigation, in my opinion death occurre
at the time, date, place and due to the cause(s) and manner stated.
(Signature) To the best of my knowledge, death occurred at the time, date, place any pue to the cause(s) and manner stated CERTIFIER (Signature) 30 DATE SIGNED (Month Day Year) 33 DATE SIGNED Month Day Year! COUNTY > NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER / Fype or Photo 5050 NE Hoyt Rebecca Orowell, MD #256 Portland, Or 97213 35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pool) 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-transpermit 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. Kellic

NERAL SERVICE LICENSEE SIGNATURE

on date 9-28-98 and time 3.30 pm

and the doctor has agreed to sign a certification of the cause of deathcon as possible. mon Kon

STRUCTIONS 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

SEXTON'S SIGNATUR

Donna Schull 362 West Mission, Suite 206 Escondido, CA 92025

1 (160) 747 - 8882

E14636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BL	ACK INK ONLY-MAR	E NO ERASURES,	WHITEOUTS OR OT	HER ALTER	ATIONS	10	
A NAME OF DECEDE	NT—FIRST (GIVEN) 1B. N	MAXTHE	IC. LAST (FAMILY)	SKIJ.	MONT	TE OF BIRTH H, DAY, YEAR /18/1922	3. DATE OF DEAT MONTH, DAY, YE	AR
SA. CITY OF DEATH	AND				OF INFORMA	NONSHIP, FULL MA	ALLING ADDRESS AN	
	DORESS OF CALIFORNIA—FUN	ERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. C	TOTAL MAIL			DAUGHRER	
Charles and the second second	OOD MORTUARY -		RIAL	-IF APPLICABLE	PORTI.	OE 157	7230 erson taking permit, 88. I	DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10376 of the	e as applicant that the proposed dis Health and Safety Code, and was auti	origed pursuant to Section 7100 of	the dispositions authorized by the Health and Safety Code.	Juli		post the same way is a second	/09/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN SIONS OF THE CALIFORNIA I AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO INGRETOR	HEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED		VICTORIA 10/09/1	MEZA 981		CAL REGISTRAR ISS	SUNG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRA IF DEATH OCCURRED IN CA			P.O. BOX 85: SAN DIEGO.	222	HISTRICT IN CALIFOR	INIA	•
C. DISPOSITION THAN IN A CE		OF CALIFORNIA CEMET	The result and Astron.	FORNIA TSIDE OF CALIFORNIA 118. DATE BURNED	i 11C. SIGN	NATURE OF PERS	SON IN CHARGE OF	BUFF
CAMESTOCKE	3751 MARKET	STREET, SAN D		The second secon		D	11/10	CONTINUE
CREMATION	12A. NAME AND ADDRESS	OF GALIFORNIA GREMA	IONY	12B, DATE CREMATE	ED 12C. SIGN	IATURE OF PERS	ON IN CHARGE OF	CHEMATION
SCIENTIFIC	13A. NAME AND ADDRESS	OF CALIFORNIA FACILIT	y receiving remains	138. DATE RECEIV	ED 13C. SIGN	IATURE OF PERS	SON IN CHARGE OF	FACILITY
TRANSIT	14A. NAME AND ADDRESS REMAINS OR CREMA	IN RECEIVING STATE OF TED REMAINS ARE TO BE		148. DATE SHIPPE		ress and sign/ Placing with th	ATURE OF PERSON HE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST P FICKENT TO IDENTIFY !	oint on shoreline, or o final place and ca <u>disti</u>		158. DATE OF DISPOSITION		IATURE OF PERS RGE OF DISPOSI	TION OF C	NSE HUMBER CREMATED RE- NS DISPOSER APPLICABLE

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, s	subject to your rules and regulations, to inter the remains
of Charles M. F	Femina *
na liner	Funeral, date, time FVI . OCT . (0 11:00
Church, Chapel, Graveside Church O	ravaside OA BULLAY, Mortuary.
All Funeral cars must arrive before 3:30 p.m	FIPMINITE ICAN
will be applied and billed to undersigned.	Z & K.F.
/ O	~~
Lot 123 Grave 9 Row_	Section Division/Block
Grave space & Care Fund	895.10
Additional spaces and care fund	= 5
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	14510
Flower vases - Marker setting fee	<i>-</i>
Recording and filing fee	45.00
Sales taxes	4.3
nortuan to born uck for full Pain	19 Total Due 10 104.73
mount y ,	Balance due
and this is your authority to make disposition	on of temains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed,	Spender 4853 Burnell St
Signature of recorded holder of deed	San Die co Cal Filly 264-2835
Work Order # E 14637	Invoice #

284-2674

10-13-98

OK PER MARTIN to change the lot price and location.

[per E 14634 previoup)



THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date	10-13-98
то <u>l</u>	martin
Teleph	one
Fax	286-2674
Subjec	Charles Fleming

From /	atina	
Telepho	507-211h0	ì
	307-3402	
Fax		
Pages: i sheet	ncluding this cover	

COMMENTS

order with the new location of grave and the new copt of burial.



Please call 527-3400, if all pages are not received.

E 14637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

. NAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
CHARLES	, м.	FLEMING	FLEMING 09/05/1925 10/1		
		ENTER STATE		OF INFORMANT	
			CONTRACTOR OF THE PARTY OF THE		
			F APPLICABLE		200
5880 EL (CAJON BLVD., SAN DIEGO, CA	92115 F-			
ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code, and was	authorized sursuant to Section 7100 of t	ne Health and Safety Code	Fin Wacker	10/14/1998
	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIF IN THIS PERMIT.	ODE SED	10/14/19	98 SUED SIGNATURE OF LOCAL REG	EISTRAR ISSUING PERMIT
IN CHANGE IN DISPOSI-	IF DEATH OCCURRED IN CALIFORNIA	85222			a
, AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS		- 00:::10:-	FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER	F. DISINTERMENT	DRNIA	(Name and Address)	REMAINS LOCATED AT
BURIAL			118. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATED	12C, SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT			148. DATE SHIPPED	14C, ADDRESS AND SIGNATURE COP PLACING WITH THE CARE	
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICIENT TO IDENTIFY FINAL PLACE AND CA DI		158 DATE OF DISPOSITION	16C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER
	CHARLES CITY OF DEATH SAN DIRGS TYPED NAME AND AI CALIFORN 5880 EL ACKNOWLEDGMENT OF AI PERMIT UTHORIZATION OF OCAL REGISTRAR IN CHANGE IN DISPOSITION IN CHANGE IN DISPOSITION OF A BURIAL ONCLU B. CREMATION C. DISPOSITION THAN IN A CT D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	CHARLES CITY OF DEATH SAN DIEGO TYPED NAME AND ADDRESS OF CALIFORMA—FUNERAL DIRECTOR OR PER CALIFORNIA CREMATION & BURIAL CHAP 5880 KL CAJON BLVD., SAN DIEGO, CA ACKNOWLEDGMENT OF APPLICANT PERMIT UTHORIZATION OF OCAL REGISTRAR OF AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIC OR REQUIRES A NEW PRAINT TO SHOW FINAL DISPOSITION. A BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEM MT. HOPE CEMETERY 3751 SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CRE TRANSIT 13A. NAME AND ADDRESS OF CALIFORNIA CRE 14A. NAME AND ADDRESS OF CALIFORNIA CRE TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OLD 15A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO SECURITY. 15A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO SECURITY. 15A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO SECURITY. 15A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO SECURITY. 15A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO SECURITY. 15A. ADDRESS, NEAREST POINT ON SHORELINE, OLD SECURITY. 15A. ADDRESS, NEAREST POINT ON SHORELINE, OLD SECURITY.	CHARLES COTY OF DEATH SAN DIEGO TYPED NAME AND ADDRESS OF CALFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CA CALIFORNIA CREMATION 6 BURIAL CHAPRI. 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 ACRINORLEGGIENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN CHANGE IN DISPOSITION. ON CHANGE IN DISPOSITION. AUTHORIZED DISPOSITION OF DEATH OF CUMPRED IN CAUFFORNIA CHIEFER STATE FOR ATHORITY OF DISPOSITION OF CREMATED REMAINS OTHER ALTHORIZED DISPOSITION OF CREMATED REMAINS OTHER BURIAL (INCLUDES ENTOMBMENT) A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY TRANSIT 14A. NAME AND ADDRESS OF CALIFORNIA CREMATORY TRANSIT 15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SCATTERING AT SEA. 15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- SCATTERING AT SEA.	CHARLES M. FLEMING SAN DIEGO TYPEN NAME AND ADDRESS OF CALFORMA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 75. CALF. LICENSE HUMBER TARES SAN DIEGO TYPEN NAME AND ADDRESS OF CALFORMA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 75. CALF. LICENSE HUMBER 15.880 KL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 ACRIBORLEGMENT OF APPLICABLE THES PERMIT 18 ISSUED IN ACCORDANCE WITH PROVIDE SAN MOUNT OF FEE PAID 99. DATE PERMIT IN THIS PERMIT. BUT CALFORMA HEALTH AND SAFETY CODE OCAL REGISTRAR IN COLMING IN DESIRIOR DISTRICT OF DEATH— IF CHANGE IN DESIROS OF REGISTRAR OF THE PERMIT IS SUED IN ACCORDANCE WITH PROVIDE SAN MOUNT OF FEE PAID 99. DATE PERMIT IS IN CHARGE IN DESIROS OF REGISTRAR OF THE PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES A PART OF THE INCHESS OF PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES AND PERMIT. BUT OF THE DIPPOSITION OF CHERT OF THE PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES AND PERMIT. BUT OF THE DIPPOSITION OF CHERT OF THE PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES AND PERMIT. OF CHARGE IN DESIROS. OF PERMIT IS INCHESSED IN CALFORMA CHERT OF THE PERMIT OF THE PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES AND PERMIT. OF CHARGE IN DESIROS. OF PERMIT IS INCHESSED IN CALFORMA CHERT OF THE PERMIT OF THE PERMIT IS INCHESSED IN CALFORMA HEALTH AND SAFETY CODE ON REQUIRES AND PERMIT IS INCHESSED IN CALFORMA CHERT OF THE PERMIT OF T	CHARLES M. FIRMING So. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO SAN DIEGO CALIFORNIA CREMATION & BURIAL CHAPEL SAN DIEGO, CA 9211 ACRORDEDIGMENT OF APPLICABLE PERMIT PERMIT PERMIT THIS SELECT OF APPLICABLE THEM SHOW AND ACCORDANCE WITH PROVI- SAN DIEGO, CA 9215 ACRORDEDIGMENT OF APPLICABLE THEM SHOW AND ACCORDANCE WITH PROVI- SAN DIEGO, CA 9216 ACRORDEDIGMENT OF APPLICABLE THEM PERMIT PERMIT PERMIT PERMIT DIEGO TO APPLICABLE THEM PERMIT PERMIT PERMIT PERMIT DIEGO TO APPLICABLE THEM PERMIT PERMIT PERMIT PERMIT DIEGO TO APPLICABLE THEM PERMIT PERMIT PERMIT DIEGO TO APPLICABLE THEM PERMIT DIEGO TO APPLICABLE THEM PERMIT DIEGO TO APPLICABLE THEMS AND DIEGO TO APPLICABLE THEMS AND DIEGO TO APPLICABLE THEMS THAN IN A CEMERED TO THE APPLICABLE THEMS THAN IN A CEMERED TO APPLICABLE THEMS THAN IN A CEMERED TO THE APPLICABLE TO THE APPLICABLE TO THE APPLICABLE TO THE APPLICABLE TO THE AP

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



Fre Neco

MT. HOPE CEMETERY

INTERMENT ORDER

City of Sari Diego

Date 10/14/98

n a	Funeral, date, time	
Type of Burial Container	35000 W W H = ===	
All Funeral cars 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 Division/ Bio	ek <u> </u>
Grave space & Care Fund		89500
Additional spaces and care fund	are in the second se	
Opening/Closing & Setup	p 1 W	-
Handling Fees	W.L.L.	
Recording and filing fee	- 21-99	
•	Total Due	89500
Paid	receipt number <u>VISA</u>	447.00
	Balance due	448.00
I hereby certify I am the	of the above na	med deceden
and this is your authority to make disposition that I have the right to make this authorization any llability on account of said authorization :	n and I agree to hold Mt. Hope Cemetery	and represent harmless from
hereby authorize the interment in lot I hold under deed.	X Made D. Holom	15
	NEW HAVEN	CT 06
Signature at recorded holder of deed	City 203 - 624-	6905
	Invoice #	



HOLCOMB, MOLLY

Born Mary Louise Regine Boynton in Los Angeles in 1918, passed away August 9. The cause was cancer. A resident of New Heven for twenty-eight years, Mrs. Holcomb was de-scended from original New Haven settler Thomas Munson. She was a graduate of Pomona Col-lege, 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 Heven, and four grandchildren. Funeral arrangements will be private. Friands 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.

		ревит	CREDIT	BALANCE
10-14-98	Opened Pre-need Lot			
	Lot 8, Gr 9, Sec 1, Div 11	895.00		895-40
19-14-28	Visa ECGO (NN H)		447.00	448.00
12-24 48	R-50588 CPN#1 R 50076 CPN#2		19.00	410.00
1-25 99	1250781 Cpn #3		1900	. 391,00
2-26 99	R50884 4		1500	372.00
11-2999	R-30979 5		1900	1 353 00
5.27 99	251084 NOCPH		1900	35400
6-1799	251250 nocph		19.00	2910 00
7-19 99	R 51357 NO CPN		19.60	277.00
7-26-99	R-51379 Cpn #9		19,00	R5# 00
9-21 00	£ 51552 cpn # 10		239.00	33 20
	PAID IN FULL		431.00	
	HOLCOMB, WADE G. Pre-need Lot			

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

Ninteer Comb	Address: 185° Striben	12. 1	- 26 er haven Dollars (\$ 19.00	£ 06:
n_partPayment of	9 Row Se	action_\	Division Block	W
Noct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording &	77184 100 77184 100 77181 100 77182 100 77185 100	00
Pre-Need Lots At Need On Acct Pre-need Trust Cash Check C	ISSUED BY A Mullon	Misc, Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 69033 9022 60101 78390	60

51462 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: Payment of Division Grave Lot. Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 57007 Invoice No. 20% Sales Care 77184 0.0 80% Sales of Late 77184 Acct. No. Opening/ 100 Chosing 77181 Burisi 100 Containers 77182 BALANCE DUE _ 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need Lot 28. At Need Pre-Need 63033 On Acct 9022 Trust Pre-need Trust Cash Check Sales Tax 60101 78390 1647 00 TOTAL PAID AC-212 (Rev. 5-94)

MOUNT	HOPE	CEMETERY
(ABARASA)	- 697.9	400

From: Work Holcomb	Address: 185 Sur	Len It. New	-25 Naven Ut	-1999 66511
Norten Payment of	bu- but th		ollars (\$ 19.00	
Lot Grave	9 Bow-	Section\	Division Block	11.
Acct. No	MAR 2 5 1999	S STAMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 1000 77184 100 77181 1000 77181	00
BALANCE DUE		7	100 77185	
NC-212 (Rev. 5-94)	ISSUED BY & MUNUM	TOTAL PAID	78390	00

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HODE CEMETERY

PINKAUDITOR	. 527-3400	= 0	1	99
Ninpteen -	b Address: 185 Linde	note: 5-2 NST. New	Haven	CTOU
In Part Payment of PR	eneld lot	Donais	Division	
Lot Grave	Row Se	CREDIT 6700	BIOCK	+
Acct. No. 14038 w.o. E14038	"PAID" IN THIS SPACE.	20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7716 Burtal 10 Containers 7718	19	
Pre-Need Low Cat Need On Acct	Car. 1 00	Handling Fee 7718 Recording & 10 Misc. Fees 7716 Prs-Need 6303 Trust 902	5 0 3 3	
Pre-need Trust Cash Check	Caanat Valland	Sales Tax 8010 7839 TOTAL PAID	19	(1)
AC-212 (Rev. 5-94)				

AC-212 (Rav. 5-04)

nd or	bring	one coupon with each remittance	COUPON
DO	NOT	MAIL ENTIRE BOOK	

The second second second second second	Commence of the Commence of th	
ACCOUNT No.	Pre-need Lot	E-1463

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	HOY	DEC	JAN	FEB	MAR	APR
				3						25	

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

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

Amount Received \$ _____

NAME

ADDRESS

CITY STATE Z

☐ check (/) if this is new address

Wa 18	w H	T No. G. ind ave	Holen en	re- com Str	nee b eet 06		V		463	8	J
						ue in			elow	,	
SEP	OCT									JUL	AUG
										25	
Amou	nt due due da	if paid		han	d	lys)	s s		9.0	_	
	20			A	mount	Receiv	ed S	<u> </u>			
NAM						_					
	RESS	-	_	_	_						-
ADD						STAT			ZIF		

Amount due when paid on, or before due date above Month and Day Due Indicated Below APR MAY JUN JUL AUG SE 25 Amount due when paid on, or before due date above
Amount due if paid more than days
after due date above.
NAME S Amount Received \$
ADDRESS CITY STATE ZIP

DISINEMENT ORDER

REA-104 (7-96)

0 1.	City of San Diego
family take n	10-14 48
ACHIEV DON	ructed, subject to your rules and regulations, to inter the remains
of TOTAL A LINER	WAN ACT 19
in a Type of Buriel Container	Funeral, date, time TOOL I COLL
Church, Chapel, Graveside	: COTTO I 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 undersi	gned
Lot 925 Grave	Row Section 2 Division/Bleek 9
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Recording any limp fee 4 1998	Disinterment Fee 500.00
Sales taxes	50\ (\)
MT. HOPE CEMETI CITY of SAN DIEGO. C	ALIF did receipt number 50472 500.00
	. Balance due
and this is your authority to make o	of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from norization and interment.
I hereby authorize the interment in hold under deed.	X 1440 Gallence A. S.Cu.
Signature of recorded holder of deed	Ashar N.m. 87104 Zep Cosse Zep Cosse Telephone 2292 EX 1750
Work Order # E 14639	Acct. #
REA-104 (7-96)	his information is available in alternative formats upon request.

@ printed an recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

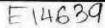
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

	NT-FIRST JOIVEN	1B. MIDDLE	IC. LAST (FAMILY)		2 DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Ashley	190 De a 1906-190-2040 — De	Danielle	Tobias	Tobias		0671571991 E
A. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL A	MAILING ADDRESS AND ZN
San Diego			San Diego		Timothy Tobias,	father
		IA-FUNERAL DIRECTOR OR PERSON		LIF, LICENSE NUMBER	1440 Gallegos Ro	l.SW
		ry 6322 El Cajon	BIAG	PUZNICHANIK N	Albuquerque, NM	87104
San Diego,			The second secon	083	BA. SIGNATURE OF APPLICANT	Person taking permit 8B, DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT Thereby	uchnomisely as applicant that the proposed dis 19376 of the Health and Safety Code, and was not	position stated beroin is one of the writed surmant to Section 7100 of t	dispusitions authorized by he Health and Safety Code,	Du Jund	ale 10/14/199
PERMIT NUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND BAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID MORT OF REPOSIL QUISIES OF CALEDINA.		10/14/199 C.Lathre	9815038	OCAL REGISTRAR ISSUING PERMI
		EGISTRAR OF DISTRICT OF DEAT 222 San Diego, CA 5222			OF DISTRICT OF DISPOSITION— RE IN ANOTHER DISTRICT IN CALIFO	RNIA.
O, AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	5 E E	T- 05-	FOR COR	ONER'S USE ONLY
C. DISPOSITION		IAINS OTHER	E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO		(Name and A	PENDING REMAINS LOCATED (address)
D. SCIENTIFIC US	SE		IL TRANSIT TO OUTS	IDE OF CALIFORNIA		
D. SCIENTIFIC US		DORESS OF CALIFORNIA CEMETE	The condensation of the form	118. DATE BURNE	D 11C. SIGNATURE OF PER	SON IN CHARGE OF BURN.
	11A. NAME AND AI 12A. NAME AND AI Pacific C	DORESS OF CALIFORNIA CEMETE DORESS OF CALIFORNIA CREMA rematory 571 J Cr. nore, CA 92530	TORY		·\ <u>.</u>	SON IN CHARGE OF BURN.
BURIAL	12A NAME AND A 12A NAME AND A Pacific C Lake Elsi	DDRESS OF CALIFORNIA CREMATERINATION OF CALIFORNIA CREMATERINATION OF	TORY ane St.	118. DATE BURIE 128. DATE CREMAT	·\ <u>.</u>	son in Charge of Cremation
BURIAL CREMATION SCIENTIFIC	12A NAME AND ALL PROLIFIC CLAKE Elsi: 13A. NAME AND ALL REMAINS OF Timothy To	obress of California CREMA rematory 571 J Cr. nore, CA 92530	TORY ATTE St. Y RECEIVING REMAINS COUNTRY WHERE	118. DATE BURIE 128. DATE CREMAT	ED 12C. SIGNATURE OF PERSONNEL PERSO	SON IN CHARGE OF CREMATION SON IN CHARGE OF FACILITY ATURE OF PERSON IN CHARGE

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)





OCT 1 4 1998

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF

F14039

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of: Ashlev Danielle Tobias from Lot 925 Grave ____ Section 2 Row ___ Block ___ And to remove the same to and reinter said remains in Lot Grave _____ Section ____ Row ____ Block ____ Division ____ cemetery moving to Albequerque, 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. Signature Relation to deceased Address I hereby authorized the above disinterment: X Zic. Zi X 14 OCT 98

(This form must be notarized, if not signed in presence of cemetery staff.)

(Lot owner must sign if not legal custodian)

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 10-14-98

in a Trop of Burist Considers	Funeral, date, time MON. OGT. 19 11:00
Church Chapel Graveside	ELYOTOVENUL HUTTENTOYMORUSTY.
All Funeral cars must arrive before 3:3	0 p.m. of regular work-day or an extra charge of \$ 50.10
will be applied and billed to undersigne	od. X/W N
Lot 275 Grave 9 Ro	2 12
Grave space & Care Fund	795.00
Additional spaces and care fund	770 27500
Opening/Closing & Setup	2 10 2 15 00
Burial Container	9A\ 8 [90.0D
Handling Fees	145.00
Flower vases - Marker setting fee	11-2011.
Recording and filing fee	45.00
Sales laxes	14.73
sodan note	Total Dup 1504
100001	Paid receipt number 50471 800.00
VD	Balance due 104.13
I hereby certify I am the	of the above named decedent
that I have the right to make this author	osifion of remains as above indicated. I certify and topresent rization and I agree to hold Mil Hope Cemetery harmless from
any liability on account of said authoriz	zation and interment.
I hereby authorize the interment in lot	Signality Chin
hold under deed.	STAN W JAN 451940
Bignature of recorded holder of deed	- XXAN Deg 0 02473
	~ 134-3.10x
	Telephone 2060III
F 44040	Invoice # SUSSITION
Work Order # E 14640	Acct. #09 08 44
	Information is available in alternative formats upon request.

MT.	HOPE	CEM	ETERY

w.o. # E 14640

NOTE

· 764.73	San Diego, California OC+Ober 14	19/8
Thirty days after date for value received, the und	ndersigned maker promises to hav San Diego City Treasur	er ozorden
3751 Market Street, San Diego, CA 92101, the swith interest from NOVEM DEX		paid principal
at the rate of 12 percent per annum, payable or	on demand.	
accrue at the rate indicated above. Principal and will be liable and consents to renewals, replace maturity, and waives presentment, demand and person who signs this note agrees that recours	shall thereafter bear interest on the principal. Interest after nd interest are payable in lawful money of the United State cements and extensions of time for payment hereof befo nd protest and the right to assert any statute of limitation arse may be held against his/her separate property for an on this note, the undersigned promise(s) to pay such sum	es. The maker ore, at or after ns. A married ny obligation
authorizes the removal of any remains fr	aph 7528 of the State of California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from a plot for which the purchase price is past due and un the California Health and Safety from the California Health and Safet	
ENGLISHMENT OF STATE		17 7.00 25 10 10 10 10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS OME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR FRANCES CLARK 12/12/1921 10/13/1998 SA. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Chula Vista San Diego Ritchie W. Houston - Son 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 1191 West San Ysidro Blvd. -IF APPLICABLE Humphrey Chula Vista Mortuary San Ysidro CA 92173 855 Broadway Chula Vista CA 91911 FD-964 SA. SIGNATURE OF APPLICANT—Person taking permit, SB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by - ACKNOWLEDGMENT OF APPLICANT 10/16/1998 Section 19376 of the Health and Safety Code, and was authorized pursuant in Section 7100 of the Health and Safety Code. 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 10/16/1998 9815101 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMET. \$7.00 NOTE: THIS PERSET GIVES NO RIGHT OF BESPOSAL OUTSIDE OF CALEFORNIA. LOCAL REGISTRAR J.E. King 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOWIBMENT) DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery - 3751 Market Street BURIAL San Diego CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION N/A 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15D. LICENSE NUMBER 15A. ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-16B. DATE OF SIGNATURE OF PERSON IN SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY N/A

ARGE OF DISPOSING OF THE CREMATED REMAINS.

DPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN



MT. HOPE CEMETERY INTERMENT ORDER

8343X Sity of San Diego

Date 10/14/98

10-21-98

You are haraby authorized and instructed, subject to your cules ar	nd regulations, to inter the remains
of Billie Geage BISNOF	Cal not law 0
In a Type of Burlal Container 11. Fuperal, date, time	Sur juri 111100
Church, Chapel, Graveside Napel / Stansido Ro	gsdall Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day	//- // // ^
will be applied and billed to undersigned.	Ken Bishop
17 in	0 11
Lot Grave Row Section	Division/Block_//
Grave space & Care Fund	795 80
Additional spaces and care fund	705 -
Opening/Closing & Setup. Paid WH	322 375.00
Buriel Container	250.60
Handling Fees	CUU - 185.00
Flower veces Marker setting to WT WC TCC	= 204 10000·00
Recording and filing fee	45.00
Sales taxes	1938
Tot	al Due 166708
Paid receipt number 2	921 28 026 20
Va	Balante due 800.08
I hereby certify I am the A Was and this is your authority to make disposition of remains as above	of the above named deceded
that I have the right to make this authorization and I agree to hold any liability on account of said authorization and intermed?	MI. Hope Cemetery harmless from
V/ nu	Sean Beal o
I hereby authorize the interment in lot I hold under deed.	1 60 00C TO A
Address	Des pesso ones
Signature of recorded holder of deed	nera Ca 7/744
Verlandia 19 -	-648-2469
	05909
Work Order # E 14641 Acct. # O	710842
Work Order # E 14641 Acct. # C	ברטעוב

MT.	HOPE	CEMETERY	834	31
			D24	2

W.O. # E-14641

NOTE

\$ 835.38	San Diego, California	Octobe	1 14	1998
Thirty days after date for value received, 3751 Market Street, Sap Diego, CA 9210 with interest from	the undersigned maker promises to pa	ay San Diego	City Treasure	r, or order at
with interest from	16, 1998	J	on the unpa	aid principal
at the rate of 12 percent per annum, pay	able 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.

ADDRESS X8346 DE DESO STREET DAMEN, CA 91942

CALIFORNIA DRIVER LICENSE NUMBER X 169 41621 SSN # X 095-44-0063

E1464

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

55

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF MONTH, DA	BIRTH 3. DATE	E OF DEATH 4. SEX
Billie George		Bishop				2/1998 M	
SA. CITY OF DEATH			68. COUNTY OF DEATH	H-OUTSIDE CALIF., 6	NAME, RELATIONSH OF INFORMANT	P, FULL MAILING AD	DORESS AND ZIP CODE
La Jol			San Diego		Gloria J.	Rish á p. Wi	fe
			PERSON ACTING AS SUCH 7B. CA		8346 El Pa		
Anderson		fort.; 5050 Fe	derat prog.		La Mesa. C	4 91942	- M
		n Diego, CA 92	33333	The second secon	A. SIGNATURE OF API	PLICANT—Person laking	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	1375 of the Health and Safety Code, and	posed disposition stated herein is one of the I was authorized ourseant to Section 7100 of the	e Health and Salety Code	A STATE OF THE PARTY OF THE PAR	believe	100/14/1998
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORI	LIED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPI	ECIFIED	10/15/19		RE OF LOCAL REG	STRAR ISSUING PERMIT 9815074
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT. NUTE: THIS PERMIT GIVES IN	ID BIGHT OF DISPOSAL OWISEDE OF CA	\$7.00	10000	_		
		EGISTRAR OF DISTRICT OF		DRESS OF REGISTRAR C		50.70.70.70.00.00.	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Reco	ords; P.O. Box		DISPOSITION IS TO OCCUR	IN ANOTHER DISTRICT	IN CALIFORNIA	
DISPOSITION.		n Diego, CA 9	000-07:12:07:17:17:17:17:17:17:17:17:17:17:17:17:17	3			
O. AUTHORIZED DISP			MANU MANU		F	OR CORONER'S	USE ONLY
A. BURIAL (INCL)	JOES ENTOMBMENT)		E. TEMPORARY ENVA	NULTMENT	☐ i. DIS	POSITION PENDING	REMAINS LOCA
B. CREMATION	OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW		F. DISINTERMENT	account contra	U (Na	me and Address)	
C. DISPOSITION	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIFO	ORNIA	10		
D. SCIENTIFIC U			H. TRANSIT TO OUTS	DE OF CALIFORNIA			
T+-	114 NAME AND A	DORESS OF CALIFORNIA O	ENETERY	11B. DATE BURIED	LIC SIGNATUR	OF PERSON IN C	HARGE OF BURN
BURIAL		Cemetery; 375		1 1	i i i i i i i i i i i i i i i i i i i	- / -	
- Constant		San Diego,		1101119	8- 761	11 6 V	_
2	12A. NAME AND A	DORESS OF CALIFORNIA O		128. DATE CREMATE	D 12C. SIGNATUR	OF PERSON IN C	HARGE OF CREMATION
CREMATION	-		904/08C39U III	Lake Transaction and Control of the	1		
di Cincinnon	0220			!	1		
CREMATION	13A, NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. DATE RECEIVE	ED 13C. SIGNATUR	E OF PERSON IN C	CHARGE OF FACILITY
SCIENTIFIC	AUCTOS WWW 03 TWO SAT TWO THESE	A NO VOLUME DE SEE NEW COURSE SE SE AND ASSESSES		T			DOUBLE PORON AND CONTRACT
USE				I	1 .		25.15
	14A. NAME AND A	DDRESS IN RECEIVING ST	ATE OR COUNTRY WHERE	148. DATE SHIPPED	14C. ADDRESS		F PERSON IN CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE	TO BE SHIPPED	1	OF PLACE	IG WITH THE CARR	NER -
TRANSIT	-			Į.	l.		2
SCATTERING AT SEA	15A. ADDRESS, NEA	DECT DON'T ON CHOOSE NO		158 DATE OF	15C SIGNATURE	E OF PERSON IN	TSD. LICENSE NUMBER
	EIGENT TO BY		OR OTHER DESCRIPTION SUF-				
OR DISPOSITION OTHER	FICIENT TO ID		A DISTRICT OF DISPOSITION	DISPOSITION		F DISPOSITION	OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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.



E14641

GITY OF SAN DIRGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

10-30-98

PAID BY (CINCLE CHE):

PAYMENT REFERENCE NUMBER

THEASURES VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

PAYOR NAME (IF STREETHAN CUSTOMER ACCOUNT NAME)

HEMARKS

INV. No. 305909

TM-1861 (2-62)

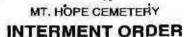
CASHIER

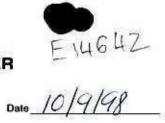
MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/14/98

You are hereby authorized and instructed, su	bject to your rules and r	egulations, to inter t	the remains
of John Creelman	Funeral, date, time	at 11:00	Oct 17,
Church, Chapel, Graveside Ciralis	ide cos	aner	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or a	CTUTO- 141/0	
will be applied and billed to undersigned			
Lot 4 Grave / Plow	One A Section I Oo.	Division/Block	16 A
Grave space & Care Fund	19210-00		1
Additional spaces and care fund		10020100000000110010000000000000000000	
Opening/Closing & Setup		-	-
Burial Container			1-
Handling Fees			-
Flower vases - Marker setting fee	*******************************		
Recording and filing feeSay	. Overtime	6	00.00
Sales taxes			
Paid Paid	receipt number	Balance due	00.00
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	and I agree to hold MI.	of the above name adicated. I certify an Hope Cemetery ha	d represent
I hereby authorize the interment in lot I hold under deed.	Signalute		
	Address		
Signature of recorded holder of doed	СНу	-,-	Zip Code
	Telephone		VIII
	Invoice #		
Work Order # E 14642	Acct. #		
Thin inform	ation is available in alt	armethus formate um	





City of San Diego

1 1000	
In a	Funeral, date, time
Church, Chapel, Graveside	, Mortuar
All Funeral cars 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 Row	Section TOUF Division/Block 16
Grave space & Care Fund	10-
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.0</u>
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filling fee	45,9
Sales laxes	
	Total Due
Paid	receipt number
	Balance due
that I have the right to make this authorization any liability on account of said authorization	of the above named decede n of remains as above indicated. I certify and represe n and I agree to hold Mt. Hope Cemetery harmless fro and interment.
I hereby authorize the interment in lot I hold under deed.	Signaturo
Signature of recorded holder of deed	City Zip Co
Work Order # E 14626	Invoice #

MT. HOPE CEMETERY INTERMENT ORDER

John A Credi	Man GR. Funeral, dete, time	
hurch, Chapel, Graveside N Funeral cars must arrive before 3:30 p.m.	: O'Conner Laftuana	Mortuary:
III be applied and billed to undersigned.	-	240
of 6 Grave 1 Row	Section TOOF Division	SIVBROCK_16
rave space & Care Fund		1595.00
dditional spaces and care fundpening/Closing & Setup		375 m
urial Cantainer	na kon na sa na minina na manga aran na manga mang	190.00
andling Feet	##************************************	145.00
lower vases - Marker setting fee		- little
ecording and filing be	(a.a 1 (a.a.	
dies jaxes		19/15
714 581 430 Pal Fair	receipt number 50461	2364.73
hereby certify I am the had been disposition at I have the right to make this authorization and liability on account of said authorization and the said authorization and authorization	of remains as above indicated. I and lagree to told Mt. Hope Cen	we named decedent certify and represent natery harmless from
hereby authorize the interment in lot I old under deed.	1961 EAST	POINTE NE
Smillure of recorded thouses of deed	Y CAMSO	10 (A. 9200)

REA-104 (7-96)

This information is available in sitemative formats upon request.



THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date/	0/9/98	
то <u>Јо</u>	hn AC	sell man le
Telephone	453	8799x116
Fax —	453 10	28
Subject 🗻	John Ore	Ilman JR

From	KAMIN BAKER
Teleph	ione 537-3400
Fax	527-3463
Pages sheet	: including this cover
sucet	

COMMENTS	Crellman,	please si	an at-	the X3.	
1000000	Know whice	,			'e ase
The second secon	in also.				
back w	th your	check,	I will	Return	
your	receipt 4	hrough the	mad d	you w	oulo
like. Di	you Coule	I pick it	IN Whi		
The Serv	Please call 527-3	400, If all pages an	not received.	1	



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR		
John	i A.	Creelman			/27/1930	10/13/1998	Male
5A. CITY OF DEATH		58, COUNTY OF DEATH— ENTER STATE	OUTSIDE CALIF.	6. NAME, RELAT	HONSHIP, FULL M	AILING ADDRESS AND	ZIP CODE
Rancho Sant	ta Margarita	Orange		200 St.	Creelman, J	r - Son	.65
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC				st Pointe Av		
O'Connor Lag	una Hills Mortuary	, —IF A	PPLICABLE	5/25/25/25/25/25/25/25/25/25/25/25/25/25	i. California		
	Parkway, Laguna Hills, California 92653	F	D-1293		OF APPLICANT-P		TE SIGNED
ACKNOWLEDGMENT OF A		on stated herein is one of the disp pursuant to Section 7100 of the He	costions authorized by aith and Selety Code	► ac	101-	10/1	4/1998
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	A. AMOUNT OF FEE PAID	A Colli		GNATURE OF LO	CAL REGISTRAR ISSU 75	
AUTHORIZATION OF	IN THES PERMIT. NOTE: THIS PERMIT CHES NO MOST OF DISPOSAL OUTSING OF CALFORNIA.	\$7.00			Hugh E Sta	illworth, M.D.	a
LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	1,75000100000000000000000000000000000000	SS OF REGISTRAR			iliviol (ii, 141,15,	0.00
TION REQUIRES A NEW	IF DEATH OCCURRED IN CAUFORNIA	IF DISP	OSITION IS TO OCC	UR ME ANOTHER I		AIMS	
PERMIT TO SHOW FINAL DISPOSITION.	Orange: P.O. Box 234	F-1 V9/2-73-00-1-1-1-1-1	ego: P.O. Box ego, CA 9218	Section Administration of the Control of the Contro			
10 AUTHORIZED DISP	Santa Ana, CA 92702-0234 OSITION(S) CHECK APPLICABLE ITEMS	Sali Di	egu, CA 9210	0-3222	FOR COR	ONER'S USE ONL	v C
				56-2			
XX A. BURIAL (INCLI	DES ENTOMBMENT)	E. TEMPORARY ENVAUL	MENI		(Name and A	PENDING REMAINS (ddress)	LOCATED AT
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT	140		W.	35:	T
HAN IN A CE	METERY	G. SHIP IN TO CALIFORN	THE STEP WHILL SEE SHIP				
D. SCIENTIFIC US		H. TRANSIT TO OUTSIDE	OF CALIFORNIA	_			0.00
200000	11A. NAME AND ADDRESS OF GALIFORNIA GEMETERY	į	118. DATE BURIE	D 11C. SIGN	NATURE OF PER	SON IN CHARGE OF I	BURIAL
BURIAL	Mt. Hope Cemetery		1-1,-10	10	-1.1	In	
50	3751 Market Street San Diego, CA 9210		101 11	0: >	1001 L	11/2 1	
Ž	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y	128. DATE CREMA	TED 12G. SIGN	NATURE OF PERS	SON IN CHARGE OF C	REMATION
CREMATION	None	1		1		100	
APPLICABLE TEMS	A A SECTION AND A SECTION ASSECTATION ASSECTATIO	i i		i <i>></i>		1	
2	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE	ECEIVING REMAINS	13B. DATE RECEI	VED, 13C. SIGN	LATURE OF PER	SON IN CHARGE OF I	FACILITY *
	None	1		1		. \	1
		i i				11	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH		14B. DATE SHIPP		RESS AND SIGN.	ATURE OF PERSON I	N CHARGE
TRANSIT	None	Treb		i	LACING WITH I	UE CHUMEN	*
TRANSIT		i		b			
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER		15B DATE OF		ATURE OF PER		
OR DISPOSITION OTHER	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT Notice	OF DISPOSITION	DISPOSITION	CHA	RGE OF DISPOS	MAINS	MATED RE- DISPOSER
THAN IN A CEMETERY	A00.000.00	I I				! F A	PLICABLE
A series considerate production and a best con-			-	0.0000			

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



INTERMENT ORDER

City of San Diego

Date 10-15-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
in a liner	Funeral, date, time FY1. OCT 2310:31
Church, Chapel, Graveside	VONLY BEFOR ROBERTS
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	-77
Loi 23 Grave 1 Row	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	1/m (r)
Opening/Closing & Setup	145.00
Burial Container	θ $\overline{\omega}$
Burial Container	D 200
Flower vases - Marker setting fee	12-1
Recording and filing fee	<u>45.0</u>
.Howard	Total Due
Pald	receipt number
LAST AND SON THE CONTRACTOR OF	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from 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
- J	Invoice # 300239
Work Order # E 14643 V	Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

10-28-98

14643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BERTH	3. DATE OF DEATH 4. SEX
	ENRIQUE		PATINO	X-	05/09/1955	10/02/1998 M
54	CITY OF DEATH					MAILING ADDRESS AND ZIP CODE
	NATIONAL (ITY		N DIROG		TT A TOO TO
74	TYPED NAME AND AD	ORESS OF CALIFORNIA-FUNERAL DIRECTOR O	R PERSON ACTING AS SUCH 78. CAL	F. LICENSE NUMBER		
	BERGE-ROBE	RTS MORTUARY, 607 NATI	ONAL CITY -			
	NATIONAL CITY 7A TYPED NAME AND ADDRESS OF CALIFORNA—FURERAL DIRECTOR OF PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 1—IF APPLICABLE 1—IF	Person taking permit, BB. DATE SIGNED				
	- 1001000100000000000000000000000000000	SECOLIFORMA—FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 78. CAUF. LICENSE NAMER RELATIONSHIP. FULL MALING ADDRESS AND 2IP CODE OF INCREMANT STATE SAN DIRGO SEND TEST STATE SAN DIRGO CAUF. LICENSE NAMER TO THE PROPERTY OF THE PROPERTY OF THE SUPPLICABLE FOR PAPELCABLE SET STATE SAN DIRGO CAUF. LICENSE NAMER TO THE PROPERTY OF THE SUPPLICABLE FOR PAPELCABLE FOR ACCORDANCE WITH PROVIDED ON OF THE CALIFORNIA ACCORDANCE WITH PROVIDED ON OF THE CALIFORNIA HEALTH AND ADARTY CODE OF INS THE AUTHORITY FOR THE DISPOSITION SECURED SET BERNSHIES AND BERGO TO THE DISPOSITION SECURED SET BERNSHIES AND SECURITY OF DEATH— FOR BERNSHIES OF DISTRICT OF DEATH— FOR BERNSHIES OF DISTRICT OF DEATH— FOR CORDANS OF REGISTRAR OF DISTRICT OF DEATH— FOR BERNSHIES OF DISTRICT OF DEATH— FOR CORDANS OF THE AUTHORITY FOR THE DISPOSITION— FOR CORDANS OF THE AUTHORITY FOR THE DISPOSITION SECURED SET BERNSHIES AND BERGO TO THE DISPOSITION SECURED STATE OF THE DISPOSITION SECURED STATE OF DISTRICT OF DEATH— FOR CORDANS OF THE DISPOSITION— FOR CORDANS OF THE DISPOSITION SECURED BERNSHIES OF THE DISPOSITION SECURED FOR CORDANS OF THE DISPOSITION— FOR CORDANS OF THE DISPOSITION— FOR CORDANS OF THE DISPOSITION SECURED FOR CORDANS OF THE DISPOSITION TO THE DISPOSITION SECURED FOR CORDANS OF THE DISPOSITION SECURED FOR CORDANS OF THE DISPOSITION SECURED TO THE DISP				
	PERMIT	SO COUNTY OF DEATH—OUTSIDE CALF. SON DISCO. SON COUNTY OF DEATH—OUTSIDE CALF. SON DISCO. SON COUNTY OF DEATH—OUTSIDE CALF. SON DISCO. TO RECISERATOR PURSON TO RATIONAL CITY TONAL CITY, CA 91950 THOUGHT SON DISCO.				
		IN THIS PERMIT.	PATINO SA COUNTY OF DEATH—OUTSIDE CALIF.			
1	-			Contract of the last of the la		
1	IV CHANGE IN DISPOSI-	IF DEATH OCCURRED IN CAUFORNIA	l IF D			RNIA:
		422 NIB PRESENTED BY 10 PROPERTY OF THE PROPERTY OF A 12 PROPERTY OF THE PROPE	A CONTRACTOR OF THE PROPERTY O		-	
TINRIOUE PATINO SO. COUNTY OF DEATH TO THE STATE SO. COUNTY OF DEATH TO THE STATE SAN DIEGO. TO ANTIONAL CITY TA TYPED MANE AND ADDRESS OF CALFORNA—FUNERAL DIRECTOR OF PERSON ACTING AS SUCH TO. BERGE—ROBERTS MORTULARY, 607 NATIONAL CITY TA TYPED MANE AND ADDRESS OF CALFORNA—FUNERAL DIRECTOR OF PERSON ACTING AS SUCH TO. BLVD., NATIONAL CITY, 607 NATIONAL CITY TO ANTIONAL CITY OF THE DISPOSITION OF CALFORNA ANT COMMERCE IN DISPOSITION OF CREMATED REMAINS OF CALFORNA CREMETRY TO SHOW THAT OF CREMATED REMAINS OTHER TO AND THE CHARGES OF CALFORNA CREMETRY TO AND THE CHARGE OF THE DISPOSITION OF THE DISPOSITION OF CREMATED REMAINS OTHER THEMS BURILLA IN A CREMETRY TO ANTIONAL CITY TO AND THE CHARGE OF THE DISPOSITION OF THE DISPOSITION OF CREMATED REMAINS OF CREMATED REMAINS OF CREMATED THEMS TO AND THE CHARGE OF THE DISPOSITION OF CREMATED REMAINS ARE TO BE SHIPPED TRANSIT TRANSIT TRANSIT THANSIT THANSIT THANSIT THANSIT THANSIT TO SECRETARY OF DISPOSITION OF CREMATED REMAINS ARE TO BE SHIPPED TO CHARGE OF DISPOSITION OF CREMATED REMAINS ARE TO BE SHIPPED TO CHARGE OF DISPOSITION OF C	ONED'S LISE ONLY					
਼	_			0.070.00	View of views and and	
ļ		DES ENTOMBMENT)		ULTMENT		
1		or consume provide come			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	THAN IN A CE	METERY				
	TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC BERGE—ROBERTS MORTUARY, 607 NATIONAL C. BLVD., NATIONAL CITY, CA 91950 ACHIOMEDIAN OF APPLICANT Section 1837s of the Health and Supplicant than the proposed disposed section 1837s of the Health and Supplicant than the proposed disposed in California Health and Supplicant than the proposed disposed in California Health and Supplicant than the proposed disposed in California Health and Supplicant than the proposed disposed in California and is the proposed disposed in California and is the proposed disposed in California and is in the proposed disposed in California and is in the proposed disposed in California and is disp	H. TRANSIT TO OUTS	DE OF CALIFORNIA			
			3-57-T-101E-0-360 ()	11B. DATE BURIED	11C. SIGNATURE OF PER	ISON IN CHARGE OF BURIAL
	BURIAL	MT HOPE CEMETERY, 375	I MARKET ST,		1 10 1	1406/
		SAN DIEGO, CA 92102		10-23-1	V 44 11	Market .
SW	8	12A. NAME AND ADDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATED	12C. SIMNATURE OF PER	SON IN CHARGE OF CREMA
	CREMATION			i		
ĕ				1	•	
Š		13A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
Ē	1.0000000000000000000000000000000000000			i		
- 3	USE			1		
		14A NAME AND ADDRESS IN RECEIVING	STATE OR COUNTRY WHERE	14B DATE SHIPPED	14C ADDRESS AND SIGN	NATURE OF PERSON IN CHARGE
Ę	7044007			1	OF PLACING WITH 1	THE CARRIER *
ş	IHANSII			į	Ü	
8		ASA ARRESTO MEADERT DANKE ON PHONE	ME OD DIVED DESCRIPTION OFF	THE DATE OF	LEC CIGNATURE OF DEE	COM IN THE INTERES SERVICES
	Department of the Control of the Con					SITION OF CREMATED RE-
	DISPOSITION OTHER		NAME AND RESIDENCE OF THE PROPERTY OF THE PROP	100000000000000000000000000000000000000	i la	
	THAN IN A CEMETERY			i		

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

INTERMENT ORDER

2311 INTER	MENT ORD	ER	
11" W	y of San Diego	Date	5-98
You are hereby authorized and instructed, of ASOY In a	Subject to your rules	KANA N	inter the remains
All Funeral cars must arrive before 3:30 p.r will be applied and billed to undersigned.	n. of regular work day		Mortuary.
Lot 290 Z Grave Row _			100.00
Additional spaces and care fund Opening/Closing & Setup			125 00
Burial Container	0-19-	41 98	
Sales taxes	9 ChlCK To		270.00 270.00
I hereby certify I am the SERALO and this is your authority to make dishositi that I have the right to make this authorization y liability on account of said authorization	on of remains as bo	Balance do	named decedent
I hereby authorize the interment in lot I hold under deed.	Sconerific	80 €1	CASON
Signature of recorded holder of deed	City)	72W Zip Code
Work Order # E 14644	Invoice #		

REA-104 (7-96)

This information is available in alternative formats upon request.

280-2074

- Cary	nu Were Out	
hone Area Code	Number Extension	
URGENTI	TELEPHONED	
CAME TO SEE YOU	RETURNED YOUR CALL	
WANTS TO SEE YOU	PLEASE CALL	
RUSH	WILL CALL AGAIN	
reed to Baby	measurement Casket Palama SIGNED	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

DAY

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	80		ATE OF DEATH 4. SEX
Paloma		S,	Asor			/09/1998 F
	•		ENTER STATE		NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
7A. TYPED NAME AND AL	ODRESS OF CALIFORNA		PERSON ACTING AS SUCH 7B.	ALIF LICENSE NUMBER HE APPLICABLE	3175 Cauby St., #4	1 56 10
SAN DIEGO. CA 92102 BLOOM BIVE., SAN DIEGO. CA 92115 BIND ACKNOWLEDGMENT OF APPLICANT—Note billing permit. BB. DATE*SIGN. ACKNOWLEDGMENT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BIND ACKNOWLEDGMENT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BILL THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDED OF CALIFORNIA REALITY AND SAFETY CODE. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BOTH THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDED OF CALIFORNIA REALITY AND SAFETY CODE. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—Note billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT OF APPLICANT—NOTE billing permit. BB. DATE*SIGN. BUTH HAS PERMIT. B. DATE BILLING. B. DATE SIGN. B.						
SA. DIEGO TA. TYPED MANE AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78.— CAP PLICABLE 17. ADDRESS OF CALIFORNIA FEATH AND ADDRESS OF CALIFORNIA CEMETERY 18. SOUNTY OF DEATH—IF APPLICABLE 17. ADDRESS OF CALIFORNIA CEMETERY 18. SOUNTY OF DEATH—IF APPLICABLE 18. SOUNTY OF DEATH—IF APPLICAB						
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. BUT HIS PERMI	10/16/1998	A Company of the Company	EGISTRAR ISSUING PERMIT			
TION REQUIRES A NEW PERMIT TO SHOW FINAL	F DEATH OCCURRE	ords-P.O. Box	s 85222	ADDRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION-	•
10. AUTHORIZED DISP					FOR CORONER	'S USE ONLY
C. DISPOSITION OF	METERY SE		G. SHIP IN TO CALI	TSIDE OF CALIFORNIA		
25627/0456			Diego, CA 92102	10/19/18	Tougu	
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY	128. BATE CHEMATED	12C, SIGNATONE OF PERSON IN	CHARGE OF CREMATION
USE	13A. NAME AND AD	dress of California	FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
i l				14B. DATE SHIPPED		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NAMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 to, your rules and regulations, to inter the remains Mortu Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Additional spaces and care fund *Opening/Closing & Setup... Burial Container..... Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed

REA-104 (7-96)

E 14645 ~

This information is available in alternative formats upon reguest.

				_	
MT.	HO	PE	CEM	ET	ERY

w.o. # E 14045

NOTE

, 575.00	_ San Diego, California OUOber 22 1998
Thirty days after date for value received, the undersafts 13751 Market Street, San Diego, CA 92101, the sun with interest from MOVEMDEV 22	signed maker promises to pay San Diego City Treasurer, or order on of AUL MOULE DUUTU Apoll ARS
at the rate of 12 percent per annum, payable on d	A 10 10 10 10 10 10 10 10 10 10 10 10 10
accrue at the rate indicated above. Principal and in will be liable and consents to renewals, replacementurity, and waives presentment, demand and p person who signs this note agrees that recourse	thereafter bear interest on the principal. Interest after maturity will interest are payable in lawful money of the United States. The maker ents and extensions of time for payment hereof before, at or after protest and the right to assert any statute of limitations. A married may be held against his/her separate property for any obligation is note, the undersigned promise(s) to pay such sum as the Court

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

ADDRESS

454 Delaware ST. Imperial Bah. C. 91932

CALIFORNIA DRIVER LICENSE NUMBER

KO997159

SSN # 575-24-7826

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	Ø.		DATE OF DEATH 4. SEX
	Floyd		K.	Wink	ler		
5/	Imperial 1	Beach		58. COUNTY OF DE ENTER STATE	TORREST CONTRACTOR OF THE PARTY	OF INFORMANT	
71			A FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78.			
					IF APPLICABLE		
			BE COUNTY OF DEATH—OUTSIDE CALIF. BE COUNTY OF DEATH—OUTSIDE CALIF. BE COUNTY OF DEATH—OUTSIDE CALIF. BESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TRE. CALIF. LEGISLS NUMBER. MOTULATY DETERATION AVERTURE, SAIN DIEGO, CA 92111 BESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TRE. CALIF. LEGISLS NUMBER. MOTULATY DETERATION AVERTURE, SAIN DIEGO, CA 92111 BESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TRE. CALIF. DETERATION AVERTURE, SAIN DIEGO, CA 92111 BESS OF CALIFORNIA BURNER OF DIRECTOR OR PERSON ACTING AS SUCH TRE. CALIFORNIA HEALTH AND SAFETY CODE to SURPOSITION OF PERSON OF FEE PAID. BE PERSON TO SUSSEED IN ACCORDANCE WITH PROVIDED BOTH TO SECON TO SECON TO THE CALIFORNIA HEALTH AND SAFETY CODE to 18 THE AUTHORITY FOR THE DEPOSITION OF PERSON OF FEE PAID. BE THE AUTHORITY FOR THE DEPOSITION OF PERSON OF FEE PAID. BE THE AUTHORITY FOR THE DEPOSITION OF PERSON OF FEE PAID. BY CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING WITH THE PAID OF PERSON OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY CODE TO SEPONDING OF THE CALIFORNIA HEALTH AND SAFETY OF THE PAID. BY CALIFORNIA HEALTH AND SAFETY OF THE PAID OF				
	ACKNOWLEDGMENT OF M	no court 1 hereby a					
	PERMIT UTHORIZATION OF OCAL REGISTRAR	Beach SE COINTY OF DEATH—OUTSIDE CALIF. SEAR DIEGO OF NOTOMI Later State SEAR DIEGO OF NOTOMI Later State Later S					
A		9D. ADDRESS OF RI IF DEATH OCCURRE P.O. BOX	EGISTRAR OF DISTRICT ED IN CAUFORNIA 85222	OF DEATH— 9E.	ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION-	•
10	. AUTHORIZED DISPO					FOR CORONE	R'S USE ONLY
	B. CREMATION	OF CREMATED REM	AINS OTHER	F. DISINTERMENT	FORNIA	(Name and Address	
68	BURIAL.	ModestCHop	e Cemetery:			10	IN CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNI	IA CREMATORY	128. DATE CREMA	TED 12C. SKAPATURE OF PERSON	N CHARGE OF CREA
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNI	IA FACILITY RECEIVING REMAINS	138. DATE RECEI	IVED 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
OMPLETE A	TRANSIT				148. DATE SHIPP		
O	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY						OF CREMATED RE-

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

414	200	15 + 5			LAI								
INV	INV	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/0	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
306238	10/28/98 E-1	096902 4645	IN THE REPORT OF THE PERSON OF	WINKLER 072 072 072		77182 77183 77185 78390	00007 00007 00007	72	8 CA		575.00 180.55 45.00 320.00 29.45	575.00	PAID IN FULL
NUMBER TOTAL	OF INVOI	CES PAIL	5	75.00									

MILH MICHALLIN	OPE CEMETERY
INTER	MENT ÖRDER
Leonard (X) cit	y of San Diego I/O I/O OO
KOSIOCINA	y of San Diego Date 10-10-98
2011 0 - 2011 1 11	Subject to your rules and regulations, to inter the remains
armol J. Kos	Jak (X)
ina ash vault	Fungral, date, time Thuy. Oct. 22 2
Church, Chapel, Graveside	SUE TELOPHASE Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
J _{Lot} 31 Grave 4 Row	Section Division/Block
Grave space & Care Fund	1660 1/2031
Additional spaces and care fund	need EAEET X
Opening/Closing & Setup	need Edeed &
Burial Container	need Edeed &
Handling FeesFlower vases – Marker setting fee	1000. 2 120
Recording and filing fee	need E9657 70
Sales laxes	enaga E 9567 3
	Total Due
Pai	d receipt number
Y 7	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	2 5219 Dry Creek Rd
Signature of recorded holder of deed	Boise ID 83703
- 00	Telephofee 208 - 939 - 6221
/	Invoice #
Work Order # E 14646 V	Acct. N
REA-104 (7-96) This infor	mation is available in alternative formats upon request.

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMIL)	0		
22	ARMOL		TOY	KOSIAK			
5A	. CITY OF DEATH				EATH-OUTBIDE CALIF., 6		DORESS AND ZIP CODE
	SAN DIEGO			(i) Particularly (articularly	GO		(DPOAH)
74		ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR	The second secon	CALIF. LICENSE NUMBER	5219 DRY CREEK RD	,
	TELOPHASE	CREMATION S	SOCIETY, 785	1 MISSION	IF APPLICABLE	BOISE, ID 83703	
	CENTER COU	RT. #104.	SAN DEEGO, C	A 92108	F-1272	SA. SIGNATURE OF APPLICANT Forson labor	permit BB. DATE SIGNED
	ACKNOWLEDGMENT OF A	MOTHER DAY, YEAR DATE OF COUNTY OF GENERAL PROPERTY OF COUNTY OF GEN					
	A CITY OF DEATH S.A. DIEGO A CITY OF DEATH S.A. DIEGO A CENTRAL OF DEATH—OUTSIDE CALF. S.A. DIEGO A TYPED MAKE AND ADDRESS OF CALFORNA—FURERAL DIRECTOR OR PERSON ACTIVAD AS SUCH IT. CALF. CENTER COURT, #104, SAN DEEGO, CA 92108 F-1272 ANDIEGO SETULASE OF APPLICABLE OF ADDRESS OF CALFORNA—FURERAL DIRECTOR OR PERSON ACTIVAD AS SUCH IT. CALF. CENTER COURT, #104, SAN DEEGO, CA 92108 F-1272 ANDIEGO SETULASE OF APPLICABLE OF APPLICABLE OF ADDRESS OF CALFORNA—FURERAL DIRECTOR OR PERSON ACTIVAD AS SUCH IT. CALF. CENTER COURT, #104, SAN DEEGO, CA 92108 F-1272 ANDIEGO SETULASE OF APPLICABLE OF APPLICABLE OF ADDRESS OF CALFORNA—FURERAL DIRECTOR OR PERSON ACTIVAD AS SUCH IT. CALF. COURT OF A SAN DEEGO, CA 92108 F-1272 ANDIEGO SETULASE OF APPLICABLE OF APPLICABLE OF ADDRESS OF ACTIVATOR OF A SAN DEEGO SETULASE OF ADDRESS OF ACTIVATION OF A SAN DEEGO SETULASE OF A SAN DEEGO SETULASE OF ADDRESS OF ACTIVATION OF A SAN DEEGO SETULASE OF A SAN DESCRIPTI	SISTRAP ISSUING PERMIT					
1		•					
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'	S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	F, DISINTERMENT G. SHIP IN TO CA	LIFORNIA	(Name and Address)	G-REMAINS LOCATED A
-	BURIAL	MOUNT HOPE	E CEMETERY,	NAME OF THE PARTY	118. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CABLE ITEMS	CREMATION	CREMAR CE	EMARORY, 229	9 S. MANCHESTER	10 /21/9	B 12C, SIGNATURE OF PERSON IN C	CHARGE OF CREMA
ALL APPLIC	20070733333327447	13A. NAME AND AD	DRESS OF CALIFORNI	IA FACILITY RECEIVING REMAIN	S 13B, DATE ŘECEIV	ED 13C. SIGNÁTURE OF PERSÓN IN	CHARGE OF FACILITY
COMPLETE	TRANSIT				14B. DATE SHIPPE		
0	OR DISPOSITION OTHER						OF CREMATED RE- MAINS DISPOSER

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.









City of San Diego

Date 10-19-98

ge of \$	AS.A.
	KE
go or \$	
ABLOCK 10)
7 -6)
	~
375.	00
_ -0	
_ +	
45.6	0
-0	
420.	0
2420	1.0
due	1
e named deci	
ertify and repre tery harmless	
1.1	
01	Code
	G
8	

REA-104 (7-98)

This information is available in alternative formats upon request.

11 -- --

*

= 14647

TO: SUE

FROM. Lakeside Synter F. 1818 1818

RE _____

te so

Ong at a

5311

3 . T 855 - V

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAM	MLY)				3. DATE O		4. SEX
Rebecca Ann			Wilcox 01/01/1922 10/18/19				and the same and	7				
5A. CITY OF DEATH				58. COUNTY OF		ITSIDE CALIF.,		RELATIONSHIP, FULL MAI	LING ADDR	ESS AND Z	CODE	
	San Diego			ENIER SIA	San	n Diego		Le Haverty: 1	Daught	er		
7.4		Santte Fune	A-FUNERAL DIRECTO Tal Chapel akeside, C		CTING AS SUCH	7B. CALIF. LII —IF APP FD9	LICABLE	9233 Sant	Maranda Driv e. CA 92071 PORE OF APPLICANT—PER	ve _). *	E SIGNED
	ACKNOWLEDGMENT OF A	PRUCANT I hereby a Section 10	schnowledge as applicant the 1376 of the Health and Sefety	t the proposed disposi Code, and was authoriz	ition stated herein is or red pursuant to Section 7	7100 of the Healti	v and Safety Code.	D 0	OF THE OWNER O	27-1	10/21	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE FORNIA HEALTH AND S TY FOR THE DISPOSITI ID BUSHT OF REPOSAL OUTS	SAFETY CODE ION SPECIFIED	9A. AMOUNT OF \$7.00		9B DATE PERMIT Victoria 10/21/19	Meza	9815370	AL REGISTI	rar issum	G PERMIT
1	IT CHANGE IN DISPOSI- ION REQUIRES A NEW BUNIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85	EGISTRAR OF DISTR D IN CAUFORNIA CA 92186-		- !				ICT OF DISPOSITION— THER DISTRICT IN CAUFORN	NA.		
10	. AUTHORIZED DISP			3222				-	FOR CORO	NER'S U	SE ONLY	NS
- The second second	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER		E. TEMPORARY F. DISINTERME G. SHIP IN TO H. TRANSIT TO	NT CALIFORNIA			I. DISPOSITION P (Name and Add		EMAINS LU	CATED A
	BURIAL	Mount Hop	DDRESS OF CALIFO COMMETCE CA 92102				0 /2 Z/G	18 F	SIGNATURE OF PERSO	ON IN CHA	AGE OF BL	RIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			1 12	B. BATE CRÉMA	TED 12C	SIGNATURE OF PERSO	ON IN CHAP	rge of Cre	MATION	
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			AINS 13	3B. DATE RECE	IVED 13C	SIGNATURE OF PERSO	on in Cha	AGE OF FA	CILITY	
COMPLETE A	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E 10	ib. Date shipp	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER			CHARGE	
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHO ENTIFY FINAL PLACE				5B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSIT		50. LICENSE OF CREM MAINS D —IF APPI	ATED RE- ISPOSER ICABLE

COPY 2 IS RETAINED BY 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 Guerker MT. HOPE CEMETERY Shouly bound INTERMENT ORDER

Date 10-19-98

10-28-98

1 Dorotrea 1	Willips &	tions, to inter the remains
Type of Burial Container	Funeral, date, time 1	10-dd 4
Church, Chapel, Graveside	some .	Champy Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extr	ra charge of \$
vill be applied and billed to undersigned		
ol 409 Grave Row	Section C	Oivision/Block
arave space & Care Fund	re-rud C-4	2970-
Additional spaces and care fund		
pening/Closing & Setup		/05.00
Buriel Container	~ · · · · · · · · · · · · · · · · · · ·	55.00
landling Fees	DINFULL	60.00
-lower vases - Marker setting fee	12/98	
Recording and filing fee		45.00
Sales taxes		4.26
lander sined lined	receipt number	209.21
	Ва	alance due
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a	n of remains as above indicate n and I agree to hold Mt. Hope	ne above named decedent ed. I certify and represent a Cemetery harmless from
hereby authorize the interment in lot I nold under dead.	Signature	
	Address	
lignature of recorded holder of dood	Crty	Zip Code
70.	Telephone	· · · · · · · · · · · · · · · · · · ·
	20x00	2210

BR CV ECM EA LC	B) PB ENC	ARRANGER:	Max
NAME OF DECEASED: PANLIES		OF SERVICE:	
SERVICE DAY: MON THE WED THU P	ri sat sun <u>Can</u> vif	# 135E	ž
SERVICE HOUR:	tim PM TELEPH	ONE:	
DESTINATION:	TYPE OF	SERVICE: () MASS	() CHAPEL () GRAVESIDE
The second secon		GION ()ROSARY (
LOCATION:	()OTHER		
RESPONSIBLE RELATIVE:		RELATION:	
*SPECIAL INSTRUCTIONS: 8/4	Um from	n CV -	+ deliver
to MA Hope	_ 0	* · · · · · · · · · · · · · · · · · · ·	
- (le de sul Carles	as to wh	en reade	bu plu
Mos:		mesce	RTS:
DRIVERS:			DFORNIA MOTOR PATROL
	м ,		-6256 PAGER: 494-5035
ADDRESS:		() STA	TE MOTOR PATROL 1 800 748-5807
CITY/ZIP:	-	() STE	LING MOTOR PATROL
DM:	1 111 23 1		294-4465
RELATION:			CO. IF ESCORTS AND HOS
PHONE #:		and the state of t	SERVICE IS HOUR PRIOR.
	DIRECTOR:		TIME:
	RIVER/OSHER: FLOY	15 JOHNSON	TIME:
OFFICIANT/PHONE #:	the second secon	The state of the s	TOWN A PROSPER.
ANIST/PHONE #:	ME THE CONTRACTOR OF THE PERSON OF THE PERSO		
SOLOIST/PHONE #:			WE FAMILY MILITARY
MUSICAL SELECTIONS:		3.2	*****
CASKET: OPEN CLOSED WHEN/WHI			
PALLBEARERS: WE VAMULY MILITAR	4		
FLAG: YES NO DRAPED FOLDED PRESENT			
JEWELRY: REMOVE LEAVE DESC	The state of the s		
CRUCIFIX TO:			
BOOK: YES NO TYPE:			
FAMILY SEATING: CHAPEL	FAMILY ROOM _	OTH	ER
CIAL INSTRUCTIONS: 10h	+ Cleck &	or pour	4
010	0	, ,	

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 "NA" OR A LINE IF NOT APPLICABLE, INCOMPLETE OR OBVIOUSLY INCORRECT FORMS WILL BE RETURNED FOR CORRECTION.

74040 E 1464 8

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				TE OF DEATH 4. SEX
DOROTHEA COLTON			GUERKER-	GUERKER-PHILLIPS 0470671911 1871671998			
5A. CITY OF DEATH				ATH-OUTSIDE CALIF.,			ADDRESS AND ZIP CODE
EL CAJON			ENTER STATE	SAN DIEGO	OF INFORMAN		- DAUGHTER
LEWIS COLOR	NIAL/BENBOU	A FUNERAL DIRECTOR OR IGH MORTUARY SAN DIEGO, CA	370	CALIF, LICENSE NUMBER —IF APPLICABLE D—480	6651 ARCH	WOOD AVE	ng pormal, BB. DATE SIGNED
ACKNOWN EDGMENT OF AP			opesed disposition stated herein is one of d was authorized pursuant to Section 7100 o		> 1 2 4	Ter 6 6 4	10/19/199
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP	Y CODE ECIFIED \$7.00	10/20/1	998 981		GISTRAR ISSUING PERMIT
	9D. ADDRESS OF RE	O BESIT OF DISPOSAL OUTSIDE OF CL EGISTRAR OF DISTRICT O	F DEATH- SE.	P Valent	R OF DISTRICT OF		
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		RDSPO BOX CA 92186-522	85222	IF DISPOSITION IS TO OC	CUR IN ANOTHER DE	STRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	The second second second					FOR CORONER	'S USE ONLY
B. CREMATION C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US		ains other	F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU	IFORMIA ITSIDE OF CALIFORMI		(Name and Address)	IG REMAINS LOCATED A
BURIAL	MT HOPE C	EMETERY, 3751 O, CA 92102		118. DATE BURI	98 - 10	M K U	CHARGE OF BURIAL
CREMATION	CYPRESS V	DIEGO, CA 92	, 3953 IMPERIAL		ATED 120. SIGN	TURE OF PERSONAL	CHANGE OF CHISMA
SCIENTIFIC USE	13A. NAME AND AD	XDRESS OF CALIFORNIA I	Facility re ceiving remains	13B. DATE RECI	EIVED /30 SIGN	TURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIP		ess and signature acing with the cap	OF PERSON IN CHARGE RRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			e, or other description suf- a <u>district</u> of disposition	15B. DATE OF DISPOSITIO		ITURE OF PERSON IN GE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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.

HONT WARY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-98

na ASH VAULT For	neral, date, tir		10 -30	9:00
Church, Chapel, Graveside Charles	١: ي	ERICKS	DNAIND	E RASPURY.
All Funeral cars must arrive before 3:30 p.m. of	regular work	day or an e	xtra charge of	\$
will be applied and billed to undersigned.				
6 -		-1		
ol Grave Row	Section	٦_	Division/ Disc	* 0
Grave space & Care Fund 78 PRC - 1	NEED	D-46	,54	-0-
Additional spaces and care fund				
Opening/Closing & Setup	11		•	-0
Buriel Container	'1		,,	-0
Handling Fees 007 2 2 1998	١٩.,	(d.	0
Flower vases - Marker setting fee	more ?	Jary	efs-5000000000000000000000000000000000000	150.00
Flower vases – Marker selting lee	CALLE		1.	-0
Sales taxes.	11		E4	-0_
		Total Due		150.00
Paid rec	eipt number	R-504	98	150,00
Y			Balance due	-0
hereby certify I am the				ned decedent
and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to I			
	x		S	1.
hereby authorize the interment in lot I hold under deed.	Signature	T-5003477	wille .	300
	Address	20	2	
Signature of recorded holder of deed	City		0.00	Zip Code
	Telephone			
	Invoice #			
Work Order # E 14649	Acct. #			
REA-104 (7-96) This information	on is availabl	e in alterna	tive formats u	ipon request.
		Name and Address of the Owner, where the Owner,	were the same of the same of the same of	SECTION SECTIONS

morthary to confirm burial date as

Oct. 30,98
10: 9:00A
E14649

Faccing Face

Flower step Make 197 a 14

1-1-1-1

APPLICATION 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 HOWARD ELWOOD		IC. LAST (FAMILY)	MONTH, DAY, YEAR MONTH, DAY,						
SA CITY OF DEATH			COWHICK		The second secon	05/20/1909 10/17/1998 1 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP O			
			58. COUNTY OF DEATH		OF INFORMANT	FULL MAILING AL	JUHESS AND Z	IP CODE	
_	SAN DIEGO A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR				N DIEGO	LYNNE MEADE		ER	
7/		NDERSON MO			JF, LICENSE NUMBER F APPLICABLE	5172 VALLECT WESTMINISTER		33	
			A MESA, CA 91941	FD	-296	8A. SIGNATURE OF APPLI			TE SIGNED
	ACKNOWLEDGMENT OF A	de shaker I hereby a	channeledge as applicant that the proposed dis 376 of the Handa and Safety Code, and was out			>	31702.1003071515154		/1998
	PERMIT JUTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED 0 MIDHT OF DISPOSAL OUTSIDE OF CRUFORMA.	3	10/21/19 P Valent		OF LOCAL REG	istrar issu	NG PERMIT
1	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF DEAT ID IN CALIFORNIA DRDSPO BOX 852 CA 92186-5222	Į (F.)		R OF DISTRICT OF DISPOS DUR IN ANOTHER DISTRICT IN			_
10	. AUTHORIZED DISPO					FOF	CORONER'S	USE ONL	v —
STREET, STREET	B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	IDE OF CALIFORNIA		and Address)		_
	BURIAL	MI HOPE CI	DORESS OF CALIFORNIA CEMETE EMETERY, 3751 MAR , CA 92102		118. DATE BURE	11	WE PERSON IN C	CHARGE OF B	
ABLE TEMS	CREMATION	CYPRESS V	DDRESS OF CALIFORNIA CREMA IEW CREMATORY, 39 DIEGO, CA 92113	0.750.00	10/22 F	TED 12C. SIGNATURE (HARGE OF CR	REMATION
SCIENTIFIC USE TRANSIT		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			138. DATE RECE	IVED 15C. SIGNATURE OF PERSON IN		CHARGE OF F	ACILITY
					14B. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER			
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DISTI</u>		158. DATE OF DISPOSITION	N 16C. SIGNATURE OF CHARGE OF		MAINS I	NUMBER MATED RE- DISPOSER PLICABLE

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.

INTERMENT ORDER

City of San Diego

Date 10-20-98

of Gim Bo Lee		1:30 -
na T.S. Vault	Funeral, date, time Lat. 10 - 24	3,00
Church, Chapel, Graveside	Le : Clairement	Mortuary.
Il Funeral care must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
ill be applied and billed to undersigned.		
000 - 000 - 000 000 000 000 000 000 000		
ot Grave [] Row_	Section Division/Block	Chemedi
Grave space & Care Fund	200 - Need D-8554	0
Additional spaces and care fund	3	_
TO A I	3	75.00
Opening/Closing & Bearp	3	50.00
Burial Container	13	5,00
tandling Fees0CT2.01998		
Tower vases - Marker setting fee . ふんん		0.00
Recording and HOPE CEMETER	H1E 7	5.00
Sales taxes	1	9.30
	Total Due	74.38
Pald	receipt number R - 50488 14	14.38
, (1)	2534868690000	0
XX	Balance due _	
hereby certify I am the	of the above name	ed decedent
hat I have the right to make this authorization	on and I agree to hold Mt. Hope Cemetery ha	rmless from
any liability on account of said authorization	× 4	
hereby authorize the interment in lot I	July Han from	
hold under deed.	X 4326 STACY	101.
	Address AN DIGGO CA	92117
Signature of recorded holder of deed	Cay = 51 393 =	Zip Code
	Aniabhone 81 - 5120	
E 14650	Invoice #	- N
Work Order # E 14650	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR GIMBO LEE 03/24/1917 10/19/1998 5A. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH—OUTSIDE CALIF ENTER STATE OF INFORMANT SAN DIEGO AN DIEGO BOCI LI - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 4326 STACY PLACE -IF APPLICABLE CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE. SAN DIEGO. CA 92117 BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED SAN DIEGO. CA 92117 FD-1126 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the disposiions authorized by ACKNOWLEDGMENT OF APPLICANT 10/23/1998 Section 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID. 9B. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT VICTORIA MEZA 9815510 AUTHORIZATION OF IN THIS PERMIT \$7.00 10/23/1998 MOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222 DISPOSITION. SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED 1 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 10 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE. 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER * SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSED DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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



INTERMENT ORDER

City of San Diego

Date 10 20 98

You are hereby authorized and instructed, s	ubject to your rules and regulations	s, to inter the remains
or Elizabeth 20	aers	
ina liner	Funeral, date, time 148.	04.27 110
Type of Burial Ceptainer Church, Chapel, Graveside	Neptl	ne Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day of an extra ch	large of \$
will be applied and billed to undersigned		
Lot Grave Row	Section Divis	ion/Block
Grave space & Care Fund		100.00
Additional spaces and care fund		
Opening/Closing & Setup	16	315.0
Burial Container	\mathcal{L}	190.00
Handling Fees	·\	145.00
Flower vases – Marker setting fee	<u> </u>	
Recording and filing fee	~ \	45.00
Sales taxes		an I A
iortuary to sig	Mai Due	921.00
	receipt numb	
nd be involved fl	or total ance Balance	ce due
I hereby certify I am the	of the at	pove named decedent
and this is your authority to make disposition that I have the right to make this authorization	on and I agree to hold Mt. Hope Ce	metery harmless from
any liability on account of said authorization	and interment.	
I hereby authorize the interment in lot I hold under deed.	(gr) sure	\
HOIO UNICES GEECL.	X Company	1
Signature of recorded holder of deed	X	Zie Code
ancy Hobbs	Gleonore	
ŽA /	100 N-200	
Work Order # E 14651	Invoice #	-+
Work Order # E 14651	Acct. #	

390-8024 • 10/20/98 1:00 pm vince from Neptune Called to make arrangements. Nancy Hobbp PA handling apl. unvoice mortuary for \$921.00 and pign 30 day note.



INTERMENT ORDER

City of San Diego

Date 10 - 22 - 98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
ina TS. Valut	Funeral, date, time MON OCF 2011.00
Church, Chapel, Graveside Chape	HAMISTAL RAGSTALLMORTUBRY.
All Funeral cars 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	$10^{\frac{2}{1953}} = \frac{2}{2}$
Grave space & Care Fund	10 E 1953 _ &
Additional spaces and care fund	and E Course
Opening/Closing & Setup	Un E 8200 Q
Burial Container	110 E \$200 B
Handling Fees	Wa = 8200 <u>Q</u>
Flower vases - Marker setting fee	and exatate ~
Recording and filing fee	USA E8200 Q
Sales taxes / U. /	WU E 8200 Q
Teland 11 5-90	Total Due
Paid	receipt number
	Balance due
	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
1	Address
Signature of recorded holder of deed	City Zig Code
	Tetephoria
1	Invoice #
Work Order # E 14652 V	Acct, #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

243-1507

NTERMT T SPOER

. 🗦

Billian Barren

APPLICATION 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 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Del1 Laura Beavers 03/26/1920 10/20/1998 5B. COUNTY OF DEATH—OUTSIDE CALIF. 5A. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Wanda Stevenson, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 3862 Palm Dr. -IF APPLICABLE Anderson-Ragsdale Mort.; 5050 Federal Blvd. Bonita, CA 91902 San Diego, CA 92102 F-1329 8A. SIGNATURE OF APPLICANT—Person taken permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 10/22/1998 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 10/22/1998 9815426 AUTHORIZATION OF IN THIS PERMIT. \$7.00 NOTE: THIS PERMIT GIVES NO INGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS al Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT TA BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA. 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 10-26-9 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA 128. DATE CREMATED CREMATION 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER

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

-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

MT. HOPE CEMETERY. INTERMENT ORDER

City of San Diego

Date 10-22-98

1 1	dewando	V V C	11-5 21
a Out wante	Funeral, date, t	ime THUR	11-15
hurch, Chapel, Graveside	D-MITHUS	Hump	NO YMortuary
Il Funeral cars must arrive before 3:	30 p.m. of regular work	day or an extra cl	narge of \$
ill be applied and billed to undersign		A 8 1 2 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
	Space (050	525
ot 7 Grave 5 A	ow Section	a Diele	lo n/Strek 3
X	Par - 7 11	Q R-738	3 -0-
rave space & Care Fund	»/vc - 1000	9	
dditional spaces and care fund	***************************************		
pening/Closing & Setup			105.00
urial Container	PAIU		55,00
andling Fees	, , ,		60.00
lower vases – Marker setting fee	OCT 22 1998	A STATE OF THE PARTY OF THE PAR	
anardina and filles for	_		45,00
ecording and filing fee	HOPE CEMET	ALIF	4,26
Ziii	2.00 TO MAR TO	D)(2)	369,36
votras.		Total Due	201140
P-7386	Paid receipt number	VISA	20012
		Balane	e due
hereby certify I am the	rieglete	of the al	pove named deceder
nd this is your authority to make this nat I have the right to make this auth	sposition of remains as orization and I agree to	above indicated.	certify and represent metery harmless from
ny liability on account of said author	rization and interment.	/	
hereby authorize the interment in lo	> (1)	ule A Ka	auto.
old under deed.		719-B AG	WOUN CT
	Address	1 2 50	CA 92109
ignature of resorded holder of dead	Chy 5 A	1.	Zip Co
	Yelenhone	88-7386	

REA-104 (7-96)

This information is available in alternative formats upon request,

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE RENA —		1 5.68	(FAMILY) EWANDOWSKI		2. M	ONTH DAY YEAR MON	ATE OF DEATH TH. DAY, YEAR 21/1998	4. SEX		
	CITY OF DEATH		a Vista	ENTE	TY OF DEATH—OUT	Diego	6. NAME, RE	ELATIONSHIP, FULL MAILING		IP CODE
	TYPED NAME AND AD Humphrey Ch 855 Broadwa	ula Vista y Chula Vi	Mortuary sta CA 919		FD-	964	719 Or San D:	rmond Court, A Lego CA 9210	Apt. B	re SIGNED
	ACKNOWN_EDGMENT OF APP	Saction 10	376 of the Health and Salety C	the proposed disposition states ! lade, and was authorized personnt to:	Section 7100 of the Health :	and Salety Code.	» 4u	WINEKIN	NAME OF TAXABLE PARTY.	3/1998
	UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE FORMIA HEALTH AND S TY FOR THE DISPOSITION TO RIGHT OF EXSPOSAL OUTSE	ON SPECIFIED \$7.00	11	0/23/19 J.E. K:	98 9	SIGNATURE OF LOCAL F 815483	EGISTRAR ISSUM	IG PERMIT
1	TY CHANGE IN DISPOSI- ION REGULEES A NEW BRAIT TO SHOW FINAL DISPOSITION.	Vital Reco	egistrar of distri- to in california ords P.O. I CA 92186	Box 85222				T OF DISPOSITION— ER DISTRICT IN CALIFORNIA	5.	
10	AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				1	FOR CORONE	R'S USE ONL	Y
-	X B. CREMATION	E	DORESS OF CALIFOR	F. DISINT	N TO CALIFORNIA BIT TO OUTSIDE O	TO LA DOMESTICA DE LA CONTRA DE		I. DISPOSITION PEND (Name and Addres)	3)	-33000000000000000000000000000000000000
	BURIAL	Mt. Hope		3751 Market	Street	1. 5 -98		Wind	9_	
BLE TEMS	CREMATION	Oceanview Costa Mes	nnia Crematory — 1625 Gisle: 26–5554	r Ave. /	0/27/9	TED 12C.	SKS ATURE OF PERSON I	CHARGE OF CE	REMATION	
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND A	RNIA FACILITY RECEIVING	REMAINS 13	3, DATE RECE	VED 13C.	SIGNATURE OF PERSON	N CHARGE OF F	ACILITY	
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER			CHARGE
O	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			reline, Or other descri and ca <u>district</u> of dispi		B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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.

INTERMENT ORDER

City of San Diego

Date 10/22/98

10-28-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains SCOTTE, AIEXANDER	ains
in a liner Funeral, date, time was 10-3	4-00
Church, Chapel, Graveside March oraveside Humphing	V
The state of the s	7 10)
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 100	7.00
will be applied and billed to undersigned.	
Viol 274 Grave (Row Section 2 Division/Place / 2	2
Grave space & Care Fund	10
Additional spaces and care fund	
Opening/Closing & Setup	.00
Burial Container 90	QQ
Handling Fees NOV og 1998	OU
Flower vases - Marker setting fee	_
Recording and filing fee CTTY of SAN DIEGO, CALIF	00
Sales taxes	3
30 day note Total Due 15194	.73
Paid receipt number R 50490 782	100
Belging due 782.	73
I hereby certify I am the X Wife Aw of the above name dece	73
and this is your authority to make disposition of remains as above indicated. I certify and repre	sent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.	5
I hereby authorize the interment in lot I X asabel aloga	not
hold under deed.	70
San Dung CH 92	141
Signature of recorded holder of deed	Code
Total Distriction	-220
Invoice # 300235	
Work Order # E 14654 Acct. # 096900	
REA-104 (7-96) This information is available in alternative formats upon requ	iest.

WO. # E 14454

NOTE

· 782.73	San Diego, California	October	22	19
Thirty days after date for value rece	ived, the undersigned maker promises to p	pay San Diego Cit	y Treasurer.	or order at
3751 Market Street, San Diego, CA	ived, the undersigned maker promises to p 92101, the sum of SUCH NUMARC CF 27, 1998	deighty-	TWO TI	BOLLARS
with interest from NOVERTUD	er 21, 1998	0	n the unpai	d principal
at the rate of 12 percent per annum	n, payable on demand.			
Should this note not be paid wh	on due it shall thereafter beer interest on	the principal Inte	root after m	merceiber will

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 Courtmay 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	10. Carlotte		92154
CALIFORNIA	DRIVER			141365	105	ssn #_	550	-23-3774

INTERMENT ORDER

City of San Diego

Date 10/22/98

You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
in a Inex	Funeral, date, time 1000
Church, Chapel, Graveside	2HOMOVEDIAL HUMPHAGENERY.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$ 150 00
will be applied and billed to undersign	ied.
J _{Lot} 274 Grave 6 R	lowSection 2Division/Block 12
Grave space & Care Fund	20 = 13 79600
Additional spaces and care fund	DAID 27510
Opening/Closing & Setup	FAID
Burial Container	CA NUM - 1008 1/16 A)
Handling Fees	IN EARL
Flower vases - Marker setting fee	MT. HOPE CEMETERY
Recording and filing fee	TTY of SAN DIEGO, CALLED 4500
Sales taxes	17/2
30 day note	Paid receipt number $R5049078208$
	Balance due 782.73
the same and the last the X /	1) fe AUX INV. 182.73
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any liability on account of said author	sposition of remains as above indicated. I certify and represent portization and I agree to hold Mt. Hope Cemetery harmless to the project of
any manney on account of seed deliver	V Inakalalan da
I hereby authorize the interment in lo hold under deed	11 200 1351 Hollister St. Apt B
	San Diano CH 92141
Signalure of recorded holder of deed	(A) 575-0767 210 Code
	Tuiophone
	Invoice # 300235
Work Order # E 14654	Acct. # 096900
REA-104 (7-98) This	s information is available in alternative formats upon request.
	© Printed on recyclical paper 10-28-98

CITY OF BAH DWGO, CALIFORNIA

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

EUSTOMER ACCOUNT NO 090900

		POSSIBLIA DE	OSSESSIMIN METALORI	
	PAYMENT	DATA		
PAYMENT P.M. RECEIVED DAT	-11-9	7-98 (HD to 1	VH-Hope
PAID BY [CINQLE ONE]: PAYMENT REFERENCE NUMBE	5A #	CK)	NF	102 E
\$ 782:73		=	•	
			ER VALIDATI	ON .
	USTOMER	5845 TO		
CUSTOMEN ACCOUNT NAME	sabe	1 Alexa	nder	
PAYOR NAME OTHER THAN OUR	TOMEN'AS	GBUNTNAME!		
CUSTOMER PAYOR ADDRESS	351	Hollist	rst:	#B
	san	Diego,	CA	+ 4
W W W		92754		
HEMARKS CATURA	aval	lone		
MS72		130 TE		7a = 7
a ¹⁰ a 10			W	
CASHIER		INV. No.3	00239	5

TH-1861 (2-82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SE		
SCOTTI	в -	ALE	KANDER		20/1998 M.	
5A. CITY OF DEATH	San Diego		M-outside calif., an Diego	6. NAME, RELATIONSHP, FULL MAILING A OF INFORMANT Isabel R. Alexander		
Humphrey Ch	odress of California—funeral director of Tula Vista Mortuary y Chula Vista CA 9191		IF LICENSE NUMBER FAPPLICABLE FD-964	P.O. Box 50193 San Diego CA 92156 8A. SIGNATURE OF APPLICANT—Person lpling		
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the Section 10376 of the Health and Safety Code	proposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of the	dispositions authorized by te Health and Safety Code.	Audoth Kin	9 10/26/1990	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WI SIONS OF THE CALIFORNIA HEALTH AND SAF AND IS THE AUTHORITY FOR THE DISPOSITION IN THIS PERMIT. NOTE: THIS PERMIT WAS NO MINIT OF DISPOSAL OUTSIDE O	SPECIFIED \$7.00	10/26/19 J.E. Kin	5010	STRAR ISSUING PERMIT	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	DD. ADDRESS OF REGISTRAR OF DISTRICT IF DEATH OCCURRED IN CALIFORNIA VItal Records P.O. Bo San Diego CA 92186-5	x 85222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	e e e e e e e e e e e e e e e e e e e	
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	to drong .		FOR CORONER'S	S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA	DRNA	(Name and Address)	THANGE OF BURIAL	
BURIAL	Mt. Hope Cemetery - 3 San Diego CA 92102	751 Market Street	10 27-9	I flunk	2 0	
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA	12B. DATE CREMAT	ED 12C. SIĞNATURE OF PERSON IN C	CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEN	/ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT COME	14A. NAME AND ADDRESS IN RECEIVING REMAINS OR CREMATED REMAINS A		148. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE (OF PLACING WITH THE CARI		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHOREL FICIENT TO IDENTIFY FINAL PLACE AND N/A		16B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

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



INTERMENT ORDER

City of San Diego

Date 10/22/98

Vou ere harehy suthorized and instructed a	bject to your rules and regulations, to inter the remains
" DONILO M. PO	Travez
linek	SOF OCT OF THE
Type of Burial Contained	Funeral, date, time CA RIVIO
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day of an extra charge of \$ 100.0
will be applied and billed to undersigned.	
1 125 7	0 11
Lot 50 Grave Row	Section Division/Diock
Grave space & care Find.	19 F 14455 Q
Additional spaces and are fuld	
Opening/Closin & Setup CT 2.61998	375.0
Desire Container	
Handling Fees HOPE CEME	145.00
CITY of SANOTO	Overtime 1000.00
Passadian and titles for	45 00
Recording and filing fee	11172
Sales taxes	12/007
mortuan to be neck for fulled	WIY Total Due
mock for Hull's	regeipt number
race to justo	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
any habitry of account of said authorization	and meaning.
I hereby authorize the interment in lot I hold under deed.	Signature
noid under deed.	Address
Signature of recorded holder of deed	Ser Zio Code
	× × ×
	Telephone
	Invoice #
Work Order # E 14655	Acct. #
REA-104 (7-98) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-98)

HER EMENT URDER

check for full amount

Mereby certify Express

End this My Cole and the Cole a

F 14655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1C. LAST (FAMILY)

2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 10/21/1998

MANGANTI DANILO RODRIGUEZ 01/25/1956 8. NAME. RELATIONSHIP. FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT POWAY SAN DIEGO RITA M. RODRIGUEZ-MOTHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 681 KINGSWOOD STREET -IF APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL SAN DIEGO, CA 92114-7165 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF APPLICANT—Person taking permit. BB. DATE SIGNED I bereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 10/23/1998 ACKNOWN FINGMENT OF APPLICANT clies 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID, BB. DATE PERMIT ISSUED, SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 10/23/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT. \$7.00 K. WALKER ▶ 9815470 MOTE: THIS PERMIT CINES NO ENGLIT OF DISPOSAL ONTSIDE OF CALIFORNIA LOCAL REGISTRAR 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW VITAL RECORDS - P. O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS XA. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3751 MARKET STREET, BURIAL SAN DIEGO, CA 92102 10-24-98 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN GRANGE OF CREM CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE. 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

15B. DATE OF

DISPOSITION

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

15D. LICENSE NUMBER

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE

SCATTERING AT SEA

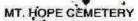
DISPOSITION OTHER

THAN IN A CEMETERY

1A. NAME OF DECEDENT-FIRST (GIVEN)

1B. MIDDLE

D.T. P.
RUSUS CARLTON
BURIED THEE



INTERMENT ORDER

NAULT WILL BE

City of San Diego

Date_10-22-98

RLTON		1000 to	-
Funeral, date, tin	TUE .	10-5	7 10:
GRAVESIDE	PARIS	FREDE	RUB-HUBBRY
p.m. of regular work o	day or an extra	charge of \$	
(
942000 Jay 200	11	NOTES THE NAME OF STREET	7
Section Section	F - 88	vision /Disc k	4
M- Imm			V
		······	75.00
			13.00
	77185	··········· †	WE A
OK IV. P. J			805
IDINEU	LL		
11/11/98		كك	13.00
	1006	10 -	
	Total Due	¥	30.01
Paid receipt number _	5050	7 4	120.0
80	Reli	ance due	1861
	45,0750	SKNON SELECTION	85.00
sition of remains as a	bove indicate	d. I certify an	ed deceden
	old Mt. Hope	Cemetery ha	rmless from
×			(2)5
Signature			
X	200	Y	
- X	J.	Ju.	
Cny	om	9	Zip Cod
Cetephone	92 St. S.	3 384	
	1 1- 1-	10011	
	Funeral, date, tin GANGIDE p.m. of regular work of Section Paid receipt number Sition of remains as a ration and I agree to a ration and Interment. X Segnature Address City	Section Down E - 88 Section Down E - 88 TOTAL DIMENSION TOTAL DUB - 1111198 Paid receipt number 5050 Ball of the sation and I agree to hold Mt. Hope that all on and interment.	Funeral, date, time TUE 10-2 GANUSIDE PARIS FREDE p.m. of regular work day or an extra charge of \$ Section Division/Disck E - 88 3 17185 Total Due

REA-104 (7-96)

This information is available in alternative formats upon request.

Bill: Kancy Spattley 15788 Syras Jamel 919

185.00

collect land with the war and some land one land one to so out

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Dat	4 10-4	2-10
	TOMM'S CARL	TON TON AMSIDE PAR	E 10	DENELS.
	will be a provided that the first missinger of	1100-00-36-0-340-27011		
1	Convenient & Core Copt Australia species and value fund Opening Cooking & Simp Burles Conteners	- New E-	88 Y	373.00
	Handing Fees		-	
	Plower range - Marker carting for .		1	45.00
	Seconding and twog lea			15.00
	SER AIPS	Your Di		¥20.00
	PART PART			
	en and the second of seed authorization		unsted - cart	ramus deceders
	Intensity authorize the vity meet (412) held unfor fixed	5788	Lyons	Valley Kd
	Sept and Section 19 and	1619-6	69-4	878 min
	E 14656	KNIGICK A		
	PCA - U Am. This	e a avalueció in alla	parte lorma	ня пропледиам

Modern Stairways Inc.

3239 Bancroft Dr. Spring Valley, CA 91977 (619) 466-1484 FAX 466-8920 (888) 842-6525

BILL TO	10
Paris Frederick	4 4 4
374 No. Magnolia	
El Cajon, CA 92020	100

DELIVERY / ORDER

DATE	INVOICE #
10/26/98	2067

SHIP TO

MT Hope Cemetery
Carlton

P.O. NUMBER	TE	RMS	REP	SHI	P	VIA	F.O.B.		PROJECT
Harold				10/26	3/98	Our Truck			5
QUANTITY	TY ITEM CODE		DESCRIPTION						
	1	#5 Calipl Delivery	h Chg	1	Top S Delive resale	eal Asphalt Co ry Charge	pated		
									8
								ě,	
									*
		4							
		101		1					

We appreciate Your Business!

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR O'	THER ALTERATIONS
IA. NAME OF DECED	ENT-FIRST (GIVEN) 1B. MIDDLE	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
TOMMIE	ESTELLE	CARLTON		05/08/1914 10/21/1998 F
5A. CITY OF DEATH SEST PLA	INS	58. COUNTY OF DEATH ENTER STATE	MO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NAMCY SPRATLEY - DAUGHTER
PARIS-FR	ddress of California—Funeral director or Person A EDERICK MORTUARY AGNOLIA AVENUE — EL CAJON, CA		IF, LICENSE NUMBER APPLICABLE D-795	15788 LYONS VALLEY ROAD JAMUL, CA 91935 8A. SIGNATURE OF APPLICANT—Person taking person. 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 18376 of the Health and Safety Code, and was sufferi	sition stated become is one of the sed pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	M WHICHGUSEN HOLZIGHE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR				7013343
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA			OF DISTRICT OF DISPOSITION— IN IN ANOTHER DISTRICT IN CALIFORNIA IEGO DEPT OF HEALTH SERVICES 92186-5222 92186-5222
B. CREMATION	EMETERY	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 3701 HARKET STREET SAN DIEGO, CA 92102	Ý	118. DATE BURIE /:	D 11C SIGNATURE OF PERSON OF CHARGE OF BURN
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION TO CREMATED REMAINS DISPOSER AMENS DISPOSER

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

THAN IN A CEMETERY

MT. HOPE CE LETERY

City of San Diego

Date 10/23/98

You are hereby authorized and instructed, sui	bject to your rules and regulations, to in	ter the remains
in a liner True of Burisl Container	uperal, dates time FPI . 001	.30 2:N
Church, Chapel, Graveside NWN 9 All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	Mortuary. of s 150.00
will be applied and billed to undersigned.		
VLot 23 Grave 1 Row_	Section 14 Division/Bl	-1_
Grave space & Care Fund	e sewcite	180.00
Opening/Closing & Setup	AID	375.00 190.00
Handling Fees	CT 2 7 1998	145.00
Flower vaces - Marker setting fee	E91 C	4500
Recording and filing fee	IOPE CEMETERY	14.73
pardin full	Total Due	109.13
Pard in full Paid Paid	receipt number 305 U	101.15
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certificand I agree to hold Mt. Hope Carpeter	
I hereby authorize the interment in lot I hold under deed.	Jourse Guery's	y kes
Signature of recorded holder of deed	X San Drego X (619) 262 691	10 2000
	Invoice # 300494	
Work Order # E 14657	Acct. # 090 947	

REA-104 (7-98)

This information is available in alternative formats upon request.

243-1507

10/30/98
pervice arrived at 3:47pm
late fee \$125.00 due

Catina M.T. Avallone

100 M

STATE OF THE

CITY OF BAN DIRGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

PAYMENT DATA PAID BY (GINGLE ONE): THEASURER VALIDATION CUSTOMER DATA

TR-1881 (8-88)

INV. NO. 300 (094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)	4	2. DATE OF BIRTH			
Wancy		Jane	Logan S	helby	07/07/1902			
SA. CITY OF DEATH	an Diego		58. COUNTY OF DEAT ENTER STATE San Diego		IAME, RELATIONSHIP, FULL I	ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
		A-FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 7B. CA	IE LICENSE WILLIAMED		Anderson, Daughter		
/ Anderson-	Ragsdale Mo	rt.; 5050 Fede:	ral Blvd.		563 Osler St.			
	San I	iego, CA 92102	. F-	1329 84.	SIGNATURE OF APPLICANT	Person taking permit, 8B. DATE SIGNED		
ACKNOWLEDGMENT OF AP	Section 10	175 of the Health and Solety Code, and wa	d disposition stated herein is one of the s authorized persuant to Section 7100 of the	he Health and Safety Code.	Belleville	10/22/199		
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C Y FOR THE DISPOSITION SPECI D RIGHT OF DISPOSITION STATES	ST.00	10/27/1998	GO2 (II)	9815676		
CONT. D. C.	DO. ADDRESS OF RE	GISTRAR OF DISTRICT OF D	BEATH— 9E. AD		DISTRICT OF DISPOSITION			
SELECTION OF CHARLES	Sa	n Diego, CA 92	186-5222 -					
10. AUTHORIZED DISPO	DSITION(S) CHECK A	PLICABLE ITEMS			FOR CO	RONER'S USE ONLY		
B. CREMATION		ains other	E. TEMPORARY ENVI		I. DISPOSITION (Name and	I PENDING—REMAINS LOCATED A Address)		
BURIAL		coness of California CEN Cemeters; 3751 1 San Diego, C	Market St.	118. DATE BURIED	11/14	RSON IN CHARGE OF BURIAL		
CREMATION OTHER	12A, NAME AND AL	ODRESS OF CALIFORNIA CRE	EMATORY	128. DATE CREMATED	12C. SIGNATURE OF PER	DOWN ON ARGE OF CREW		
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVED	19C. BIGNATURE OF PE	RISON IN CHARGE OF FACILITY		
TRANSIT		IDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, o ntify final place and ca <u>c</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO			

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

full amb your rules and regulation	hf of kills and internal of the second of th
- Nephur	Mortuary
Section 3 Divis	signature 12
77718	100.0
7181	375 N
77182	190 8
77185	145.6
77183	===
4-98	45.0
	anll
Total Due	7212
Balan	ce due
ains as above indicated. igree to hold Mt. Hope Co	bove named decede I certify and represe emetery harmless from TTA Chu O
Gaalura Olasa	
9	Zip Go
	date, time TICS ar work day of an exact c Section 3 Oivin 7181 Total Due

This information is available in alternative formats upon request.

4 Printed an recycled paper 11-4-98

10-20-98 12:20 pm ox per vince to change delivery date to 10/28/98

T-23-185 FR: 11/44 MY HOPE CEMETERY Va. € 14058 NOTE 921.00 San Diego Sentamia OCtober 23

Thirty days after date for value received, the under share of parer pro-3261 Merket Street, San Diego, GA Spint, the en-WITE INTERPAST FROM MUNICIPALITY are the property and

at the rate of 12 percent per annum payable on demand

Should this note not be paid when due, it shall the waiter occur nicrear on the principal interest afficiently and ... and the at the rute indicated above. Principal and interest are payable in leading imprey by the Licinit Sintes. The makes will be liable and consents to renewals, replacements and as ensuing of time to payment her of before, at as always maturity, and values presentment, demand and profess and no notice against any statute of the restrict a major at person who signs this gote agrees that recourse may be note search highler separate property for the defect contained heepin, if any action de inable-ed on this code, the presentage of a growers to pay such such such sold

Part II, Chapter I, Amicle Z. Peregraph 7528 of the Mills of California Health and Sales Cally authorites the removal of any remains from a plot for which the purchased ways bus have an ounced

OD HILDEBEAUTY

PO BOX 2306 EL CATON, CA SIZOUT

CALIFORNIA CONTENT. CENSE NUMBER

Authorization to Walesen

	AUCHOS 3 X 4	CIND CO RELEASE
This is my Autho	orization to Se	leave the Body of
Knonnon	L ROSEN	
To The Neptune		
		5 - N 21 FBP .
1-110 CLC	DE CHECH	51KH186
Relationship ()	authorizing y	Refer Ry SAN JEST
Dated	Address	
		5
	Author	ity bo Inter
	in accordance v	e and authorized Neptune Society ich and subject to its rules and as of:
	elizabeth roc	1907.5
		The second secon
Disposition as 1	rollows:	
No arrangements	WE yet:	
Buliver body to	cemetary locat	ad at
	MT HEIDE OF	METERY SAN DERSO, CA
LOur co		lude any demunery charges;
form we	are do not the	2300 1007 2000 200 200 4000
Barrios S		
Otheri		
		A 11 (5)
		7.4.4
Charges		
I understand the	t the charge f when the servi	or all the above pervices stall new for tradegrap.
1 6 E I		1 8 11 20
10/12/3	2	the state of the s
Dated: 100/70	SIGNATURE	
	Pelationship.	737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		1 1C. LAST (F	AMILY)	03-03	5.3		E OF DEATH 4. SE	x
ELIZABETH				ROGE	RS	1	403		04/1998 P	
SA. CITY OF DEATH				58. COUNTY ENTER S		OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE	
EL CAJON	the state	29		Section 1	OCUTO		2500000000	IC ADMINISTRATO	R-NANCY HOPE	2
7A. TYPED HAME AND AS	DORESS OF CALIFORN	IA FUNERAL D	IRECTOR OR PERSON	ACTING AS SUCH		LICENSE NUMBER PPLICABLE	5201	-A RUFFIN RD DIRGO, CA 9212		_
The first device of the last	DIR SE CA	DON. CA	92021	Acres de	PD-1			TURE OF APPLICANT—Person taking		D
ACKNOWLEDGMENT OF M	PPLICANT Neroley	Chronical 20 and 376 of the Health as	cent that the proposed day of Safety Gods, and one author	position stated herein to orized current to Secti	one of the bi	politicis authorized by seith and Safety Code.	> V	-W-	10/20/19	0
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSE SIONS OF THE CALL	JED IN ACCOR- FORNIA HEALTH TY FOR THE DE	DANCE WITH PROVI- I AND SAFETY CODE POSITION SPECIFIED				98	9815295	ISTRAR ISSUING PERM	IT
VARISHVER STORES YEAR ON MAKE	PD. ADDRESS OF REPORTED OCCURRENT	EGISTRAR OF ED IN CAUFORN	DISTRICT OF DEAT	A STATE OF THE STA		ESS OF REGISTRAR	OF DISTR	ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITE	MS	355		-C. FD. 15		FOR CORONER'S	S USE ONLY	
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY	ains other		E. TEMPORA F. DISINTERI G. SHIP IN T H. TRANSIT	MENT O CALIFORI	204000000000000000000000000000000000000		I. DISPOSITION PENDENC (Name and Address)	REMAINS LOCATED	AT
	TIA. NAME AND A	DDRESS OF C	ALIFORNIA CEMETE	RY	1	118. DATE BURIE	D 11C	SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
BURIAL	MT HOPE C	CA 9	3751 MARI 2102	KET ST		10-27-	98	10 pt		
CREMATION	12A. NAME AND A	DORESS OF C	ALIFORNIA CREMAT	ORY		12B. DATE CRÉMAT	TED 12C	SIGNATURE OF PERSON-IN-C	MARGE OF CREMATION	1
SCIENTIFIC USE	13A. NAME AND A	odress of C	ALIFORNIA FACILITY	Y RECEIVING RE	MAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT			CEIVING STATE OR EMAINS ARE TO BE		RE	14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		E
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO ID		n shoreline, or o' Place and ca <u>distr</u>			15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NAMBER OF CREMATED RE- MAINS DISPOSER — AF 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.



INTERMENT ORDER

City of San Diego

Date 10-23-98

regular work da	may	\sim	Mortuary.
regular work da	OFFER SENIOR		
	y or an a	xtra charge of	s
			200000
Section _	1	Division/9loc	<u> 13</u>
***************************************	*****		126.00
1p- 90			165.00
200000000000000000000000000000000000000			50.0
			45.0
			386.0
SESSON NO.		18.	
zeipt number		The embedding of the	
		303 500 50 F O F O F O F O F O F O F O F O F O F	NO MAN CONTRACTOR STATE AND
nd I agree to ho	ove indic	ated. I certify a	and represen
Signature			Ti.
Address			
City			Zip Code
Telephone		-0	10
Involce #	30	6 895	
100000000000000000000000000000000000000			
	remains as ab nd I agree to ho d interment. Signature Address Cay	Total Due ceipt number	Total Due

£ 14659

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

H	3. DATE OF DEATH MONTH FOUNDAR	4. SEX
0	09/16/1998 AILING ADDRESS AND ZI	M

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)		MONTH, DAY, YEAR MONTH	FOUNDAR 4. SEX
	Howa	ard	William	4	Ziler		16/1998 M
5A	. CITY OF DEATH	El Cajo	on	58. COUNTY OF DEATH ENTER STATE San I	Diego	IAME, RELATIONSHIP, FULL MAILING OF INFORMANT Katherine Howan	ADDRESS AND ZIP CODE
7.A			IA—FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CAI	IF LICENSE NUMBER F APPLICABLE	5201-A Ruffin San Diego, CA	Rd.,
_	Mayer N		Adams Ave., San Dieg	0,00	27 DECEMBER 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	SIGNATURE OF APPLICANT—Person Links	permit BB. DATE STONED
	ACKNOWLEDGMENT OF AP	PPLICANT I hereby a Section 10	acknowledge as applicant that the proposed disp 1376 of the Health and Safety Code, and was author	osition stated berein is one of the rized pursuant to Section 7100 of th	dispositions authorized by Health and Safety Code.	Carlo M	10/28/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALE AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	10 / 3 0 / 1998	DED 9C. SIGNATURE OF TOCAL RE	GISTRAR ISSUING PERMIT
1	Y CHANGE IN DISPOSI- ION REQUIRES A NEW BILMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH ID IN CAUFORNIA P.O.Box 85222, San Di 92186-5222	1 (F.)		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA	
10	. AUTHORIZED DISPO	OSITION(S) CHECK A		· · · · ·		FOR CORONER	'S USE ONLY
1	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE	DDRESS OF CALIFORNIA CEMETE	RY	ORNIA HDE OF CALIFORNIA 11B, DATE BURNED	(Name and Address) 11C. SIGNATURE OF PERSON IN	
	BURIAL	3751	Mt. Hope Cemetery Market St., San Diego, (11-398	· LAME	
E TEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATED	12C. SMINATURE OF PERSON IN	CHARGE OF CREMATION
ᅈ	1					•	1
	SCIENTIFIC USE	13A, NAME AND A	doress of California Facility	RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE ALL APPLICABLE ITEMS		14A. NAME AND A	DORESS OF CALIFORNIA FACILITY DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN 13C. SIGNATURE OF PERSON IN 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	OF PERSON IN CHARGE

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



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 - 23 - 98

ina liner	Funeral, date, lin	int en	10-3) //:00
Church, Chapel, Graveside	Torowealdo	Cal	Burial	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work	day or an e	extra charge o	15150.00
will be applied and billed to undersigned.	XF.E.			
/ -				
Lot 85 Grave 3 Row	Section	3	Division/Bk	ek_12_
Grave space & Care Fund				795.00
Additional spaces and care fund				
Opening/Closing & Setup	77181		370	375.00
Burial Container	77182	2		190.00
Handling Fees	7718	6		145.00
Flower vases - Marker setting fee		y- y-''y		
Recording and filling fee	1/18	3	************	45.00
Sales taxes	1 783	90		14-73
30 day note		Total Due		1564,7
j	aid receipt number	505	28	800.00
×			Balance due	70472
I hereby certify I am the Moth	er)			amed decedent
and this is your authority to make disport that I have the right to make this authorize	ation and I agree to	above indi hold MI. H	cated. I certif ope Cemeten	y and represent harmless from
any liability on account of said authoriza	tion and interment.		- 1 A	
I hereby authorize the interment in lot I hold under deed.	Signature	esten	e sol	un -
noid under deed.	× 382	6 W	WOWH C	St. # 14
Signature of recorded holder of deed	- X JAN	DIEG	O, CA.	92105 To Code
	Valentone	-624	1-9076	
	3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	201	01080	(Tari
Work Order # E 14660	Invoice #	7011	aila	
Work Order #	Acct. #	MU	177	

This information is available in alternative formats upon request.

		~	
-	 	CEM	

w.o. # = 14660

NOTE

s 704.73	San Diego, Ca	lifornia October	26 1998
Thirty days after date for value received	ed, the undersigned maker prom	ises to pay San Diego Cit	
with interest from NOVEM DEV	30/1998		on the unpaid principal
at the rate of 12 percent per annum,	payable on demand.		
accrue at the rate indicated above. Pri will be liable and consents to renewal maturity, and waives presentment, do person who signs this note agrees the contained herein. If any action be instead in may fix as attorney's fees.	als, replacements and extension emand and protest and the righ nat recourse may be held again	is of time for payment he it to assert any statute of ist his/her separate prop	reof before, at or after limitations. A married erty for any obligation
	Paragraph 7528 of the State remains from a plot for which th		
PRINT NAME X ERNESTINE	TAMESTON TO SEE THE SECOND PROPERTY OF THE SE	E X anestino	Eden
ADDRESS X 3826 WILLOWA S	SY.*A	~ /	12 2001
CALIFORNIA DRIVER LICENSE NUMBER	(ID#N1915987	ssn # X205-4	0-8321

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26

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

1A. NAME OF DECE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM	LY)		DATE OF BIRTH	3. DATE OF D	
DAWN		PATRICE	GRA	DY	100.00	/01/1972	10/21/1	200
SA. CITY OF DEATH	5		5B. COUNTY OF	DEATH-OUTSIDE CALIF.,	6. NAME, FIEL OF INFORM	ATTIONSHIP, FULL MA	VILING ADDRESS	AND ZIP CODE
SAN DIEG	0			DIEGO		TINE R. ED	EN-MOTH	ER .
CALIFORN	IA CREMATION	A—FUNERAL DIRECTOR OR PERS 8 BURIAL CHAPE SAN DIEGG, CA	L į	78. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	SAN D	WINONA STR IEGO, CA RE OF APPLICANT—FO	92105	BB. DATE SIGNED
ACKNOWLEDGMENT OF	Annual I lesseby a	cknowledge as applicant that the proposed 375 of the Health and Safety Code, and was	disposition stated herein is or	ne of the dispositions authorized by . 100 of the Health and Salety Code.	Win,	Whex	es	10/26/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	MED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI DIRENT OF DISPOSIL OUTSIDE OF CILIFIED	DE DED	FEE PAID 98. DATE PERM 10/27/1 K. WALL	998	9815638	CAL REGISTRAR	ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF DE D IN CALIFORNIA DRDS - P. O. BOX CA 92186-5222	85222	DE. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			NIA	•
10. AUTHORIZED DIS	POSITION(S) CHECK A		17.5		13	FOR CORC	ONER'S USE	ONLY
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC	11A. NAME AND AS MT. HOPE	DDRESS OF CALIFORNIA CEME CEMETERY 3751	MARKET ST.,	20 asserting 2		(Mame and Ad	dress), , *.	E OF BURIAL
CREMATION		D, CA 92102-522 DDRESS OF CALIFORNIA CREA	-	128. DATE CREMA		GNAZORE OF PERSO	ON IN CHARGE	OF CREATION
SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMA	UNS 13B, DATE RECE	IVED 19C. SK	GNATURE OF PERS	ON IN CHARGE	E OF FACILITY
TRANSIT		ODRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIP		DORESS AND SIGNA PLACING WITH TH		SON IN CHARGE
SCATTERING AT SE OR DISPOSITION OTHER THAN IN A CEMETER	FICKENT TO IDE	rest point on shoreline, of Intify final place and ca <u>di</u>				GNATURE OF PERS HARGE OF DISPOSIT	TION	LICENSE NUMBER OF CREMATED JEE- MAINS DISPOSER —IF APPLICABLE

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



grave of minute

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 - 26 - 98

1 8 Type of Burial Container	Funeral, date, t	me Wed	10-20	1:00
thurch, Chapel, Graveside	Gransila	Clairen	trai	Mortuary.
Il Funeral cars must arrive before 3:30 p	.m. of regular work	day or an ekti	a charge of \$	130.00
ill be applied and billed to undersigned.	X01)			
	W.			
ot 1280 Grave Row_	Section	<u> </u>	ivisio n/Block	10
Brave space & Care Fund	u-need	0-909	.P _	-0-
dditional spaces and care fund	-			-55
Dpening/Closing & Setup	AID			375.00
urial Container	~ +000		7	90.00
landling Fees	CT 26 1998		<u>\</u>	45.00
lower vases - Marker setting ee MT. 1	ODE CEMET	ERY		
Recording and filing fee	SAN DIEGO,	'ALIF'	4	3.00
seles taxes			١	4.73
		Total Due	7	69.73
P	aid receipt number	D- MAC		69.73
340	O.		lance due	7
	- 11	Da	ance due	
X faug	Thes	-614		
hereby certify I am the Laws	fuer ition of remains as	of th above indicate	e above name ed. I certify an	d represent
hereby certify I am the Laugh and this is your authority to make dispose that I have the right to make this authorization any liability on account of said authorizations.	ition of remains as ation and I agree to ion and interment.	of th above indicate hold Mt. Hope	e above name ed. I certify an Cemetery ha	d represent rmless from
and this is you'r authority to make dispos hat I have the right to make this authorizat my liability on account of said authorizat	ition of remains as ation and I agree to ion and interment.	of the above indicate hold Mt. Hope	e above name ed. I certify an Cemetery ha	ad decedent ad represent rmless from
and this is your authority to make disposite that I have the right to make this authorization liability on account of said authorizations authorize the interment in lot I	ition of remains as ation and I agree to lon and interment.	of the above indicate hold Mt. Hope	e above name ed. I certify an Cemetery ha	ad decedent ad represent rmless from
nd this is your authority to make disposing I have the right to make this authorizating liability on account of said authorizating the property of the interment in lot I	ition of remains as ation and lagres to ion and interment.	of the above indicate hold Mt. Hope	e above name ad. I certify an Cemetery ha	d represent
and this is your authority to make dispos hat I have the right to make this authorize	ition of remains as ation and inferment.	of the above indicate hold Mi. Hope	e above name ad. I certify an Cemetery ha	decedent de represent rmiess from
nd this is your authority to make disposing I have the right to make this authorizating liability on account of said authorizating the authorizating the authorization aut	ition of remains as ation and i agree to ion and interment. Signature City 3 (of the above indicate hold Mt. Hope trend 13 - 5 lington 15	e above name ad I certify an Cernetery ha	d decedent de represent rimiess from
nd this is your authority to make disposing I have the right to make this authorized by liability on account of said authorized hereby authorize the interment in lot I old under deed.	Syprature Storieus Storieus Valenti	of the above indicate hold MI. Hope with the state of the	e above name ad I certify an Cernetery ha	decedent de represent rimiess from
and this is your authority to make disposite to have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	Syprature Syprature Cary (3)	of the above indicate hold Mt. Hope with the state of the	e above name ad I certify an Cernetery ha	decedent de represent rmiess from

E 1466 1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS -

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

16	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DE	
	Joseph			Gann	_		MONTH DAY YEAR 02/25/1927	10/22/19	
5/	CITY OF DEATH			58. COUNTY OF DEATH	OUTSIDE CALIF.,	6. NAME,	RELATIONSHIP, FULL M		C.M.
	San Diego	4	78	ENTER STATE	SAN DIEGO		ORMANT		COLUMN SIGNAS
7,	. TYPED NAME AND AL	DDRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 7B. CAL	IF, LICENSE NUMBER		itis Ferguso Channing S		er
	CLAIREMONT	MORTUARY:	4266 MT. ABERNA SAN DIEGO, CA 9	THY AVE.	FD-1126	San	Diego, CA 9	2117	DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 103	chrowledge as applicant that the proposed 375 of the Health and Safety Code, and was a	dispusition stated herein is one of the	dispositions authorized by	· 0	utou M	in Toman and 1982	/27/1998
	PERMIT UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROY ORNIA HEALTH AND SAFETY COI Y FOR THE DISPOSITION SPECIFIE DIRENT OF REPOSAL OUTSIDE OF CALFORN	\$7.00	VICTORIA 10/28/19	MEZA		CAL REGISTRAR IS	SSUING PERMIT
APT	Y CHANGE IN DISPOSI- ION REQUIRES A NEW	90. ADDRESS OF RE IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DE. D IN CAUFORNIA	ATH- 9E ADO	RESS OF REGISTRAR	OF DISTRI	CT OF DISPOSITION— THER DISTRICT IN CALIFOR	RNIA	
	DISPOSITION.	P.O. BOX	85222 D. CA 92186-5222		U				
10	. AUTHORIZED DISP	OSITION(S) CHECK A				- 1	FOR COR	ONER'S USE	DNLY
1	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	RNIA	ń.	(Name and A	PENDING—REMAII ddress)	LOUINED AT
5	BURIAL	Mount Hope San Diego,	DRESS OF CALIFORNIA CEME Cemetery: 3751 CA 92102	Market Street	118. DATE BURIE	70	SIGNATURE OF PER	SON IN CHARGE (OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMA		SIGNATURE OF PERS	BON IN CHARGE O	F CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AD	ODRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C.	SIGNATURE OF PER	son in Charge (OF FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO		14B. DATE SHEPP	ED 14C.	ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or intify final place and ca <u>dis</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER- CHARGE OF DISPOS	MON ! OF	CENSE NUMBER CREMATED RE- NINS DISPOSER IF APPLICABLE

COPY 2 IS RETAINED BY 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

na Loube Death Cryat Funeral, date, time We	1- 10-28 11:00
Church, Chapel, Graveside Durch Gravell: Ma	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or ar	n extra charge of \$ 150,00
will be applied and billed to undersigned. Z D. G	
ot 487 Grave Row Section	Division/Blask
Grave space & Care Fund	1095,00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320,00
Flower vases - Marker setting feat T. HOPE CEMETERY	
Recording and filling fee ICTTY of SAN ISING N. CALLE	45.00
Sales laxes	29.4€
Total D	755.004.507.1547.60
Paid receipt number R- 5	0505 2244.45
200	Balance due
hereby certify I am the Niece	of the above named decedent
and this is your authority to make disposition of remains as above in that I have the right to make this authorization and I agree to hold Mt.	dicated. I certify and represent Hope Cemetery harmless from
any liability on account of said authorization and interment.	-6
hereby authorize the interment in lot I	
hold under deed.	t. Lexington #23
Signature of recorded holder of deed X City Cony	on CA 92019
Talaphone	74-1812
(- mathiosae	
E 1.4CCO	
Nork Order # E 14662 Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		U	SE BLACK INK ON	ILY-MAKE	NO ERASUR	ES, WHITEOI	JTS OR OTH	IER AL	TERATIONS	C	12	
1/	NAME OF DECEDE		1B. MIDDLE		1C. LAST (FA)		220		2. DATE OF BIRTH	MONTH.	OF DEATH DAY, YEAR	4. SEX
5/	CITY OF DEATH	San Di	10		5B. COUNTY OF	Galustya F DEATH—OUTSI San Diego	DE CALIF. 6.	NAME, I		IAILING AD		P CODE
74		ODRESS OF CALIFORN	MA-FUNERAL DIRECTOR		CTING AS SUCH	78. CALIF. LICEN —IF APPLIC	ISE NUMBER		Dzhuliyetta G 1415 E. Lexing El Cajon,	ton Ave	e., #253,	
_		T I Know	9 Adams Ave., 9 actional that I			FD1424	27.0	A. SIGNA	APPLICANT-			
	ACTINOWLEDGMENT OF A	Section)	0376 of the Health and Safety Co.	de, and was authorize	ed pursuant to Section.	7100 of the Health and	Salaty Code				-i10/26/	
	UTHORIZATION OF	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	BUED IN ACCORDANCE VIFORNIA HEALTH AND SA TTY FOR THE DISPOSITION TO DIGHT OF DISPOSAL OUTSIDE	N SPECIFIED	\$7.00	\$	0/26/1998 James Ha	в :	9815577	CAL REGI	STRAR ISSUM	IG PERMIT
1	OF CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURR	REGISTRAR OF DISTRIC RED IN CALIFORNIA , P.O.BOX 85222						CT OF DISPOSITION— HER DISTRICT IN CAUFO	RNIA		
10	AUTHORIZED DISPO	OSITION(S) CHECK /	92186-522	2	(Catala) Maria				FOR COR	ONER'S	USE ONLY	
	A. BURIAL (INCLU B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	iains other		F. DISINTERME G. SHIP IN TO				L DISPOSITION (Name and A		-REMAINS LO	OCATED AT
	BURIAL	A school to be seen	ODRESS OF CALIFORM Mt. Hope C Market St., San	emetery		i	DATE BURIED	1	SIGNATURE OF PER	NA C	HARGE OF BI	URIAL
BLE ITEMS	CREMATION	12A. NAME AND A	JOORESS OF CALIFORN	NA CREMATO	RY	12B.	DATE CREMATE	120.	SIGNATURE OF PER	SON IN CH	vange of CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND A	NOORESS OF CALIFORN	NA FACILITY	receiving rem	AINS 138.	DATE RECEIVE	13C.	SIGNATURE OF PER	ISON IN C	HARGE OF FA	ACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING CREMATED REMAINS			E 148.	DATE SHIPPED	14C.	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
δ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO ID	AREST POINT ON SHORI BENTIFY FINAL PLACE AI				DATE OF DISPOSITION	15C.	SIGNATURE OF PER CHARGE OF DISPOS		150 LICENSE OF CREA MAINS C	NATED RE-

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

Re-red

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_10-26-98

	00	7	ASCRET NO	CORPORATE N	D .		
na)	Type of Burial	Container		Funeral, date,			
Church, Chap	el, Grave	side					Mortuary.
All Funeral ca	ers must a	rrive before	3:30 p.m.	of regular work	k day or a	n extra charge	of \$
will be applie	d and bille	d to unders	igned		-		
LOI 78	C	9	Davis	Sectio	, 2	Divisio n/D	- 13
				The second second second	n	Division/or	DOS NO
Grave space Additional sp	& Care Fu	are fund	P	AII)		913.00
Opposing/Clay	ing & Cot			KS 052	_		375.00
Desiring City	any a sou	op	00	T 26 199	18		190.00
Durion Coman		1	•••••			***************************************	145.00
Handling Fee	·S		MT. H	OPE CEME	CALIF		113.00
				SAN DIFGO			45.00
Recording ar	d filing fee						75100
Sales taxes					904104611121303		14.13
				receipt number	Total D	ye,	1664.11=
			Paid	receipt number	, <u>R-</u>	0506	1664.7.
				95		Balance due	-0
hereby certi	fy I am the					of the above r	amed decedent
that I have th	e right to r	nake this au	thorizatio	n of remains as in and I agree to and interment.	above in hold Mt.	dicated. I certif Hope Cemeter	ly and represent y harmless from
1000				WIN	100	41,01	hade
I hereby auth hold under de	orize the i	nterment in	lot I	Signature	0	1 . 1	de co
				Address	8 7	iring	W 31
Signature of record	ed holder of de	ed		X SG	- 1	Jugar	921/9
				Telephone	5	27-07	293
				W			
Work Order				Invoice	#	100	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-98

of Jacque Inc. Price in a Type of Burial Container Made	Funeral, date, time TVCS	OCH. 27 11 0
Church, Chapel, Graveside	at another work day or so system	16/ 1/V)
will be applied and billed to undersigned.	Diregular work day or all extra o	marge or \$
/		Talle at 1 m
Lot Grave Row	Section 3 Divi	sion/Block 12
S		795.00
Grave space & Care Fund	DATE	
Additional spaces and care fund	HID	37500
Opening/Closing & Setup	OCT 2 7 1998	Ign.M
Burial Container	-01 4 1330	14500
Handling Fees MT.	HOPE CEMETERY	113.00
Flower vases - Marker setting fee	of SAN DIEGO, CALIF	UE M
Recording and filing fee		11172
Sales taxes	***************************************	I SINT
northary temping	Total Due	1504.
hick for full Paid	receipt number <u>90511</u>	- 130A·13
MOUNT.	Balan	ce due
I hereby certify I am the		bove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Co	
I hereby authorize the interment in lot I	Signature	
hold under deed.	Adminis	
Signature of recorded holder of deed	*	Zio Code
	*	Zip Cooe
	Felsphone	
·	Invoice #	
Work Order # E 14664	Acct. #	
REA-104 (7-96) This inform	nation is available in alternative :	formats upon request.

243-1507
10-26-98 11:00am
per pebbue / pagsdale
requested that we pick
lot for family and
morthan well binns check
for full amount.

INTERMENT ORDER

Civil Sand Supp

10-210-98

		237-10
Jacqueline Price	TO PACE A	
THE RESERVE WAS LAKED THE PARTY OF THE PARTY OF THE PARTY.	anshe Pags	16/1/16
117 cm 7	Leader 16 1	see /2
Additional species are a summary or		79500
Opening Crising & July		37500
See Commence of the Commence o		190.00
Provide Laboration of the Marian State of Marian		175.00
Fig. 20 og and harp light		45.00
ortuan to hona	Torst aus	15/0472
UCK for full	remove the little	7
Y TOWN Y THE Y THE STORY		Water and the second
Principles of the control of the control of	CANCEL STORE IT OF THE PLAN	

Tombo Refer to the Patrick of the

TOTAL STATE

...... E 14661

Affection the same

X 12 31 101

Apr. 4

the entitle of a section in community of access

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Jacquel	ine	Rose	Price		04/10/1939		
SA. CITY OF DEATH	n Diego	<u> </u>	58. COUNTY OF DEAT ENTER STATE San Dieg	5 C	NAME, RELATIONSHIP, FULL A DE INFORMANT Sugenia L. Pric	MAILING ADDRESS AND Z	IP CODE
7A. TYPED NAME AND AD	DORESS OF CALIFORN Ragedale M	a—FUNERAL DIRECTOR OR PE DEL.; 5050 Fede San Diego, GA 9	rson acting as such 7B. CA	LIF. LICENSE NUMBER F APPLICABLE	456 College Av	7e. 23115	
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the propor 376 of the Health and Sefets Code, and re	sed disposition stated herein is one of the as authorized pursuant to Section 7100 of th	ne Hisafth and Selety Code.	Mebber who		22/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	RED IN ACCORDANCE WITH PROGRAM HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIAL OF DISPOSAL OUTSIDE OF CALIF	#FIED \$7.00	10/26/1998	BUED, 9C. SIGNATURE OF LC	OCAL REGISTRAR ISSUIN 815560	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	EGISTRAR OF DISTRICT OF D IN CAUFORNIA Ords; P.O. Box Diego, CA 921	85222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFO	DENIA	
B. CREMATION	UDES ENTOMBMENT) OF CREMATED REMEMETERY		E. TEMPORARY ENVA	DRNIA	same same and a second	IONER'S USE ONL' PENDING-REMAINS LO (ddraes)	and the same
BURIAL		DDRESS OF CALIFORNIA CE Cemetery; 375 San Diego, C	l Market St.	118. DATE BURNED	11C. SIGNATURE OF PER	ISON IN CHARGE OF BI	URIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B, DATE CREMATED	12C, SIGNATURE OF PER	son in Charge of Cr	EMATION
SCIENTIFIC USE	13A, NAME AND A	odress of California Fa	CILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ison in Charge of F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	or other description suf- district of disposition	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CREA	MATED RE-

COPY 2 IS RETAINED BY 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 OFMETERY

Pre- tul

City of San Diego

Date_10-76-98

You are hereby authorized and instruct	 ed, subject to your rules and regulations, to inter the remains
or Juffie Sajona	2 clayl howard
Ina U W	Funeral, date, time
Type of Buriel Comminer 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 undersigne	d
	wSection_2 Division/Block_12
Grave space & Care Fund	895 suh 1790.00
Opening/Closing & Setup	PAID
Burial Container	PAID
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing feeMT. H	IOPE CEMETARY
Sales taxes	OF SAN DIEGO, CF
×	Total Due
	Paid receipt number 2 50004 895.00
	Balance due 8400
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above named decedent osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from attion and interment.
I hereby authorize the interment in lot i hold under deed.	> 354 Los Deyer DV
Signature of recorded holder of deed	Telephone 19 1262-294 2000
_	Invoice #
Work Order # E 14665	Acct. W
	CONTRACTOR CONTRACTOR AND

DO ACI	NOT COUN the 4 I	MAIL T No. T No. T No. OS Oieg	Rey	E-I	OK 1466 1ing Dr. 91	55 P gham 2114), S	re-	nee	ed I	ots	5
MAY	IUN					MOV					APR
due da	nt due	ve. if paid	paid or more t	195-		") ;	37.	00		
						ONTHE PROPERTY.	3	_			
NAM	E		1	A	nount	Receive	d S	_			
ADD	RESS										
CITY			checi	c (1/) if t	STAT		v ado	ZIF		

NAME

CITY check (/) if this is new address

		8	& 9		ec				
									JUN
					1			*	10
ve. If paid	more ti	han	da	4.5	S	37.	00		
_	_								_
-				STAT			_	_	-
	when paid	SEP OCT when paid on we.	when paid on, or believe. If paid more than te above.	when paid on, or before, we. If paid more thandate above.	when paid on, or before, we. If paid more thandays te above.	When paid on, or before, ve.	SEP OCT NOV DEC JAN FEB MAR when paid on, or before, we. \$ 37. If paid more thandays te above.	SEP OCT NOV DEC JAN FEB MAR APR when paid on, or before, we. If paid more thandays Is above.	s 37.00 If paid more thandays \$

Cat 354 San	her Lo Di 12	MAIL I No. ine ine s R .ego 4,	E-Cu cye cye	146 146 mni s D A 8 &	ok 65 ngh r. 921	Pre am 14 Se	-ne	ed Di	Lot v 1	2	
57.5							dicat				
AUG	SEP	OCT	MOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL 10
Amou		when p	paid on	or be	fore,				37	on	
Amou after o	nt due	if paid te abor	more ti ve.	han	da	ys)	5				
Amou	nt due ive da	If paid	more ti ve.			ys)	S s				
Amou after o	nt due ive da	If paid	more ti ve.				\$ s				

ACC Cat 354 San	NOT COUNT her Lo	MAIL I No. inc inc	ENTIR E- Cu Leye	E BOO 146 nni s D	0K 65 ngh r. 921	Pre am	-ne	ed	Lot	s	2
	100		th an								
DEC	JAN	FEB	MAR	APR	MAY	MUL	JUL	AUG	SEP	OCT	10
due da	te abo	ve.	said on	12.00	00.01	1	> ,		37.	00	
Amou after c	nt due lue da	if paid te abo	more ti ve.	nan	da	ys	\$	-			
				72		5 30	\$		-	-	
NAM	E			An	tount F	Receive	d S	26%			_
ADD	RESS	772									
CITY		100		nether co		STAT		9	ZIP		
-			check	(1	if th	nis is	new	add	ress		

ACI Ca 35 Sa	NOT COUNTER	MAIL T No.	ENTIF	E-I	OK 1460 11np Dr. 92	114	re		ed I	10.000	3
Lo	e l					, S ue In	A STREET	100	250.0		
JAN	FEB					TUL					DEC
due da	ite abo nt due	if paid :	more ti		100)	> 5	37.	.00		
after c	lue da	te abov	m.		must.	-A				-07	
NAM	E			Ar	nount l	Receive	d \$				
ADD	RESS		-1								
CITY	89	0	heck	1) if t	STAT	_	add	ZIF		_

AC at 354 San	NOT COUNT her Lo	MAIL T No. T De E R ego	Cu eye , C	EBOO 140 uni s D A	ok e5 ngh r. 921 9,		-ne c 2	ed Di	Lot v 1	2	4
FEB	MAR					AUG					JAN 10
lue di Amou	nt due	when p	nore th		ore,	ys)	> s		37.	00	
225 16			311			- 194	\$				-
NAM	E		1	Ап	ount F	Receive	d \$				=
DE CO	2000										1

STATE ZIP

CITY

ZIP

DO AC Ca 35 Sa	NOT COUNT tehe	MAIL T No. T No. T is Jeg 24,	Rey Rey Gz	E BO E-I	OK 1466 1118 Dr. 92	114 5, 8	re-	2 0	d l	12	5
	Lann				AUG						FE8
MAK	AFR	MAT	JUN	JUL	AUG	SEP		RUT	DEC	100	10
Amou after (nt due due da	when ye.	more ti	h an		ys Receive	s s	37.	00		
CITY						STAT	E		ZIF	6	
ULIT		0	check	11) if t			add			

DO ACI CAE 354 San	NOT COUNT	MAIL ING. ING.	Cu eye	E BOO	65 ngh r. 921	Pre	-ne	E	14	66	6 5
APR	MAY			AUG							MAR
due da	nt due ate abo nt due due dat	ve. If paid	more ti	n, or bei))3	> s > s		37.	00	
NAM				An	tount i	Raceiva	nd \$				
ADD	RESS	with.				STAT	E		ZIP	i.	
100			heck	(1)) if th	his is	new	add	ress		- 10

C# 35 5#	the 4 L n B	ieg	-	en CA	ing br.	114		1			65
AY	JUN		AUG							-	APR
e da	te abo	ye.	more ti ve.			ye)	> s > s		.60		400
AM	E			Ar	nount	Receiv	ed \$	-			
						93	1	701	200		
DDF	1E55	_									

DO CAE 354	NOT COUNT Le	MAIL I No.	ENTIF Cus	E BOI	ok ok ngh	ittanc Pres	· C(OUP ed		. 1	8
							e 2	Di	v i	2	
		Mon	th ar	d D	ev De	e in	dicat	ed B	alow		
JUN	JUL						JAN				MAY 16
Amou due da		when p	oald on	, or be	fore,	1	> ,	15	37.	00	
Amou after o	nt due lue da	if paid te abo	more ti	nan_	da	ys)	> 5				1
							\$	_			
NAM	E			An	mount l	Receive	ed \$	ž –			
	ncee				DE L						920
ADD	HESS			_	_						_

35 Sa	NOT COUN 14 L	MAIL T No. Fin	e C Rey	Lump CA	ok 466 ing Dr. 92	5 P		OUP sies 2 B	d K	146	9 65
W.								led B	elow		
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN 10
lue d	int due ate abo int due due da	va. If paid	more			nys	>	# 1 m	60		7.
NAM	E			Ar	nount	Receiv	ed S	! !			_
ADD	RESS										
CITY		П	ther	clV	\ if t	STAT		v ado	ZIP		_

AC 35 Sa	COUN the 4 L	T No. rin os ies 24,	key o, Gr	E BO E-i uno es CA E	OK 400 ing Dr. 92 4 9	114 . 5	E	L	iv	12	
200	To see		th or								
SEP	OCT	NOV	OEC	JAM	FEB	MAR	APR	MAY	JUN	יטנ	10
due d	ate abo	ive If paid	more t			nyci	> , > s		00		
NAM	E_			A	nount	Receiv	ed \$				
ADD	RESS	-	-			7795			-		
						STAT	14-		ZIF		

DO Call 354 San	NOT COUN Los Dis	MAIL I No. I De s R. ego	Cureye, C.	E BO	ngh r. 921	Te- IA Sei	E c 2	146	v 1	2	2
ост	NOV				MAR.					AUG	SEP 10
Amou	nt due sie abo nt due due de	ve. If paid	moret		lore,	"]	> ; > ;		37.	00	
NAM	E		1	Ar	nount (Pecalve	nd \$				_
ADD	RESS								200	_	
CITY		П,	hari	.17) if t	STAT		, add	ZIP	_	

35	NOT COUN	MAIL T No.	ENTII Rej Rej Gr	CA 8	ok 466 ing Dr. 92 & 9		E	2 5	461	-	3
NOA	DEC					MAY					OCT
								1			10
	nt due nte abo		paid or	or be	lore.		> 5	37.	00		
Amou after d	nt due lue diz	if peid te abo	more t ve.	han_	da	")	,		4		1/2
			Ē.			30			-	4	
NAM	E		1	Ar	nount 1	Receive	d \$				
ADD	RESS		1	M							
						STAT	100		E 615,840		

DO ACI 354 San	NOT COUNT Lo	MAIL No.	Custom Cu	E BOO	S in the second	•• E	Hance	ELE	65		4
		Mon	th an	d Da	w Du	e Indi	cat	ed B	elow		
DEC	JAN					MUL					NOV
MAM		etani (160		96	re. L de	ys D	\$ \$ \$		44	, D	0
ADQ			1	A AND		A.	-	- 1		- Ali	
CITY	Seller.		heck	(1)		STATE	_	add	ZIP	$\overline{}$	



MOUNT HOPE CEMETERY 527-3400

		Date:	x	000
from: Catherine Cunn	inchanaddress: 354 Los R	eyes Dr	28 95	114
Seventy Four on &	09/00	Dollars (\$	74.00)
n part Payment of pr	ened lots for Jeffic S	ajona & Chan	I Howar	-1
				1
ot 124 Grave 1	8 4 9 Row Se	ction2	_ Block _ 1	2
nvoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184 —	• 8	00
Acct. No		80% Sales 100 of Lots 77184 —	66	00
NO. E 14665	PAID	Opening/ 100 Closing 77181 — Surial 100		
BALANCE DUE 3 SO.00	PAID	Containers 77182 —		
	.IAN U 7 2000	Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —		
Pre-Need Lot D At Need D On Acct D		Pre-Need 63033 Trust 9022 —		(
Pre-need Trust Cash Check	MT. HOPE CEMETARY	Sales Tax 60101 78390 —		
C-212 (Rev. 5-94) 3 490	ISSUED BY	TOTAL PAID \$	74	00



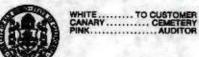
MOUNT HODE CEMETERY

PINKAUDITOR	whom 324 2 m Do	Date: 11-2	-99	19
In Payment of	Address: 35 9 das the	Dolla	rs (\$ 74.00	
Lot 194 Grave	8, 9 Row_ S	ection_ 2	Division 1	<u>[a</u>
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	20% Sales Care 77 80% Sales of Lots 77	907 184 100 7 4	00
W.O. F- 1466 484.00		Closing 77 Buriel Containers 77	181 100 182 100	
Pre-Need Lot At Need On Acct D		Recording & Misc. Fees 77 Pre-Need 63 Trust 9	100 183 033 022	=
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	Bulling & D. Sheddle		* 74	00

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

MOUNT HOPE CEMETERY 527-3400

From: Catherine Currain	Lang Address: 354 200 Rey	Date: 4	-11 ~ Dri	w 9211	00 14
In part Payment of	Au-hich Sola	D	ollars (\$ 1	85.00)
Lot 124 Grave	8 2 9 ROWS	ection_3		Division \	3
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 — 100 77184 — 100 17181 — 100 77185 — 100 77185 — 100 77185 — 100 77183 — 63033	. 4 \& I	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check S	ISSUED BY A Mullia	Trust Sales Tax TOTAL PAID	9022 60101 78390	185	00



MOUNT HOPE CEMETERY 527-3400

adjunulinetal mora	m Address: 354 das Beye	Date: 8-7	900.
security You -	w Nud Str.		·74.00
Lot 124 Grave	6 4 9 Row	Section_Q	Division 12
Acat. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	
W.O. E- 14665		Closing 77181 Burlei 100 Containers 77182 100 Handling Fee 77185 Recording & 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Acct (Rev. 584)		Misc. Fees 77183 Pre-Need 63033 Trust Sales Tax 60107 78390 TOTAL PAID	2

MOUNT HOPE CEMETERY (619) 527-3400

From: Catherine Currier	Pur Address: 354 dos Re	= 9-6 yes Dr.	Jen Drey	00 9211 ——)
In Payment of	829 Row s	ectiona	Division Block	13
Invoice No.	NOTVALID FOR PUR PER ATT DUTIESS STAMPED	CREDIT 20% Sales Care	67007 77184	100
Acct. No	SEP U 6 ZUUU	80% Sales of Lots Opening/ Closing Burisl	77184	
BALANCE DUE	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Containers Handling Fee Recording &	77182	=
Pre-Need Lot At Need On Acct	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	Misc. Fees Pre-Need Trust Sales Tax	77183	
AC-212 (Rev. 5-94)		TOTAL PAID	78390 \$ 8	100

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 527-3400	_ 4-	5	99
Catherine Cunn	ungham 354 Jupker	A Pete: DP	SP 921	¥,
inpart Payment of Pul	nualita	0	Division	2
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	87007 77764 77764	h
W.O. 14005 BALANCE DUE 473.00		Opening/ Closing Burial Containers	100 77181 100 77182 100 77185	
Pre-Need Lot	MELLIA AVADOMO	Recording & Misc. Fees Pro-Need Trust Bales Tax.	100 77183 63033 9022 88101 78390	
AC212 (Part. 544) 3676	ISSUED BY TO THE TOTAL THE	TOTAL PAID	-74	100

CUNNINGHAM, CATHERINE 354 Los Reyes Dr. San Diego 92114

CUNNIN	GHAM, CATHERINE 354 Los Reyes Dr. San Diego 92	114		
	(Jeffie Sajona & Cheryl Howard)			
	20% 358	DEBIT	CREDIT	BALANCE
10-26-98	Opened Pre-need Lots 8090 1432			
	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 127		74.00 ~	69/100
2-3 9			7400	747 00
4-5 99	250995 CPN 5+4 V		17400	613.00
0-9 94	151226 Con 7+81		174.00	1 599 M
8-20 99	(51461) N 9,10411	111111111111111111111111111111111111111	10110	448.00
11-2-98	R-51654 12 + 13		74.00	424.00
1-7-00			74.00 V	850,00
9-11-00			185.00	115.00
8-7-00			74.00	001.00
9-6-00	R- 32830 23 x 21		81.00	
- W	CUNNINGHAM, CATHERINE Pre-need Lot E-146	65		
	CONTINUIAN, CATREAINE FIE-Reed Lot E-140	93		





INTERMENT ORDER

City of San Diego

Date 10 - 26 - 98

Attack Whod an	
118 300 00 11	F -eral, date, time 10 - 28 Wed 1:0
Church, Chapel, Graveside	at Kransel : Clariemont Mortuery.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersign	
Lot 49 Grave A	Now Section Division/Block _ \ \
Grave space & Care Fund	795,00
Additional spaces and ears food	
Opening/Closing Petu A	750.00
Burial Container	380.00
tandling Fees OCT 2 & 1996	3.20.00
lower vases Marker setting fee	=-
MT. HOPE CEMET	ERA 15.00 .90.00
Sales taxes	29,45
Jajes idves	Total Due 2364.45
	Paid receipt number M/C 2364.45
	Balance due
Hus	-94110
and this is your authority to make dis	sposition of remains as above indicated. I certify and represent
	norization and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this author any liability on account of said author	rization and interment,
any llability on account of said author	Notes CA. ST.
any llability on account of said author	Notes CA. ST.
any liability on account of said author I hereby authorize the interment in lot hold under deed.	Notes CA. ST.
any llability on account of said author	Stylestor Carry uny
any liability on account of said author I hereby authorize the interment in lot hold under deed.	Stylestor Carry uny
any liability on account of said author I hereby authorize the interment in lot hold under deed.	Address Discoca 72/10 City C19 276 2840

E 14666

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

1A. NAME OF DECE	DENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Mary		Bess	Nikovita		0271771915	10/25/1998	
San Dieg	Sec. 19	A Company	58. COUNTY OF DEATH ENTER STATE	Courside Calif., 6	NAME, RELATIONSHIP, FULL OF INFORMANT W1111am C. Nikov		
Clairemon	t Mortuary	A FUNERAL DIRECTOR OR PE	Sale Serverence Marie	APPLICABLE	2562 Cowley Way San Diego, CA	2110	
ACKNOWLEDGMENT OF	teniment hereby	acknowledge as applicant that the propor	sed disposition stated herein is one of the as authorized persoont to Section 7100 of th	dispositions authorized by Health and Safety Code.	· Vutoris	ner = 10/2	7/1998
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	FORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPEC	\$7.00	Victoria	SSUED 9C. SIGNATURE OF LI Meza 9815645	OCAL REGISTRAR ISSUM	IG PERMIT
LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF R IF DEATH OCCURRE P.O. BOX	ED DIGHT OF DISPOSAL DETRICT OF SED IN CAUSEONAA 85222 CA 92186-6222	DEATH— BE ADD	RESS OF REGISTRAR (OF DISTRICT OF DISPOSITION—		•
10. AUTHORIZED DIS	POSITION(S) CHECK A				FOR COL	ONER'S USE ONL	*
B. CREMATION	OF CREMATED REM CEMETERY USE 11A. NAME AND A	DDRESS OF CALIFORNIA CE	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY 51 Market Street	PINIA IDE OF CALIFORNIA 1 118. DATE BURIED	☐ (Name and a		
20		o, CA 92102	TALLAND TO THE TALLAND THE TAL	10-28-9	1 1 1	Mas	-
CREMATION	, 12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	129, DATE CREMATE	ED 12C. SIGNATURE OF PER	ISON IN CHARGE OF CR	
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B, DATE RECEIVE	ED 13C, SIGNATURE OF PER	rson in Charge of F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPEI	D 14C. ADDRESS AND SIGNOF PLACING WITH		CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO ID	AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15G. SIGNATURE OF PEI CHARGE OF DISPO	SITION OF CREA	NATED RE-

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

INTERMENT ORDER

PRE - NEED

City of San Diego

Date_10-27-98

Type of Build Container	Funeral, date, time	
Type of Swist Container Church, Chapel, Graveside		AYER Mortuary
All Funeral cars must arrive before 3:30 p.		The state of the s
vill be applied and billed to undersigned.		
ot 254 Grave 7 Row_	Section 2	Division/Bleek 13
Grave space & Care Fund		795.00
Additional spaces and care fund	$D \wedge I \cap I$	
ACCRETE COMMON DESCRIPTION OF THE VICTOR OF	LUI	375.00
Opening/Closing & Setup	NOV _ 5 1998	190.00
		145.00
1/7	. HOPE CEMETERY	
lower vases – Marker setting fee		HE OD
Recording and filing fee		
Sales taxes	۱۸۸ Total Due	1564.7
-1 -50%	Total Due R - 50	221 1864.7
× 694-3987 P	aid receipt number 1/- 50	221 12641
x 611		Balarice due
hereby certify I am the and this is your authority to make disposi	of	the above named deceden
hat I have the right to make this authorizate any liability on account of said authorizate	ation and I agree to hold Mt. Ho	
, , , , , , , , , , , , , , , , , , , ,	χ	
hereby authorize the interment in lot i	Signature	
iou dinoi dood.	Address	
Signature of recorded holder of deed	>	Zip Cod
	Yrelephone	-7M.075
	Invoice #	
Nork Order # E 14667	Invoice #	



THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 10 - 07	-70	
TO GREG	Public	GUARTIAN
Telephone	94 - 350	
Fax 694	- 3987	
Subject _FL		66 S

From	Sue
Telephone	527-3400
FaxS	27 - 3403
	iding this cover
sheet -	

COMMENTS		-	15/5	40			
	PLEASE	SIGN	77	the	a x	¥	PLEASE
mail a	check	for	15	64 .7	3 3	ع	MT.
HOIR	CEMETE	LRY	AT	TN;	S	ve	
							-
						*	2 1
				10000			



Please call 527-3400, if all pages are not received.

INTERMENT ORDER

PRE - NEED Lot & TRUST

City of San Diego

Date 10-27-98

na LINER	Funeral, date, time		37
Church, Chapel, Graveside	· · · · · · · · · · · · · · · · · · ·	MAYER	Mortuary.
All-Funeral cars must arrive before 3:30 p.m.	of regular work day		
will be applied and billed to undersigned		TWO CONTRACTOR OF THE CONTRACT	
Lol asy Grave 7 Row			
Grave space & Care Fund	***************************************		795.00
Additional spaces and care fund	************************	anning the consequence of	
Opening/Closing & Setup			375.00
Burial Container			170.00
Hendling Fees			145.00
Flower vases - Marker setting fee	***************************************	*****************************	
Recording and filing fee			45.00
Cales toyon			14.73
Sales taxes PUBLIC GUARDIN REG - PUBLIC GUARDIN 694-3508 x 694-3987 Paid	۸ ۸	otal Due	1564.7
1 ay - 3987 Paid	receipt number		
7 611		Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as abo on and I agree to hol	of the above na ove indicated. I certify d Mt. Hope Cemetery	and represen
I hereby authorize the interment in lot I hold under deed.	Signature -		
Bignature of recorded holder of deed	×		Zip Coc
	V		
Ø ==0	Telephone		
#1 -e1	Invoice #	4	

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycle! Paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/27/98

You are hereby authorized and instructed, su	bject to your rules and regulations,	, to inter the remains
ina liner	Funeral date, time MON	NOV.211:0
Church, Chapel, Graveside OVAVC	Slov Ragsda	/e Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra cha	arge of \$
will be applied and billed to undersigned		
28 5	17	7
		on/Block
Grave space & Care Fund	ed D6933	<u> </u>
Additional spaces and care fund	J K /- 277	
Opening/Closing & Setup	eeg p wass	<u> </u>
Burial Container Prene	360 D 6933	<u> 8</u>
Handling Fees		,,,,,,
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	<u>8</u>
Paid	receipt number	995 70
	Balance	due
I hereby certify I am the	of the abo	ove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mt. Hope Cerr	certify and represent netery harmless from
CONTRACTOR AND A PROPERTY OF THE PROPERTY OF T	X	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Addiges	
Signature of recorded holder of deed	X.	Zip Code
	Telephone	900
	Invoice #	
Work Order # E 14668	Acct. #	
		on warming and a second second

E14668

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIODLE	IC. LAST (FAMILY)		2. DATE OF BIRT				
Blandine		J.	Dillard		09/14/190				
5A. CITY OF DEATH	on Grove		5B. COUNTY OF DEA ENTER STATE San Diego	ENTER STATE OF		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Keren Shell, Public Guardian			
		IA-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 7B. C.	ALIF. LICENSE NUMBER	5201-A Ruffin		raisn		
Anderson	n-Ragadale	Mort.; 5050 F	ederal Blvd.	-IF APPLICABLE	San Diego, CA				
	San	Diego, CA 92	102	F-1329	BA. SIGNATURE OF APPLICAT	T-Person laking permit	88. DATE SIGNED		
ACKNOWLEDGMENT OF A	Section 10	1376 of the Health and Safety Code, an	reposed disposition stated herein is one of t nd was authorized pursuant to Section 7100 of	the Health and Safety Code.	Deller le	urian	10/30/1998		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFET TY FOR THE DISPOSITION SP 16 HIGHT OF DISPOSAL OWISSIE OF C	\$7.00	10/30/19		11120	R ISSUING PERMIT B15861		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF IN CALFORNA THE	85222		OF DISTRICT OF DISPOSITION OF IN ANOTHER DISTRICT IN CO				
10. AUTHORIZED DISP					FOR C	CORONER'S USE	E ONLY		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND A	DDRESS OF CALIFORNIA	CEMETERY	SIDE OF CALIFORNIA	11C SIGNATURE OF	PERSON IN CHARG	NE OF BURNAL		
V25000000000	Į	San Diego	, CA 92102	11-2-98	Ch H	Me			
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128, DATE CREMATI	ED 12C, SIGNATURE OF	Person in Charge	E OF CREMATION		
SCIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF	PERSON IN CHARG	SE OF FACILITY		
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B: DATE SHIPPE		SIGNATURE OF PER TH THE CARRIER	RSON IN CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS		DICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

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

INTERMENT ORDER

City of San Diego

Date 10-28-98

OF BOBBY KAUFF M		M 265
in a LINER	Funeral, date, time Wed .	NOV.4 10.5
Church, Chapel, Graveside OCINO	yonly: 50 mem	DRINL Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra	charge of \$
will be applied and billed to undersigned.		
200		
Lot 35 Grave 6 Row	Section Div	ision/Block_13
Grave space & Care Fund		126.00
Additional spaces and care fund		_
		165.00
Opening/Closing & Setup	~ 2	50.05
Opening/Closing & Setup	16-90	
er Danning van der bronster in der		
Flower vases - Marker setting fee		112 00
Recording and filing fee	Marie Carlo de Carlo de Carlo Carlo Carlo de Carlo Car	
Sales taxes		10/ 60
BECCH BARR	Total Due	386.00
Peid	receipt number	
	Bala	nce due
I hereby certify I am the	of the	above named deceden
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mt. Hope C	
I hereby authorize the interment in lot I hold under deed.	Bignaluro	
iloio siladi assa.		
	Address	
Signature of recorded holder of deed	Address City	Zip Cod
Signature of recorded holder of deed	City	Zip Cod
Signature of recorded holder of deed	City	
E 44000	City	Visit in the second
E 44000	City	Visit in the second
	Telephone Invoice # 30 UU	95 2 formats upon request

E 14669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

110

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				3. DATE O		4. SEX
	Bobby		2 1	Kauffee		9 197	03/22/1934	10/19		M
5/	National			5B. COUNTY OF DEAT ENTER STATE		OF INF	RELATIONSHIP, FULL MA ORIMANT			
7.4	San Diego	Memorial (Chapel	R PERSON ACTING AS SUCH 7B. CA	an Diago LIF. LICENSE NUMBER FAPPLICABLE D-1575	562 San	melita Humph 7 Shaw St. Diego, CA.	92139	130000000.5538	
_			San Diego,	GA. 92104		8A. SIGNA	TURE OF APPLICANT—Per	son taking perm	ii 88. DAT	ESIGNED
_	ACKNOWLEDGMENT OF A	The state of the s	CONTRACTOR OF THE PARTY OF THE	proposed disposition stated herein is one of the and was authorized personnt to Section 7100 of the	The state of the s	1/10	W/ Jay	01	علاق الحود	/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT FORMA HEALTH AND SAFE TY FOR THE DISPOSITION S O MIGHT OF BISPOSAL OUTSIDE OF	SPECIFIED	11/02/1 M. Legs	998	● 9815883	AL REGIST	RAR ISSUM	G PERMIT
AP		Vital Red	EGISTRAR OF DISTRICT D IN CAUFORNIA COCKES; PO BO D. CA. 92186-	OF DEATH— DE. AD	DRESS OF REGISTRAF	OF DISTR	ICT OF DISPOSITION— THER DISTRICT IN CALIFORN	NIA		
10	. AUTHORIZED DISPO						FOR CORO	NER'S U	SE ONLY	
-	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM.	AINS OTHER	E. TEMPORARY ENVI	ORINA —		I. DISPOSITION P		REMAINS LO	CATED AT
54	BURIAL	Mount Hope	DERESS OF CALIFORNIA Cometery; 3 , CA. 92102	CEMETERY 351 Market St.	118. DATE BURE		SIGNATURE OF PERSO	ON IN CHA	RGE OF BL	RIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	12B, DATE GREMA		. SIGNATURE OF PERSO	IN CHAF	RGE OF CRE	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECE	VED 13C	SIGNATURE OF PERSO	ON IN CHA	RGE OF FA	CILITY
MPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	ED 14G	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE -
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSIT		SD. LICENSE OF CREM MAINS D —IF APP	ATED RE-

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

INTERMENT ORDER

City of San Diego

Date 10-29-98

11-4-98

You are hereby authorized and instructed, sul	pject to your rules and regulations, to i	inter the remains
of Aiko TACHIKI		0.0
in a Dov BLE DEPTH CRYPT	uneral, date, time MON 11 - 2	2:00
Church, Chapel, Graveside Church GA	Aveside, Lewis Colo	W I Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	of \$ 150.00
will be applied and billed to undersigned.	DIP	
Lot Grave 3 Row	Section\\ Division/#	Hook 7
Grave space & Care Fund	rud E-3312	-0
Additional spaces and care fund		
Opening/Closing & Setup	8 771XI	375.00
Opening/Closing & Setup	77182	380.00
Handling Fees	77185	320.00
Flower vases - Marker setting fee		
Recording and filing fee	77183	45.00
Sales taxes	01 78390	29.45
unice Lewis Colonic	M Total Due	149.45
rtotal amount poids	ecelpt number	
V MOX. X	Balance du	e
I hereby certify I am the Daugue and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certi and I agree to hold Mt. Hope Cemeter	
any nabinty on account of said authorization a	nd institution.	
I hereby authorize the interment in lot I hold under deed.	Napolure 1261-Garret	+ Arc
Signature of recorded holder of deed	> Chula Vista	9191 Zip Code
	X (6.6) 423 -83	3
Work Order # E 14670	Invoice # 300091	NI TOTAL CONTRACTOR
Work Order # E 14010	Acct. # 09()950	
REA-104 (7-96) This informs	ition is available in alternative forma	ts upon request.

E14670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

**	. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	Lac sar manage		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
***	There are 1	# Vi - E	1G. LAST (FAMILY)		MONTH, DAY, YEA	MONTH, DAY, YEAR	4. SEA
-	CITY OF DEATH	EMDO	TACHIKI	Table Tourier To	01/02/1916	10/28/1998	J. 0005
04	. GIT OF DEATH		58. COUNTY OF DEATH		B. NAME, RELATIONSHIP, FULL OF INFORMANT		CODE
_	CHULA VIS		SA SA	What the first the second of t	DIANE HUTCHISO	The state of the s	*
7.8		DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PE		APPLICABLE	2410 HILLROSE	20 g C /	
		ONIAL/BENBOUGH MORTUARY			OXNARD, CA 930		
_	3051 EL C	AJON BLVD., SAN DIEGO, CA	37303 May 170		BA. SIGNATURE OF APPLICANT	Person taking permit, 88. DATE	SIGNED
	ACKNOWLEDGMENT OF A	PLICANT I tereby acknowledge as applicant that the propes Section 19376 of the Health and Safety Code, and we	ed disposition stated herein is one of the is authorized ourscant to Section 7100 of the	Health and Safety Code.	Saveette Ve	Center 10/29	/1998
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PE SIONS OF THE CALIFORNIA HEALTH AND SAFETY OF	OOF 9A. AMOUNT OF FEE PA			OCAL REGISTRAR ISSUING	PERMIT
	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIN THIS PERMIT.	FIED	10/29/199	98 9815769		
	OCAL REGISTRAR	NOTE: THIS PERSON GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALL!		P Valenti			
	Y CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF I			OF DISTRICT OF DISPOSITION		
	ION REQUIRES A NEW BRANT TO SHOW FINAL	VITAL RECORDSPO BOX (isrosinoi. Ia ia assa			•
-	DISPOSITION.	SAN DIEGO, CA 92186-522		- 2			
10	. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS		C730000.2 (6 to 100	FOR CO	RONER'S USE ONLY	
1	X A. BURIAL ONCLU	DES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I. DISPOSITIO	N PENDING-REMAINS LO	CATED AT
Ī	B. CREMATION		F. DISINTERMENT		(Name and	Address)	
٠Ī	C. DISPOSITION O	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	RNIA			
I	D. SCIENTIFIC US		H. TRANSIT TO OUTS	DE OF CALIFORNIA			
		11A. NAME AND ADDRESS OF CALIFORNIA CEI	METERY	11B. DATE BURIED	11C SIGNATURE OF PE	RSON IN CHARGE OF BU	RIAI
	BURIAL	MT HOPE CEMETERY, 3751 1		1	11		98476
	- DOTTINE	SAN DIEGO, CA 92102		11.2.98	. //	#ATX	
2		12A. NAME AND ADDRESS OF CALIFORNIA CRI	FMATORY	12B. DATE CREMATE	ED 12C. SIGNATURE OF PE	RSON IN CHARGE OF CRE	ON
Ë	CREMATION	ATTEMPT OF SERVICE ALL AVER AUTO FOR	399943340	13300			
Ę	CHEMATION			i			5 30
3	1	13A. NAME AND ADDRESS OF CALIFORNIA FAI	OUTV DECEMBING DELIABLE	1 130 OATE RECEIV	ED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF EA	CHITY
2	SCIENTIFIC	TON NAME AND ADDRESS OF CALIFORNIA PA	JULIT RECEIVING REMAINS	ing. Date heart	CD TOO. GIGHT TOTAL OF TH	Industrial of the	CELLE
3	USE			i	1		
¥				1	D		
Ë		14A, NAME AND ADDRESS IN RECEIVING STATI REMAINS OR CREMATED REMAINS ARE TO		14B, DATE SHIPPE	OF PLACING WITH	SNATURE OF PERSON IN	CHAHGE
ξ	TRANSIT			1	i i		
3				1			
	SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, (FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	OSITION OF CREM	ATED RE-
	OR DISPOSITION OTHER	Carried States of Land Land Cont.	37 - 37 - 38 - 38 - 38 - 38 - 38 - 38 -			MAINS D	
	THAN IN A CEMETERY			<u> </u>	<u> </u>	20 1000	VISOVS:

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



MOCK - SET UPINTERMENT ORDER

REA-104 (7-96)

City of San Diego

Date 10 - 39 - 98

		BROWN		21 . 10 - 30	11,13
na	Type of Burtal Container	rune	ral, date, time F	MEMORIA	
	Type of Burtal Container napel, Graveside				
Alt Funeral	cars must arrive befo	ore 3:30 p.m. of re	gular work day or a	n extra charge of	sMAP
will be app	lied and billed to unde	ersigned.			
Lot	Grave	Row	Section	Division/Bloo	:k
Grave spa	ce & Care Fund		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Additional	spaces and care fund		***************************************		
Opening/C	spaces and care fund losing & Setup	Mock	SET-VP		
Burial Con	tainerV.E	TERAN	ARE.	Λ	
	ees		a your consequence	75000 m	
Flower vas	es – Marker setting fe	90			
Recording	and filing fee	****************************		*******************************	50,00
Sales taxe	CHARLE IN CT INCOME.	LECTOR MADE AND A STATE AND A STATE OF THE S			
	nay to		Σotel Γ	lue	50.00
	eHeck	Paid recel	P5	0514	40.10
I PO		Paid recei	pt number 1	~O \	N
N.		90		Balance due	
and this is that I have	ertify I am the your authority to mal the right to make this y on account of said a	authorization and	I agree to hold Mt.	of the above na dicated. I certify Hope Cemetery	and represent
hereby au hold under	uthorize the interment deed.	in lot I	Signature		
			Aridress		
Signature of rec	sided holder of deed		City		žip Cod
			Telephons		
	E 1467		Invoice #		

This information is available in alternative formats upon request.

OUTSIDE MT. HOPE CEMETERY MILITURE MENT ORDER MILITURE City of San Diego 38 W X 95 L City of San Diego

Date 10-29-98

of ALLAN TUP	Funeral, date, time \0 - 3 \	FR: 11:00
Church, Chapel, Graveside	AVESIDE SD MEN	RIAL Mortuary
	3.80 p.m. of regular work day or an extra ch	
will be applied and billed to undersi	gned	
Lot 130 Grave 1041	Row Section 3 Division	on/ 2100k 2
Grave space & Care Fund	2 at 195.00	1590.00
Additional spaces and care fund	\	
Opening/Closing & Setup	<u> </u>	875.00
Burial Container	<u> </u>	220.00
Handling Kees	$\langle \rangle$	145.00
Flower vaces Marker setting fee	\mathcal{O}/\mathcal{A}	 _
Recording and filing fee		45,00
Sales taxes		17.\05
DAY HESTUAP	Total Due	9393/05
NOTE CANGELFI	Paid receipt number	1196.00
Mar Carrier	Balance	due 1196.05
I hereby certify Lam the	of the ab	ove named decedent
and this is your authority to make that I have the right to make this au	disposition of remains as above indicated. I thorization and I agree to hold Mt. Hope Cen	certify and represent netery harmless from
any liability on account of said auth	rization and inferment.	
hereby authorize the interment in	Stoneture	1
hold under deed.	Address	1
Signature of recorded holder of deed	- 4///	Zip Code
	Yelophone	
	Telephone	

● U92-089U ■ FOX.

mark from SD Memoral chapel requipted that we pluk the Lot for over eized capitle burial 33" W X 88" L X 23" H

morthany to pign thirty day note and bring chick for 50% down payment on day of pervice.

W.O. # E - 14673

NOTE

		35	[일(선물) - 장성상		
\$ 1, 196.0			San Diego, California	10-29	1998
Thirty days after date 3751 Market Street, S with interest from	San Diego, CA 92101	I, the sum of	ned maker promises to pa	System Suday A	DOLLARS
at the rate of 12 perc		THE STATE OF THE S	• Contraction	on the u	npaid principal
accrue at the rate ind will be liable and cor maturity, and waives person who signs thi	icated above. Princip nsents to renewals, r presentment, dema is note agrees that r any action be instituted	pal and inter eplacement and and prot ecourse ma	ereafter bear interest on the est are payable in lawful rest and extensions of time est and the right to asser y be held against his/her note, the undersigned pro	noney of the United Sta for payment hereof be t any statute of limitati separate property for	ites. The maker fore, at or after ions. A married any obligation
			8 of the State of California and the State of California a	- 1. C.	**CONTROL (1988) 42.5
PRINT NAME X	342		SIGNATURE X		
CALIFORNIA DRIVER LIC	CENSE NUMBER X		SSN	, Y	

RAY MOND PEA BOD MT. HOPE CEMENTERY

Date 10 -29 -98

ina LINER	Funeral, date,	time FA 11-6	3:00
Church, Chapel, Graveside R		S D MEMORIAL	- Mortuary.
All Funeral cars must arrive before		k day or an extra charge of \$	
will be applied and billed to unders	#01-modern	00 0000 2 71 8 79 - 78 77 - 70 70 70 70 70 70 70 70 70 70 70 70 70	
	**		
Lot asaO Grave	Row Section	n Division/Bleck	10_
Grave space & Care Fund	0	072X 1751/27850 25	0
Additional spaces and care fund	***************************************		
Opening/Closing & Setup	PRE- Neep	C-4PAD	0
Burial Container		· · · · · · · · · · · · · · · · · · ·	0
Handling Fees	10		0
Florer vases – Marker setting fee			
Recording and filing fee			A
Sales laxes			0
		Total Due	D
	Paid receipt number	6-10-10-10-10-10-10-10-10-10-10-10-10-10-	79
	No.	Balance due	
I hereby certify I am the		of the above nam	ed deceden
and this is your authority to make that I have the right to make this a	authorization and I agree to	above indicated. I certify as	nd represen
any liability on account of said aut	monzation and interment.		
I hereby authorize the interment in hold under deed.	n lot I Signature		
	Address		
Signature of recorded holder of deed	Chy .		Zip Code
Signature of recorded holder of deed	Cey		Zip Code
Signature of recorded holder of deed Work Order # E 14673	Telephone		

City of San Diego

E 14613

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAM	IILY)			ATE OF DEATH 4.	SEX
Lydia		-	Peaboo	ly		07/03/1904 1	0/28/1998	F
SA. CITY OF DEATH			5B. COUNTY OF ENTER STAT	DEATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING DRIMANT	ADDRESS AND ZIP CO	DOE
San Dies	to		l ENIER SIA	San Diego	Rays	ond I. Peabod	y-Son °	
A. TYPED NAME AND AD	ORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 7		1720	Catalina Ave	€ -30-=	
San Dieg	o Memorial	Chapel.	1	-IF APPLICABLE	Seal	Beach, CA. 9	0740	
2441 Uni	versity Av	e. San Diego, C	A. 92104	FD-1575	SA. SIGNA	THE OF APPLICANT—Person to	king permit, 88. DATE SI	GNED
ACKNOWLEDGMENT OF AF	Section 10	cknewledge as applicant that the propose 376 of the Health and Safety Code, and wa	s authorized pursuant to Section 7	100 of the Health and Safety Code.	> 4	211. Kggsp.	10/29/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C IY FOR THE DISPOSITION SPECI DIRECT OF DISPOSAL OUTSIDE OF CAUPE	ODE FIED	10/02/1	998	9815885	REGISTRAR ISSUING PE	ERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Re	EGISTRAR OF DISTRICT OF D D IN CAUFORNIA COTOS; PO BOX 8 D, CA. 92186-52	5222	NE. ADDRESS OF REGISTRAP	OF DISTRI			356
IO. AUTHORIZED DISPO						FOR CORONE	R'S USE ONLY	
	Street Co. V. Liegar Street	Tourse House	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15					
	DES ENTOMBMENT)			ENVAULTMENT		(Name and Address	ING REMAINS LOCAT	TED A
B. CREMATION	OF CREMATED REM		F. DISINTERME	ON CONTRACTOR AND A				
THAN IN A CE	METERY	AINS OTHER	G. SHIP IN TO	CALIFORNIA OUTSIDE OF CALIFORNIA	į			
BURIAL	Mount Hop	DORESS OF CALIFORNIA CEN DE Cometery; 335 DO CA. 92102		//- 6- 7 ×	ann Marian Si	SIGNATURE OF PERSON	IN CHARGE OF BURIA	
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128. DATE GREMA		SIGNATURE OF PERSON	N CHARGE OF CREMA	TION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMA	UNS 136, DATE RECE	IVED 13C.	SIGNATURE OF PERSON	IN CHARGE OF FACILI	ΠY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		: 148. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATUR OF PLACING WITH THE C		ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA I				SIGNATURE OF PERSON CHARGE OF DISPOSITION		D RE-



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-29-98

ina#7 liner	Funeral, date, time Fr . 04.30. 11	00
Church, Chapel, Graveside	leside SD Memorial mon	nuary.
All Funeral cars must arrive before 3:30	MAYE	0.00
will be applied and billed to undersigne	ed. X	100 146
) 130 Grave 10411 Ro	w Section 3 Division/Section	
Grave space & Care Fund	at 795.00) 159	0.0
Additional spaces and care fund		-
Opening/Closing & Setup	378	5.00
Burial Container	220	.00
Handling Fees		.W
Flower vases - Marker setting fee	AID IN FULL,	
Recording and filing fee	12-11019X 45	8
the second section and the control of the second second section in the second section is a second se	and the state of t	
Salan Invest	310 10 06 17.	05
Salan Invest	310 10 06 17.	05 2.0!
Sales taxes	Check for 1010,06 17.	05 2.0! 9.0
Salan Invest	Check For Total Due 239. Paid receipt number P 505/4 19	05 2.0: 9.0 9.0
Huan to bring a 1900 downpayment day note	CNECK FOV Total Due 239: Paid receipt number P 505/4 1191 Aux Balance due 1310	2.0 2.0 9.0 9.0 p.dent
Sales taxes HUAN to bnng (90.00 downpayment doy note hereby certify I am the X and this is your authority to make disp	t Paid receipt number P 505/4 191 Away Balance due 1310 of the above named de- position of remains as above indicated. I certify and rep	resent
Sales taxes HUAN to bnng (90.00 downpayment doy note hereby certify I am the X and this is your authority to make disp	Paid receipt number P 505/4 191 Away Balance due 191 On the above named de prization and I agree to hold Mt. Hope Cemetery harmles	resent
Huan to bnng (qu - 00 downpayment day note hereby certify I am the X and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	Paid receipt number P 505/4 II91 Aw Balance due 310 Oosition of remains as above indicated. I certify and reprization and I agree to hold Mt. Hope Cemetery harmies agree and interment.	resent
Sales taxes HUAN TO bring (190.00 downpayment Ady note I hereby certify I am the X and this is your authority to make disp that I have the right to make this author	Paid receipt number P505/4 II91 AW Balance due 131/4 of the above named de prization and I agree to hold Mt. Hope Cemetery harmles zation and interment.	resent
HUAN to bring (190-00) downpayment day note. I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized in the latest authorized the interment in lot I hold under deed.	Paid receipt number P 505/4 II91 Aw Balance due 310 Oosition of remains as above indicated. I certify and reprization and I agree to hold Mt. Hope Cemetery harmies agree and interment.	resent
Sales taxes. HUGN TO bonny (190-00 downpayment 1 hereby certify I am the X and this is your authority to make disp that I have the right to make this authorizany liability on account of said autho	Paid receipt number P 505/4 II91 Awares Balance due 13/4 Oot the above named de prization and I agree to hold Mt. Hope Cemetery harmles zation and interment.	resent
HUAN to bring (190-00) downpayment day note. I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized in the latest authorized the interment in lot I hold under deed.	Paid receipt number P 505/4 II91 Awares Balance due 13/4 Oot the above named de prization and I agree to hold Mt. Hope Cemetery harmles zation and interment.	resent is kom
HUAN TO bring (190-00) downpayment day note. I hereby certify I am the X and this is your authority to make disp that I have the right to make this authorized in the property of said authorized in the property of said authorized in the property of the interment in lot I hold under deed. Signature of recorded holder of deed SEPSIZE CASKERS X 23	Paid receipt number 2505/4 II91 Away Balance due 1310 of the above named devization and I agree to hold Mt. Hope Cemetery harmles zation and interment.	resent is kom
Sales taxes. HUGN TO bonny (190-00 downpayment 1 hereby certify I am the X and this is your authority to make disp that I have the right to make this authorizany liability on account of said autho	Paid receipt number 2505/4 1191 Away Balance due 1310 of the above named deposition of remains as above indicated. I certify and reposition and I agree to hold Mt. Hope Cemetery harmles zation and interment.	resent is kom

	Contract Contract	1		
MT. I				COV
			- 11	

PY-1012 (11-89)

w.o. #E14074

NOTE

	NOIL	
1190.05	San Diego, California October	29 19 98
Thirty days after date for value received, the 3751 Market Street, San Diego, CA 92101, to with interest from	undersigned maker promises to pay San Diego Ci the sum of THOUSAND ONE HUNDR	ity Treasurer or order at
at the rate of 12 percent per annum, payable	e on demand.	
accrue at the rate indicated above. Principal will be liable and consents to renewals, rep maturify, and waives presentment, demand person who signs this note agrees that rec	it shall thereafter bear interest on the principal. In I and interest are payable in lawful money of the U placements and extensions of time for payment h I and protest and the right to assert any statute of course may be held against his/her separate prop I on this note, the undersigned promise(s) to pay	Inited States. The maker bereof before, at or after of limitations. A married perty for any obligation
	graph 7528 of the State of California Health ar ns from a plot for which the purchase price is past	
PRINT NAME X	SIGNATUREX	
ADDRESS		
CALIFORNIA DRIVER LICENSE NUMBER	SSN #X	

E 14674

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50



USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		ATE OF BIRTH	S. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Allan		M	Turk		111111111111111111111111111111111111111	/08/1948	10/10/1998	M
5A. CITY OF DEATH			5B. COUNTY OF DI ENTER STATE	EATH—OUTSIDE CALIF.,	6. NAME, RELA OF INFORMA	TIONSHIP, FULL M	alling address and z	
Longanar			PERSON ACTING AS SUCH 7B.	Indiana		y Mae Brow		
	o Memorial		PERSON ACTING AS SUCH 78.	—IF APPLICABLE		B. Plaza #	204 GA. 91950	-
2441 Uni	versity Av	e. San Diego,	CA. 92104	FD-1575	BA. SIGNATUR	OF APPLICATION	from taking permit 88. DAT	E SIGNED
ACKNOWLEDGMENT OF M	or meant hereby a	cknowledge as applicant that the pr	opased disposition stated herein is one of dwas authorized aursuent to Section 7100	the dispositions authorized by of the Health and Safety Code.	> 1/2	2-110	20/3	0/199
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP IN NIGHT OF DISPOSAL OUTSIDE OF C	ECIFIED	PAID 98. DATE PERMI	TISSUED OC.	IGNATURE OF	OUL REGISTRAR ISSUE	G PERMIT
		EGISTRAR OF DISTRICT O	TANK-	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC VITAL RECOTO	IS; PO B	DISTRICT IN CALIFOR	RNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		San Diego, C	A. 92101	FOR COR	ONER'S USE ONL	v A
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND AI Mount Hope	DRESS OF GALIFORNIA		UTSIDE OF CALIFORNIA	D 11C. SIG	NATURE OF PERI	BON IN CHARGE OF B	URIAL
CREMATION	The second secon	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA		NTURE OF PERS	ION IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	S 138. DATE REGE	IVED 13C. SIG	NATURE OF PER	SON IN CHARGE OF F	ACILITY'
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIPP		DRESS AND SIGN. PLACING WITH TO	ATURE OF PERSÓN IN HE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SU A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		NATURE OF PERS ARGE OF DISPOS		NATED RE-



CITY OF SAN DIRGO, CALIFORNIA CITY TREASURER

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

EUSTOMER ACCOUNT NO. 094948

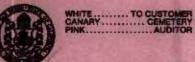
PAYMENT	ATA
PAYMENT P.M. RECEIVED DATE DECE	or (HD. to Mf. Hope)
	THEASUREN VALIDATION
" CUSTOMER D	ATA
CUSTOMEN ACCOUNT NAME JOHNY SON DICOO M PAYON NAME SON DICOO M CUSTOMEN (FATOR) ADDRESS 244	emorial Chapel University Ave
<u>sant</u>	Sity 0, 04 92104 "
Catmanya MS 72 (Va	elone
	20101087

TR-1861 (E-EZ)



MOUNT HOPE CEMETERY 527-3400

From: SD Managal Che	Address: 2441 Univ	Date: 5-25	1999
One Hundred		Dollars (\$	125,00
Lot 136 Grave	/011 Row	ection 3	Division 12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED SPAID IN THIS SPACE.	CREDIT 20% Sales Care 77184 — 80% Sales 100 of Lois 77184 — 00 Closing 77181 — 8urist 100 Containers 77182 — 100	
Pre-Need Lot		Handling Fee 77185	125 00
AC-212 (Rav. 5-94)	ISSUED BY Lynd	TOTAL PAID	125 00



MOUNT HOPE CEMETERY 527-3400

This		Date:	52		19.29
trick and 9/100-	ower Container	laza Men	miles	30.00)
In 134 Payment of f1	10	ection 3		Division /	2
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Cara 60% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 —		
BALANCE DUE	MAY 9, 7, 29,1	Burial Containers Handling Fee Recording & Misc. Fees	77181 — 100 77182 — 100 77185 — 100 77183 —	18	57
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY LYND	Pre-Nood Trust Seles Tax TOTAL PAID	63033 8022 — 60101 78390 —	1	43

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

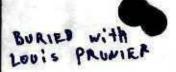
Date 10-29-98

You are hereby authorized and instructed, s	ubject to your rules an	d regulations, to inte	er the remains
of Christopher F	razer		
ina liner .	Funeral, date, time	rues. No	V-3113
Church, Chapel, Graveside	-anside 20	<i>l</i> asaate	Mortuary.
All Funeral cars must arrive before 300 p.m	of regular work day o	y an extra charge o	100 101
will be applied and billed to undersigned	1	or an extra charge o	150.00
will be applied and billed to unbaraigned?	-		400
J. 104 amm 100 Bons .	- Section 2) - Division/ Blo	- 12
Lui - 1 Glave 10 How	Section	Division/pio	795 (1)
Grave space & Care Fund			175.00
Additional spaces and care full	AIB	7	275 M
Opening/Closing & Setup	AII)		5/0.00
Burial Container			10.00
Handling Fees UC	3 P, 1998		145.00
Flower vases - Marker setting fee	ull		TICA
Recording and filing feeCITY of SA	N DIFGO, CALIF		45.00
Sales taxes			14.13
	Tots	J. Dug	1504,13
Paid	receipt number	0510	544.1-
		Balance due	8
I hereby certify I am the X Step Mu	other	of the above na	
and this is your authority to make disposition that I have the right to make this authorization	n and I agree to hold	e indicated, I certify Mt. Hope Cemetery	and represent harmless from
any liability on account of said authorization	and interment.	0 1	
I hereby authorize the interment in lot I	Africa	quelin 2.	Myer
hold under deed.	'XU 71	of melrose	pi
Signature of recorded holder of deed	× 59	n Diego	CA 92114
Set 1	\$ (019)	263-1427	Zip Code
#	Teleganono		
	Invoice #		
F 14675	Acet #		

E 14675

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DECEDE	11.40	18. MIDDLE	IC. LAST (FAMILY)	HIEODIS ON OIL	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	
Christopl	ner	Edward	Frazer	20	12/18/1963	10/27/1998	M
5A. CITY OF DEATH SAI	Diego		5B. COUNTY OF DEATH ENTER STATE San Diego		NAME, RELATIONSHIP, FULL M OF INFORMANT LIENE Frazer, Mc		IP CODE
	-Ragsdale	Mort.; 5050 Fede Mort.; 5050 Fede San Diego, CA 921	ral Blvd.	F. LICENSE NUMBER	3030 Suncrest Dr San Diego, CA 92 A. SIGNATURE OF APPLICANT	2116	TE SIGNED
ACKNOWLEDGMENT OF A		echnomicalge as applicant that the proposed of 1376 of the Health and Safety Code, and was as			Della ulie	10/2	9/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH PROV FORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE TO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	£ 7.00	10/30/199	AND THE RESERVE OF THE PARTY OF	CAL REGISTRAR ISSUM 981585	
	Vital Reco	rds; P.O. Box 85	222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFO	RNIA	
10. AUTHORIZED DISPO	Sar	DAGGO, CA 92186	-5222 -		FOR COR	ONER'S USE ONL	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	RINIA	i, DISPOSITION (Name and A	PENDING—REMANS Le ddress)	OCATED AT
BURIAL	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	DDRESS OF CALIFORNIA CEME Cemetery; 3751 P San Diego,	Garket St.	118. DATE BURIED	11C. SIGNATURE OF PER	SON IN PARTE OF B	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMATES	12C. SIMATURE OF PERS	SON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILI	ITY RECEIVING REMAINS	138, DATE RECEIVE	D 13C, SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B, DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CREA	MATED RE- DISPOSER



REA-104 (7-96)

MT. HOP CEMETERY INTERMENT ORDER

City of San Diego

Date_10-30-90

	Funeral, date, time	TUE !	1-3 00
Type of Burisi Container	nuneral, date, time	DICKE ON	ANDERSO A
hurch, Chapel, Graveside			-310
Il Funeral cars must arrive before 3:30 p.m.	of regular work da	ly or an extra cl	harge of \$
ill be applied and billed to undersigned.			
97 11			N.
ot Grave Row	Section _	and the second second second	ion/Block-
irave space & Care Fund	e-med 1)-5338	_ -0-
dditional spaces and care fund			
pening/Closing & Selup			105.00
urial Container			55.00
landsing Fees CT 3 0	1998		60.00
		*****************	-
lower vases - Marker setting fee MT. HOPE C	EMETERY TO	*****************	45.00
ecording and filing fee CTTY of SAN DI	ECHT. CALIFA	***************************************	v. a 6
ales taxes		***********************	2/9 2/
	7	otal Due	7/9 3/
Paid	receipt number <u>P</u>	- 303 13	26 1,00
TV -		Baland	ce due
hereby certify I am the		of the al	ove named deceder
	or remains as ab	ld Mt. Hope Ce	metery harmless from
nat I have the right to make this authorization			TOTAL STREET
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization a		A CONTRACTOR	M
nat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I	and interment.		
nat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I	and interment.		
nat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed.	and interment.	Maria Cara	7
nat I have the right to make this authorization ny liability on account of said authorization a hereby authorize the interment in lot I old under deed.	and interment.		Zip Coo
nat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed.	Signature Address		7
hat I have the right to make this authorization	Signature Address City		7

This information is available in alternative formats upon request.

THICKSON-ANDERSON

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2.	DATE OF BIRTH 3. D	ATE OF DEATH	4. SEX
REGINA	MARY	PRUNIRR		13	721/1901 10	707/1998	
SA. CITY OF DEATH		58. COUNTY OF DEAT	TH-OUTSIDE CALIF.,	6. NAME, RE	LATIONSHIP, FULL MAILING	ADDRESS AND Z	IP CODE
SAN DIEGO		ENTER STATE	AM DIEGO	DIAME	KUTHER - COM	SERVATOR	
ERICKSON-	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON /		IF APPLICABLE	5173 1	MARING RD, #3 MGO, CA 9212	3	
esso weer:	BON AVE., LA MESA, CA 91941	20	-296	8A. SIGNATU	RIE OF APPLICANT—Person to		TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposes Section 19376 of the Health and Safety Code, and was author			P. 664.15	Hit to be	10/	1/199
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	SA. AMOUNT OF FEE	A STATE OF THE PARTY AND ADDRESS.	and the state of t	101112 THE 12 IN THE 1 PORT OF THE 1	REGISTRAR ISSUE	NG PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	10/12/19	998 9	9814889		
LOCAL REGISTRAR	NOTE: THIS PERSET GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	751 59990	P Valent				
UNY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA	1 15	DORESS OF REGISTRAL DISPOSITION IS TO OCC		OF DISPOSITION— R DISTRICT IN CALIFORNIA		2666
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSPO BOX 8522	12			1450		4
A ALTHODIZED DISD	SAM DIEGO, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS			1/	FOR CORONE	DIE HEE ONL	
		■ 00 E F 11 00 E F 12 E F		1			편() 12501011812 (1722)
A. BURIAL (INCLI	UDES ENTOMEMENT)	E. TEMPORARY ENV	AULTMENT	[0	I. DISPOSITION PEND (Name and Address		OGATED AT
B. CREMATION		F. DISINTERMENT		1.	frame and house	60	(6)
THAN IN A CI	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIF	ORNIA			35	
D. SCIENTIFIC U	SE	H. TRANSIT TO OUT	SIDE OF CALIFORNIA	.			
	11A, NAME AND ADDRESS OF CALIFORNIA CEMETER	Y	118. DATE BURI	ED 11C. SI	GNATURE OF PERSON	CHARGE OF B	URIAL
BURIAL	MY HOPE CEMETERY, 3751 MARK	ST ST,	1 0	-	1010	1	
0	SAN DIEGO, CA 92102		11.39	11 1 2 5 5 5 6 7	MILLE	1111	
	124 NAME AND ADDRESS OF CALEGRAY CREMATO	THERETAL P	12B. DATE CREM	ATED 12C.	GNATURE OF PERSONA	OF CR	EMATION
CREMATION	AVE., SAN DIEGO, CA 92113		1 / //	1	1/2 /4	4	
			10/19/	98011	000 / 100	\sim	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECE	IVED S	GNATURE OF PERSON	N CHARGE OF F	ACILITY
SCIENTIFIC	6		i				
USE			3	1		10,	8
	14A. NAME AND ADDRESS IN RECEIVING STATE OR		14B. DATE SHIPP		DORESS AND SIGNATUR		CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE !	SHIPPED	ì	O	F PLACING WITH THE C	ARRIER	
SSSSMSSMR			9	100			3
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH	HER DESCRIPTION SUF-	15B. DATE OF		GNATURE OF PERSON I		
OR	FIGIENT TO IDENTIFY FINAL PLACE AND GA DISTRIC		DISPOSITIO		HARGE OF DISPOSITION	OF CREA	MATED RE-
DISPOSITION OTHER THAN IN A CEMETERY			1				LICABLE

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.

THE BODY GRAVE MT. HOPE CEMETERY

City of San Diego

Date 10 - 30 -98

of	10NE	VAULT		ral, date, ti	-4	TVES I	-+2
200	100	of Burial Container	DYA	rai, date, u	Nun.	herse	18
	h, Chapel, G		1500		14	- Hall	Mortuary
			e 3:30 p.m. of re	guiar work	day or	an extra charg	e of \$
)	applied and	billed to under	aigned.				
Lot	* 0	4	Bow 7	Section	9	DivisionA	7
200		lave 1	PRE-NE	VALUE OF THE PARTY	5 38	Court Land	A P
	space & Ca				-		
40'040'50'20	Dec 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	and carefund	PA				NE 00
5000000000	ng/Closing &	umagnisegnachte besoons					105.00
			NOV 06	1998			F0.00
Handli	ing Fees	communication to an a	- TONE CI	METER	v		60.00
		14.11	T. HOPE CI	GO CA	IF)	***************************************	45.00
Recor	ding and filir	ng fee			orestances		12.00
Sales	taxes	-1 L8 LA	y <mark></mark>		************		71936
M	241-4	16-6866	00000			50 5 3 7	207.90
PATS	PHSS		Paid recei	pt number	4.	20221	961.90
						Balance du	ie
I herel	by certify I a	m the	disposition of a	emaine ae	ahova		named deceden lify and represen
that I I	have the righ	nt to make this a	authorization and i	I agree to	hold M	t. Hope Cemele	ery harmless from
I herel	by authorize	the interment i	n lot l	Signature			
hold u	nder deed.			Address			
Signature	o of recorded hold	or of deed		City			
				300			• Zip Cod
				Telephone			
		1467	.	Invoice #			

E14677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ione	Carol	Robbins	Robbins 12/05/19			
SA. CITY OF DEATH GRANTS P	Augustin Salah	SR. COUNTY OF DEATH—OUT ENTER STATE Josephine, OR	OF	ME, RELATIONSHIP, FULL M INFORMANT Lliam F. Robbi	od ese	P CODE
7A. TYPED NAME AND AL	OPPESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON	NACTING AS SUCH 78. CALIF. LIG	ENSE NUMBER 71/	N.E Piedmoni		
Kim J. G	odfrey	-IF APPL	CABLE	ents Pass. OR		
	C St., Grants Pass, OR 975	26		IGNATURE OF APPLICANT		E SIGNED
ACKNOWLEDGMENT OF A	I to the second decrease t	sposition stated berein is one of the dispositi period consuant to Section 7100 of the Health	ons authorized by and Salisty Code.	Sincly Kick	11/29	1199
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. WOTE: THE PERMIT CHES NO MOST OF DISPOSAL OUTSIES OF CALFORNIA.	Name of the state	B. date permit issue 10-30-1498	D SC SINGSTURE OF U	The first	A PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	DO. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA	San D	TION IS TO OCCUR IN	STRICT OF DISPOSITION— ANOTHER DISTRICT IN CAUPO P.O. BOX 85		•
THAN IN A CE	S	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF	SCHOOL STANSON	7.		
BURIAL	Mt. Hope Cemetery San Diego, CA		1-17-98	11C, SIGNATURE OF PER	SON IN CHURIQUE OF BU	JRIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY 125	. DATE CREMATED	12C. SIGNATURE OF PER	BON IN CHARGE OF CRE	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS 138	. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION OTHER			16C. SIGNATURE OF PER CHARGE OF DISPOS	SITION _ OF CREM	NATED RE-

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date 11-4-98

LAN MAA	+		LIED	V _ V	5:30
in a ASH VAU			time WED	11-1	
Church, Chapel, Gravesid	W.TNC	55	FAMILY		_ Mortuary.
All Funeral cars must arriv	e before 3:30	p.m. of regular we	ork day or an ext	ra charge of \$	
will be applied and billed to	o undersigned	ı			
/	_				
Lot Grave _	Row	5 Sect	ion 6 i	Division/ Bloc k	7_
Grave space & Care Fund		Re-Ne	K .	worthwaters-313	-0
Additional spaces and care	Standstrill &	DAI	ח		
Opening/Closing & Setup.	enchance of the second	FAI	U	10	5.00
		NOV a 4	inno	7	5.00
Burial Container	30000 AUGUST	NOV n4	1990	ī	000
Handling Fees	M	T. HOPE CE	VETERV		15.00
- Marker sel	tion tool	Y OF SAN DIEC	THE PARTY OF THE P	15	15.00
Recording and filing fee		***************************************			15.00
Sales taxes					1.46
LE DAMPER			Total Due	39	36
1- 724 - 213.		Paid receipt numb	per M C	3	1-4.ac
broke Alla			Ba	alance due _	0
I hereby certify I am the	Son		of th	ne above name	ed decedent
and this is your authority that I have the right to mail	to make dispo				
any liability on account of				<i>(</i>	
I hereby authorize the inte	rmant la lat i	1	Alem	(es	==
hold under deed.	illiant in for t	# Signatur	10014	oway 5	7
		Address	1/ent		CANGO
Signature of recorded holder of deed	F3 (NGSAT)	City	U COSIONIE	Alt .	Zip Code
		Telegho	04-506-	2344	
		Involc	e #		

• Printed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	- **		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
Mary Jane			Crawf	ord		05/19/1921				
5,4	CITY OF DEATH	ateenville		SB. COUNTY OF DEAT ENTER STATE Santa Cr	TH-OUTSIDE CALIF.	6. NAME, OF INF	HELATIONS P. FULL M. ORMANT 61 G. Dumles	ALING AD	ORESS AND 2	OP CODE
74	. TYPED NAME AND AL	ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON A	ACTING AS SUCH . 78. CA	ALIF. LICENSE NUMBER	1020	Howay St /	Apt.	214	*
	Davis !	Memorial Ci	Mapel	Cast	IF APPLICABLE	New W	estminister	, BC,	CN	
			sonville, CA 9507	6 FD-	438	BA. SIGNA	ATURE OF APPLICANT-PE	erson telling p	ermit 8B. DA	TE SIGNED
	ACKNOWLEDGMENT OF AF	PPLICANT I hereby a Section 10	chrowledge as applicant that the proposed dispo 376 of the Health and Safety Gode, and was author	sition stated becom is one of thi ized pursuant to Section 7100 of i	the Health and Safety Code.	▶ ₹	ALAT	1.00	1	2/1998
	UTHORIZATION OF	AND IS THE AUTHORS	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT		9C. SIGNATURE OF LOC		STRAR ISSUI FAX aut 001345	NG PERMIT
AN	THE RESERVE OF THE PARTY OF THE	9D. ADDRESS OF RE IF DEATH OCCURRE P.O. BO	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA	3	DORESS OF REGISTRAN DISPOSITION IS TO OCC 851 ROSECTS an Diego, C	ME IN AND	THER DISTRICT IN CALIFOR	INIA		•
10	. AUTHORIZED DISPO	OSITION(S) CHECK A					FOR CORE	ONER'S	USE ONL	Y
	B. CREMATION	SE .	E		ORNIA SIDE OF CALIFORNIA	-	I. DISPOSITION I	(dress		
	BURIAL	Mt. Hope	Cometery kee St., San Diego		118, DATE BURIE	1	SIGNATURE OF PERS	SON IN C	HARGE OF B	URIAL
APILE ITEMS	CREMATION	Soquel C Soquel,		DRY	128. DATE CREMA	TED 12C.	MIGNATURE OF PERS	ON IN CH	NARGE OF CE	th
ILL APPLIC	SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED' 13C	. SIGNATURE OF PERS	SON IN C	HARGE OF F	ACILITY
COMPLETE	TRANSIT	14A. NAME AND AS	DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B. DATE SHEPP	ED 14C	, address and sign/ of placing with th			CHARGE
SCATTERING AT SEA OR DISPOSITION OF			158. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		I MAINS	NUMBER MATED RE- DISPOSER PUICABLE		

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.

44	1/0	L
44	12	W
19	112	M
20	1/2	H

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

201/2 H	Date 11-2-98
2012	NI DE PURPOS VIVANIAS (*)
TASKE MARTIN	to your rules and regulations, to inter the remains
	n
1 Spe of Miller Additioner	ral date, time SAT. 11 - 7 10:00
Church, Chapel Graveside Church	Company Mortuary
Al Funeral cars must arrive before 3:30 p.m. of re-	gular work day of all extra charge of \$
will be applied and billed to undersigned	- N
PAID	9
Lot Glave Row	Section Division/Block
Grave space & Care Fund NOV. 0 4 1998	100.00
Additional spaces and care fund	
Opening/Closing & SAN DIEGO. CA	135.00
Burial Container	
Handling Ease	
Flower vases - Marker setting fee SAT.	OVERTIME 250.00
Recording and filling tee	4500
Sales taxes	
Voice icade	Total Dua 5 30.00
	250527 52000
Paid recei	V 0
X Widdle C	Balance due
and this is your authority to make disposition of re	of the above named decedent emains as above indicated. I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and is	Lagree to hold Mt. Hope Cemeterý harmless from nterment.
William Parties and Theorem 1	Sudith Courts Valal & un
I hereby authorize the interment in lot I hold under deed.	Senature
Management accept	Address
Signature of receded holder of deed	SAN PICAD CP. 921/3
	(417) 266-24.66
	elephone OK 267-67-64 Rutter
E 44650	Invoice #Sco
Work Order # E 14679	Acct. #
REA-104 (7-96) This information	in qualitable in alternative formets upon request.
1) / In [() X	E14679
ll/Ull 10	OF
11200	m Devalv
4.25 01	- DAME
	hm.

Spoke to family regarding 943 unusable change to 964

Sat. SVC 0K = 14679 per Norman

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

JOSUS - MARTINS				IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SE 09/18/1997 10/31/1998 M
5.A	A. CITY OF DEATH 5B. COUNTY OF DEATH LORARINGELES 5B. COUNTY OF DEATH ENTER STATE				L.A.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUBICH CARRILLO-MOTHER
7.4	Guadaluper	ne Funeral	A—FUNERAL DIRECTOR OR PERSON A Home San Diego, CA 92102 climatedge as applicant that the proposed disposed of the best of th	FG-	APPLICABLE 1425 dispositions authorized by	San Isidro, Ca 92173 BA. SIGNATURE OF APPLICANT—Person balang permit 8B. DATE SIGN
L	PERMIT UTHORIZATION OF OGAL REGISTRAR	THIS PERMIT IS ISSESSIONS OF THE CALLE AND IS THE AUTHORIT IN THIS PERMIT. HOTE: THIS PERMIT CHES IN 9D. ADDRESS OF RIF DEATH OCCURRE 313 N. E	THE IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O MINIT OF DISPOSAL OUTSDE OF CALFORMA. EGISTRAR OF DISTRICT OF DEATH- TO IN CALIFORNIA. TIQUEECOS SE ROL—1	\$ 7.00 \$ 7.00	1 1 / 0 3 /	T ISSUED, SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERM 1998 R OF DISTRICT OF DISPOSITION— FUR IN ANOTHER DISTRICT IN CALIFORNIA
10	B. CREMATION	OSITION(S) CHECK A JOES ENTOMBMENT) OF CREMATED REM EMETERY	E	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	FOR CORONER'S USE ONLY L DISPOSITION PENDING—REMAINS LO (Name and Address)
100	BURIAL	Mount H	ope Cemetery rket St., CA San Di		118. DATE BURIE	10 111
DEC IICHO	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIO
T APPLACE	SCIENTIFIC USE	13A, NAME AND A	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 190. SIGNATURE OF PERSON IN CHARGE OF FACILITY
MILLEIE A	TRANSIT		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER DESCRIPTION SUF- DISPOSITION OTHER THAN IN A CEMETERY				158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION SOFT CREMATED RE MAINS DISPOSER

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-2-98

10 JOU BLE DEP	MENEIL TH EAYPT Fund		WED '	11-4 11:
Type of Build Contain hurch, Chapel, Graveside	100		Section 10 CONTRACTOR 10 CONTR	DERKKMortuary
Il Funeral cars must arrive b	and the second second	construction with	carriero de tratación de la companion de la co	- Commence of the Commence of
ill be applied and billed to u	ndersigned.			
				Alaski.
ot 4376 Grave	Row	Section	Divis	ion/ Block _\O
Grave space & Care Fund	PRE-NI	LEP E	-11323	_
additional spaces and care fo	and		nganamana gara	
pening/Closing & Setup	Pre- New	L E-	11688	- 0
Jurial Container			11	
landling Fees			11 2	-0
lower vases - Marker settin	g fee		***************************************	
Recording and filing fee	`	1	11	_ &
Gales taxes	CONTRACTOR OF THE PROPERTY OF	# 1)	11	_0
sefund		2	Total Due	0-
AP. B. Mer	Paid rece	redmun tole		
11.			Balanc	e due
hereby certify I am the			of the at	ove named deceden
and this is your authority to r hat I have the right to make t	nake disposition of	remains as at	pove indicated. I	certify and represent
any liability on account of sai	d authorization and	interment.		
hereby authorize the interm	ent in lot 1	Signature		
		Address		
Signature of recorded holder of deed		City		Zφ Cox
		Telephone		539
		Involce #		
Nork Order # E 146	80	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) 1B. MIDOLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX LEWIS MENETLLY JOHN SA. CITY OF DEATH 5B. COUNTY OF DEATH—OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT EL CAJON SAN DIEGO JANET MENEILLY - WIFE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 1285 E. WASHINGTON AVE., SP. #114 -IF APPLICABLE PARIS-FREDERICK MORTUARY EL CAJON, CA 92019 PD-795 374 N. MAGNOLIA AVE. - EL CAJON. CA 92020-3908 BA. SIGNATURE OF APPLICANT—Person taking permit 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE Grant K. Conrad. AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9816041 \$7.00 **AUTHORIZATION OF** IN THIS PEDIAT 11/04/1998 HOTE: THIS PERMIT GIVES NO BUGHT OF DESPOSAL CHITSIDE OF CALIFORNIA LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS DEATH OCCUMED IN CAUTORNA OF HEALTH SERVICES IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL BOX 85222 DISPOSITION. DIEGO. CA 92186-10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA. 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL OUNT HOPE CEMETERY BURIAL N DIEGO. CA 92102 1-4-98 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 28. DATE CREMATED CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER

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



-IF APPLICABLE

THAN IN A CEMETERY

MT. HOPE CEMETERY INTERMENT ORDER

in reniment on

City of San Diego You are hereby authorized and instructed, subject to your rules and rec Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day will be applied and billed to undersigned. Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container..... Recording and filing fee Paid receipt number Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of ramains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zip Code

This information is available in alternative formats upon request.

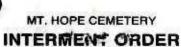
Work Order #

REA-104 (7-98)

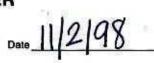
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE	BLACK IN	ONLY-MAKE	NO ERASURE	S, WHITEOUTS OR	OTHER A	ALTERATIONS	73		
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) Kenneth —		Swayze		2. DATE OF BIRTH MONTH, DAY, YEAR 08/03/1925	3. DATE O	1750000000	4. SEX					
The state of the s						DEATH-OUTSIDE CALLE		RELATIONSHIP, FULL N IFORMANT Katherine H	IAILING ADDRE	ess and zi		
7/	L TYPED NAME AND A					ACTING AS SUCH	B. CALIF. LICENSE NUMBER —IF APPLICABLE	8	5201-A F San Diego	Ruffin Rd	23	,
_	Mayer ACKNOWLEDGMENT OF A				re., San Dieg		FD1424 e of the dispositions authorized by 100 of the Health and Safety Code.	BA. SIGI	NATURE OF APPLICANT-	and significant	11/02/	
APTE	PERMIT UTHORIZATION OF OCAL REGISTRAR IT CHANGE IN DISPOSITION REQUIRES A NEW REMIT TO SHOW FINAL DISPOSITION. AUTHORIZED DISPOSITION B. CREMATION C. DISPOSITION THAN IN A CE	SIGNS OF THE A IN THIS PERM IN THIS PERM INTE THIS PERM IF DEATH SAIN C OSITION(S) C JOES ENTOMB	E CALIFOR UTHORITY IT. IT GMS NO I OF REG OCCURRED DIEGO, F HECK APP	RINIA HEALTH AS FOR THE DISPO SHIE OF DISPOSAL I ISTRAR OF DISPOSAL IN CALIFORNIA P.O. BOX 8 92186 LICABLE ITEMS	NO SAFETY CODE INSTITION SPECIFIED INTERE OF CALFORMA STRICT OF DEATH 5222, San D -5222	\$7.00 ⊢ iego, CA	ENVAULTMENT NT	6 / 199 R OF DIST	RICT OF DISPOSITION—OTHER DISTRICT IN CALIFO	ONER'S U	SE ONLY	the _
	D. SCIENTIFIC US	11A. NAME		Mt. Ho	FORNIA CEMETER DE CEMÉTERY	iy	OUTSIDE OF CALIFORNI	ED 11	C. SIGNATURE OF PER	SON IN CHA	PGE OF BU	RIC
BLE TEMS	3751 Market St., San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION				12B. DATE CREM		C. SIGNATURE OF PER	SON IN SHAR	IGE OF CRE	EMATION		
LL APPLICA	SCIENTIFIC USE	13A. NAME	AND ADD	RESS OF CAL	IFORNIA FACILITY	RECEIVING REMA	INS 19B. DATE REC	EIVED 13	C. SIGNATURE OF PER	son in Chai	AGE OF FA)
COMPLETE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIP	PED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE			
_	SCATTERING AT SEA OR DISPOSITION OTHER DESCRIPTION SUF- DISPOSITION OTHER THAN IN A CEMETERY					C. SIGNATURE OF PER CHARGE OF DISPOS		5D. LICENSE OF CREM MAINS DI —IF APPL	ATED RE-			





City of San Diego



of Annony MUSS	THIN NOVE !!
Church Chapel Graveside Mare +	AWSIDE PAASOOL Mortuary
All Funeral cars must arrive before 200 p.m.	of regular work day or an extra charge of \$ 50.0
will be applied and billed to undersigned.	<u> </u>
Lot 100 Grave 9 Row	Section Division/Stock
Grave space & Care Fund	995.00
Additional spaces and care fund	PAID 1 375/
Opening/Closing & Setup	NOV n 4 1998 190.0
Handling Fees	1 145,00
Flower vases – Marker setting fee	of SAN DIEGO. CALLE
Recording and filing fee	45.00
Sales taxes	14.12-
orthan to bring ch	LCE Total Due / 104.
rfull amount. Paid	receipt number 50524 [[[4.
V	Balance due
and this is your authority to make disposition	of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
	X Socialities
I hereby authorize the interment in lot I hold under deed.	Signature
NO STATE OF THE ST	Adalese
Signature of recorded holder of deed	City Zip Code
	Telephone
/	Invoice #
Work Order # E 14682 V	Acct. #

Supper/pagsdate 11/2/98 11:15am called to ochedule burial arrangements requipted lot be close to the relative in 100-7-1-11 lapt name walpo more mornains well bring check for full amount of service. 243-1507



REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

11	12	198
Dale	-	10

DATTHONY	Dale 1	470
You are bereby sufficilized and instructed, subject t	o your rules and regulations,	to inter the remains
	at, date, time TVIUVS	NOV.5 11:
Church Chapel Graveside Mape + GIV	side Kaasaa	Mortuary
All Funeral cars must arrive before 200 p.m. of required by applied and based to undersigned.	ular work day or an extra cha el beellel	ige of \$ [90.()
Lot 100 Grave 9 Row	Section Division	rushock //
Grave space & Care Fund		<u>145.00</u>
Additional spaces and care fund	***************************************	· ~
Opening/Clasing & Setup		375.00
Burial Container	***************************************	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	ar a	
Recording and filing fee	**************************************	45.00
Sales taxes	····	14.13
ortuary to bring check	Total Due	17647
or full amount. Paid receipt	FAUTIOR 303	1704.73
i hereby certify I am the Authority to make disposition of renthal I have the right to make this authorization and I any liability on account of said authorization and infe	agree to hold Mt. Hope Cent	re named decedent artify and represent
I hereby authorize the interment in lot I hold under deed.	Section Sport	ullians uffor
Signature of recorded holder of deed	Jan 2633	La Dia Coda
F 1/692 V	Invoice #	

This information is available in alternative formats upon request.

E 14682

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11

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

	and the second s		TWO IS NOT THE REAL PROPERTY.				
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Anthony			1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR	
			Moss	- 37	01/30/1927	10/31/1998 M	
5A. CITY OF DEATH	an Dhego		5B. COUNTY OF DEATH ENTER STATE San Diego		NAME, RELATIONSHP, FULL MA OF INFORMANT MARTIN MOSS, SO	AILING ADDRESS AND ZIP CODE	
74 TYPED NAME AND A	DORESS OF CALIFORNI	A FUNERAL DIRECTOR OR PERSO		IF LICENSE NUMBER		1.5	
		ort.; 5050 Federa		FAPPLICABLE	1947 LaCorta St		
	magazaza m	San Diego, CA		1329	Lemon Grove, CA		
				7777	A. SIGNATURE OF APPLICANT—PI	erson taking permit, 8B. DATE SIGNED	
ACKNOWLEDGMENT OF A	Section 160	acknowledge as applicant that the proposed 1376 of the Health and Safety Code, and was a	utherized pursuant to Section 7100 of th	e Health and Salety Code.	Debbunde	11/02/1998	
PERMIT	SIONS OF THE CALIF	ORNIA HEALTH AND SAFETY COL	DE	THE PROPERTY OF THE PARTY OF TH		CAL REGISTRAR ISSUING PERMIT	
AUTHORIZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	TY FOR THE DISPOSITION SPECIFIE	\$7.00	11/04/199	18	9816067	
LOCAL REGISTRAR		ID RIGHT OF DESPOSAL OUTSERE OF CALFORN	R 77.00	Willian	. — >		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF DE- 10 N. CALFORNIA OTAS; P.O. BOX 8: an Diego, CA 921	5222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFOR	INIA O	
10. AUTHORIZED DISP			00 0222		I FOR COR	ONER'S USE ONLY	
See Overesson over	CONTROL OF STREET	T DO TOLE II LAND	The second secon		7000	SHELL O GOL OHE.	
A. BURIAL (INCL	LIDES ENTOMEMENT)		E. TEMPORARY ENVA	ULTMENT	I. DISPOSITION (Name and Ad	PENDING REMAINS LOCATED AT	
B. CREMATION			F. DISINTERMENT		treame and At	oreas)	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	PINIA	-		
D. SCIENTIFIC U			H. TRANSIT TO OUTS	DE OF CALIFORNIA			
		A Marian Construction of the Construction of t	- Nation of the second second second				
BURIAL	Mt. Hope	Cometery; 3751 M San Diego, CA 92	Carket St.	118. DATE BURIED	11C. SIGNATURE OF PERS	SON IN CHARGE OF BURIAL	
9	12A. NAME AND AL	DDRESS OF CALIFORNIA CREM	IATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERS	ON IN CHARGE OF CREM	
				I can man and an a	1		
CREMATION	-			i	M _{eas}		
				1	i >		
3	13A. NAME AND AL	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PERS	SON IN CHARGE OF FACILITY	
SCIENTIFIC				î	i)		
USE	1.75			1	1_		
-			OD GOUNEOU HINESE	Tun num green	THE TREE PARTY OF THE PARTY	THE OF PERSON BY SUMPOF	
u l		DDRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO I		14B. DATE SHIPPED	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHA		
TRANSIT				1	į.		
5	(*);						
SCATTERING AT SEA		JREST POINT ON SHORELINE, OR		15B. DATE OF	15C. SIGNATURE OF PERS		
OR		entify final place and ca <u>dis</u>	TRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOS	ITION OF CREMATED RE-	
DISPOSITION OTHER				1	Lane.	-# APPLICABLE	
ITAM IN A CEMETER	-			7			





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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

	527-3400	4	-12	99
Mattin Moss	Address: 1947 LaC	OV Pate:	remover	Vegic
or hundred t	wenty full -	, Do	Mars (\$ 25.	
Payment of Ma	ser octing	ap	r	
. anth	my mopp L	, -0		
of 100 Grave	9 Row	ection	Division Sleek	
nvoice No.	NOTYALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	
ect, No.		90% Sales of Lots	77184 100	
NO. E 14482		Opening/ Closing Burtal Containers	77181	BE S
ALANCE DUE		Handling Fee	100 77185	A
		Recording & Misc. Fees Pre-Need	77163 / 20 63033	00
re-Need Lot At Need On Acct Pre-need Trust Cash Check	600ma ATTO Una	Truet Solee Tax	60101	
C212 (Rev. 504) 1217	ISSUED BY YOU'VE	TOTAL PAID	*126	100

MT. ROPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/2/98

of Ennya Maish	ubject to your rules and regulations, to inter the remains
in a T.S. VAULT	Funeral, date, time FY1. NOV. (2.40:00
All Funeral cars must arrive before p.m.	of regular work day or an extra charge of \$ 50.00
will be applied and billed to undersigned.	10 2 0
Grave space & Care Fund Pren	Section 3 Civision When 2
Additional spaces and care fund	
Opening/Closing & Setup	3138
Burial Container	
Handling Fees	110
Recording and filling fee	02 1998 45 M
Sales taxes INT	E CEMETERY 938
CITY of SA	N DIEGO CALE Otal Due
Paid	receipt number <u>50511</u> 814.30
Xo I	Balance due
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	2 Sictoria Adam Blus
Signature of recorded holder of deed	Jan Diego CA 92119
	Telephone
Work Order # E 14683	Invoice #
MOIN CHOOL # - TXOCO	Acct. N

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	Application of the second							
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR			
ENNYA -			MAISHEFF 02/03/1903 11/02/1998					
SA. CITY C	OF DEATH			58. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL M	AILING ADDRESS AND	ZIP CODE
SAN	DIEGO			ENTER STATE	M DTWOO	VICTORIA ADSIT	_ TAHCUTED	
7A. TYPED	NAME AND AD	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON		IF, LICENSE NUMBER	6490 COWLES MOU		
LEW	IS COLO	NIAL/BENBO	UGH MORTUARY		APPLICABLE	SAN DIEGO, CA 9	CONTROL DATE OF THE PARTY OF TH	
305	1 EL CA	JON BLVD.,	SAN DIEGO, CA 921	104 FD	-480 BA.	SIGNATURE OF APPLICANT-	erson taking permit 88. DA	TE SIGNED
ACKNOW	LEDGMENT OF A	Section 100	cknowledge as applicant that the proposed dispo 175 of the Health and Safety Code, and was outher	ized pursuant to Section 7100 of th	Health and Salety Code.	Parlete Va	DETOCAL TO	62/199
PER	RMIT	THIS PERMIT IS ISSU	NED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE	9A. AMOUNT OF FEE PA			CAL REGISTRAR ISSU	NG PERMIT
AUTHORIZ	ZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	Y FOR THE DISPOSITION SPECIFIED	\$7.00	11/02/1998			
	EGISTRAR		O RIGHT OF INSPOSAL CHISSING OF CALIFORNIA.	(I) 50000000	P Valentine	The same of the sa		
	SE IN DISPOSI-	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA			DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFO	RNIA	
PERMIT TO 5	SHOW FINAL	VITAL REC	ORDSPO BOX 8522	22				
923630	SITION.		. CA 92186-5222					
10. AUTHO	DRIZED DISP	OSITION(S) CHECK AP	PPLICABLE ITEMS	t		FOR COR	ONER'S USE ONL	Υ
A. B	URIAL (INCL)	DES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT		PENDING REMAINS (COCATE
8. C	REMATION		E	F. DISINTERMENT		☐ (Name and A	ddresa)	_
	ASPOSITION O	OF CREMATED REMA	AINS OTHER	G. SHIP IN TO CALIFO	RNIA			
	CIENTIFIC US			H. TRANSIT TO OUTS	DE OF CALIFORNIA			
		11A, NAME AND AD	DRESS OF CALIFORNIA CEMETER	lY.	118. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF I	BURIAL
BU	JRIAL		EMETERY, 3751 MAR		I.			ONE PER S
	803109E		. CA 92102	CONTRACTOR # S	111100	16	110	
2			DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATED	12C. SIGNATURE OF PERS	ON IN CHARGE OF C	REMATION
COEN	MATION			255/1				ST-11(1/935)5/(
# One.	MATION				Î.			
3	7	134 NAME AND AD	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEIVED	1 13C. SIGNATURE OF PER	SON IN CHARGE OF	FACE ITY
SCIE	ENTIFIC	ton. truthe rate no	or once or an indicate	TIEGETTING TIEMING	1 TOOL DATE TREGETED	1 100. 0000110112 01 1211	SOUR ME STIMULE SE	,
	USE	I.			i.	ico.		
4		*** ****	OORESS IN RECEIVING STATE OR	COUNTRY MATER	I ave name names	1 A 400 ADDROUGH AND BUCK	ATION OF DEDOCUL	V OULDOE
<u> </u>			CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		N CHANGE
TRA	ANSIT				1			
8						1	- 4	
	PRING AT SEA		rest point on shoreline, or ot ntify final place and ca distri		168. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	ITION I OF CRE	MATED RE-
DISPOS	ITION OTHER						MAINS	PLICABLE
	A CEMETERY	(C)						

MT. HOSE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-98

11-18-98

Funeral, date, time		5 12:00
	7000	2 15.
i Ac		Mortuary.
.m. of regular work day	or an extra charge	s 50.00
\times		
	2	13
Section	Division/Bl	7ck 19
13 30 / 0		795.00

	*****************************	375.00
0 14		190,00
12-14-98		145.00
		The same of the sa
		46 00
, z, V 🗟		14.73
		1564.73
	< A	782.00
aid receipt number		20273
hand	12.17 Sec. (12.2 cm)	display of the party of the par
	of the above n	amed decedent v and represent
ation and I agree to hold	Mt. Hope Cemeter	halmless from
X Man	1100	nas
Signature		100 57 9711
14812 DE	C HONTE AVE	APZ 3D 321
> SIN 7	neso	J2 (0-)
x 619-	2234204	
1 гиерпычи	3 7 31	
Invoice #	201	
Acct. #	097026	
	Section Section To aid receipt number Vision of remains as above ation and i agree to hold ion and interment Address Address Address Address Invoice #_	Section

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDI	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
SA. CITY OF DEATH			58. COUNTY OF DEATH		07/03/1967	10/31/1998 FEGT
	DIEGO		ENTER STATE	N DIEGO	OF INFORMANT	
7A. TYPED NAME AND A	DORESS OF CALIFORN	THE STREET	li servi	F. LICENSE NUMBER APPLICABLE	MARCIO ZOUVI 4812 DEL MONTE SAN DINGO, CA. A. SIGNATUJE OF APPLICANT—	
ACKNOWLEDGMENT OF I			ed disposition stated herein is one of the is authorized pursuant to Section 7100 of th		TIME	11/02/1996
PERMIT AUTHORIZATION OF	SIONS OF THE CALF AND IS THE AUTHORI IN THIS PERMIT.	FORMIA HEALTH AND BAFETY OF TY FOR THE DISPOSITION SPECI	\$7.00	JOHN TOL	BERT	CAL REGISTRAR ISSUING PERMIT
LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE PO BOX		DEATH— SE. ADI	PRESS OF REGISTRAR C	OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUSE	MNA SAMA
10. AUTHORIZED DISP			10000		FOR COR	ONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A C		AMS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and A	uddresa) .
BURIAL	MT.HEER CO 3751 MARK			118. DATE BURNED	1/	ISON IN CHARGE OF BURIAL
CREMATION	12A MARIE AND A	DDRESS OF CALIFORNIA CRI	EMATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PER	SON IN CHARGE OF CREMA
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	OLITY RECEIVING REMAINS	138. DATE RECEIVE	ED 13C SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATI CREMATED REMAINS ARE TO		148. DATE SHIPPED	OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDI	AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA. I		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

MT. HOPE CEMETERY

NOTE

\$ 782.73	San Diego, California	reduserd	3 199	8
Thirty days after date for value received, the	e undersigned maker promises to	pay San Diego Cit	y Treasurer, or orde	га
3751 Market Street, San Diego, CA 92101, with interest from	the sum of sweet water		on the unpaid princip	
at the rate of 12 percent per annum, payat	ble on demand.			111
Should this note not be paid when due accrue at the rate indicated above. Principally will be liable and consents to renewals, rematurity, and waives presentment, deman person who signs this note agrees that recontained herein. If any action be instituted may fix as attorney's fees.	al and interest are payable in lawfu eplacements and extensions of time and and protest and the right to ass acourse may be held against his/h	Il money of the Un ne for payment he sert any statute of ner separate prop	nited States. The mal ereof before, at or af f limitations. A marri erty for any obligati	ker iter ied ion
Part II, Chapter I, Article 2, Para authorizes the removal of any rema				7
PRINT NAME X MARCIO ZO		Morile	Doers	~ 🔻
ADDRESS X4812 DE MU	OME AVE APT ?	2 SAN DU	zyo cd 921	107
CALIFORNIA DRIVER LICENSE NUMBER	A6436176 / s	sn # X 610	1-28-817	1
PY-1012 (11-89)				

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

DEPART	MENT 072	R.E	.AMT HO	PE CEME	TERY								
INV	INV DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	PAYM REF NO EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
307021	11/18/98 F- 14	PR 12 W	MARCIO Z 100 100 100 100 60101 67007	0UVI 072 072 872 872 072		77181 77182 77183 77185 78390 77184	0000 0000 0000	72 72	B CK	1114	782.73 375.00 190.00 45.00 145.00 14.73	782.73	PAID IN FULL

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 in	nter the remains
of ALFONZO L. LEWIS	
in a June Funeral, date, time Thur 11-	5 1:00
Church, Chapel, Graveside Church Cravelly Royadale	Mortuary.
All Funeral cars must arrive before 3.20 p.m. of regular work day or an extra charge	170 00
will be applied and billed to undersigned.	
will be applied and blied to undersigned.	
Lot 24 Grave 9 Row Section 2 Division/84	- 1
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Opening/Closing & Setup. PAID IN FULL Burlal Container	190.00
Handling Fees 11-9-98	145.00
Flower vases – Marker setting fee	
# 17 pc - 17	45.00
Recording and filing fee	14 7 3
Sales taxes	11.1473
Total Due	1664.73
Paid receipt number 2003	1004-1
Balance due	
I hereby certify I am the Maller of the above i	named decedent
and this is your authority to make disposition of remains as above indicated. I certified I have the right to make this authorization and I agree to hold Mt. Hope Cemeter any liability on account of said authorization and interment.	y harmless from
X Juna La	
I hereby authorize the interment in lot I hold under deed.	an luce.
Address	11 0013
Signature of recorded holder of deed	Zip Code
619 266 228	*
Water Section	
E 11COF	
Work Order # E 14685	
HEA-104 (7-96) This information Provided on Provided	9 y request.
OPPINED ON PER PERSON	
notury is	v)

MT	HODE	CEMET	EDV
mı.	HUPE	CEMEI	Ent

W.O. # E-14685

NOTE

\$ 664.73	San Diego, Californi	relaved Bi	3 1998
Thirty days after date for value receive	ed, the undersigned maker promises to	o pay San Qiego C	ity Treasurer, or order at
with interest from Succession	2101, the sum of fix turbed	10.7	on the unpaid principal
at the rate of 12 percent per annum,	payable on demand.		
accrue at the rate indicated above. Pri will be liable and consents to renewa maturity, and waives presentment, do person who signs this note agrees the	n due, it shall thereafter bear interest or incipal and interest are payable in law als, replacements and extensions of the emand and protest and the right to a hat recourse may be held against his stituted on this note, the undersigned	rful money of the U ime for payment h issert any statute of her separate pro-	United States. The maker nereof before, at or after of limitations. A married perty for any obligation
	Paragraph 7528 of the State of Ca remains from a plot for which the pure		
ADDRESS 74022 Sogo	LOWIS SIGNATURE	* Tynn	Fems
CALIPORNIA DRIVER LICENSE NUMBER _	X06247600	ssn# X 3	64-58-6369

E 14685

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

the sta

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3 DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 1B. MIDDLE 1C. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Lewis Alfonzo Latel 12/17/1974 10/30/1998 5A. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH—OUTSIDE CALIF... OF INFORMANT San Diego Lynn R. Lewis, Mother 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 4022 Logan Ave. Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA 92113 San Diego, CA 92102 F-1329 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT /04/1998 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 11/04/1998 9816073 **AUTHORIZATION OF** IN THIS PERMIT. \$7.00 LOCAL REGISTRAR NOTE: THIS PERSON GRESS NO BIGHT OF DISPOSAL DUTSING OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records: P.O. Bex 83222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURNAL Mt. Hope Cemetery; 3751 Market St. 1.5-98 San Diego, CA \$2102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158, DATE OF SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER'

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

Whire in

INTERMENT ORDER

City of San Diego

R Date_11/3/98

You are hereby authorized and instructed, sur	pject to your rules and regulations, to inter the remains
in Ash valle	Funeral, date, time AYD
Church, Chapel, Graveside delive	Mortuary.
All Funeral cars must arrive before 3:80 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot U Grave U Row	Section 100 F Division/Block 22
Grave space & Care Fund	
Additional spaces and care fund	eed E 11923 8
Opening/Closing & Selup	ed E11927 X
Handling Fees Prens	FA E 11923 &
Flower vases - Marker setting fee	
Recording and filling fee	cca 511923
Sales taxes	CCa E 11923 &
1	Total Due
Paid n	eceipt number
I hereby certify I am the	Balance due of the above named decedent
	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
Marchael Control of the Control of t	nd interment.
I hereby authorize the interment in lot I hold under deed.	Signature
I hereby authorize the interment in lot I	Signature
I hereby authorize the interment in lot I hold under deed.	Signature Address City Zip Code
I hereby authorize the interment in lot I hold under deed.	Signature Address City Zip Code Telephone
I hereby authorize the interment in lot I hold under deed. Signalure of recorded holder of deed	Signature Address City Zip Code Telephone
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Work Order # E 14686	Signature Address City Zip Code Telephone Invoice #
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Work Order # E 14686	Signature Address City Zip Code Telephone Invoice #
I hereby authorize the interment in lot I hold under deed. Signalure of recorded holder of deed Work Order # E 14686	Signature Address City Zip Code Telephone Invoice #
I hereby authorize the interment in lot I hold under deed. Signalure of recorded holder of deed Work Order # E 14686	Signature Address City Zip Code Telephone Invoice #
I hereby authorize the interment in lot I hold under deed. Signalure of recorded holder of deed Work Order # E 14686 Permit (Signature Address City Zip Code Telephone Invoice #
Hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Work Order # E 14686 Permit (John Grul and Grul) Golde Grul (Golde Grul)	Signature Address City Telephone Invoice #
Hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Work Order # E 14686 Permit (John Grul and Grul) Golde Grul (Golde Grul)	Signature Address City Zip Code Telephone Invoice #



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 arraingments 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, LFD

2-1-99 CALLED MICHAEL & HE IS CHECKING WITH . GW.

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) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 01/10/1901 09/07/1998 CADES 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT 的自己工具的 人名英格里 KRITH GADEN - SON FLORID. 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNIERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 418 STONEHOUSE ROAD HF APPLICABLE GREENWOOD MORTUARY TALLAMASSER, Pt. 32301 8A. SIGNATURE OF APPLICANT-Person taking permit, 8B. DATE SIGNED I-805 & IMPERIAL AVENUE. SAN DIEGO. ACKNOWN FOCASENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID 8B. DATE PERMIT ISSUED, 9C. SIGNATURE OF COCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED VICTORIA HEZA 9903210 **AUTHORIZATION OF** IN THIS DEDIMIT 7.00 "02/24/1999 > NOTE: THIS PERMET GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222 DISPOSITION SAN DIRCO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MOURT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, MEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C BIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13B. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

15B. DATE OF

DISPOSITION

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

SCATTERING AT SEA

OR

DISPOSITION OTHER

THAN IN A CEMETERY

15D. LICENSE NUMBER

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE

David Harvey in grave already

MT. HOPE CEMETERY

and burial INTERMENT ORDER of San Diego

LIIM	ALMAN AND SERVICE	City
Double	Depth ar	VDF
D01-0 00		71

Date 11/3/98

	\#
You are hereby authorized and instructed of Charlese Ha H	subject to your rules and regulations, to inter the remains
in a DOUBLE DEPTH (NP	Funeral, date, time MON. NOV. 91.1 SIDE RUCKEY'S Mortuary.
All Funeral cars must arrive before 3:20 p.r	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	- Sali
Lot 31 Grave 9 Row	Section 2 Division/Plank
Diene	ed E13913
Grave space & Care Fund	
Opening/Closing & Setup	cca, E13913 0
Burial Container	1000 E 13913 O
Handling Fees	1000 E13913 B
Flower vases - Marker setting fee	and Figure S
Recording and filing fee	20 E 30 2
Sales taxes	COU E 13112 A
06-322-200	Total Due
Pa	id receipt number
Warrange and American	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorizat any llability on account of said authorizatio	of the above named decedent ion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from an 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	Acci. #
DEA-104 (7.08) This info	rmation is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR C	THER AL	TERATIONS	P 3		
14	. NAME OF DECEDE		1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH,	OF DEATH DAY, YEAR	4. SEX
5A	CHARLESETT CITY OF DEATH BAKERSFIEL		ANN	SB. COUNTY OF DEAT ENTER STATE KERN	H-OUTSIDE CALIF.,	B. NAME, OF INF	06/12/1936 RELATIONSHIP, FULL M ORMANT	AILING AD	5/15/06/12/05/5	P CODE
74	. TYPED NAME AND AD	ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER F APPLICABLE		ANDA HOLMES OLIVER STR	100	USIN	¥8
	RUCKER'S M 301 BAKER	ST. BAKERS	TELD. CALIFORNIA	1.77	-820	BA SIGNA	TURE OF APPLICANT	933 ensor taking p	07, STML 88. DAT	IE SIGNED
	ACKNOWLEDGMENT OF AP	PLICART I hereby a Section 19	cknowledge as applicant that the proposed dispo 375 of the Health and Safety Cods, and was author	sition stated herein is one of the ized persoant to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	Enth	W/10 200	110	11/00	11798
		THIS PERMIT IS ISSUED SHOWS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DINORT OF REPORT, OUTSIDE OF CALFORNIA.	\$7.00	A STATE OF THE PARTY OF THE PAR		3004728	W	STRAR ISSU	NG PERMIT
ANT	Y CHANGE IN DISPOSI-	9D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA				ICT OF DISPOSITION— THER DISTRICT IN CAUFO	RNIA		
	DISPOSITION.	1700 FLOWER	HEALTH DEPT	CA 385	DIEGO COUN	Contract of the second	ALTH DEPT.	-		
	B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS			☐ (Name and A	ooresaj		
	BURIAL	MT HOPE C	DDRESS OF CALIFORNIA CEMETER EMETERY ET - SAN DIRGO CA	92102	//- 7- 7 ×	i	SIGNATURE OF PER	SON IN C	HARGE OF B	URIAL
IBLE ITEMS	CREMATION	N/A	DORESS OF CALIFORNIA CREMATO	DRY	126. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN C	iarge of Cr	REMATION
APPLICA	SCIENTIFIC USE	13A, NAME AND AI	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 19C	. SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or ot entify final place and ca <u>distri</u>		15B, DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		MAINS	MATED RE- DISPOSER PLICABLE

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

VS 9 (REV. 8/91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/3/98

	gned. A	
104 Grave 4	Row Section	12
	How Section	B95.0
Iditional spaces and care fued		
pening/Closing & Setup	$\rightarrow \wedge \cdots \rightarrow$	375.
urial Container	4000	1900
andling Fees	NOV ∩ 4 1998	145.0
ower vases – Marker setting lee	T HOPE CEMETERY	11 7 10
ecording and filing lee	TY OF SAN DIEGO, CALIF	45.00
ales taxes		14:12
atually to b	ring 🚎	SON HAND
eck top tull	Paid receipt number	DED TOTAL
mount.		Balance due
		of the above named deceden dicated. I certify and represen
nereby certify I am the had this is your authority to make	disposition of remains as above in	
d this is your authority to make	thorization and I agree to hold Mt.	Hope Cemetery harmless from
nd this is your authority to make at I have the right to make this au ny liability on account of said auth	ilhorization and I agree to hold Mt. iorization and interment.	ATTACHE
nd this is your authority to make at I have the right to make this au ny liability on account of said auth nereby authorize the interment in	ilhorization and I agree to hold Mt. iorization and interment.	Hope Cemetery harmless from
nd this is your authority to make a at I have the right to make this au	ilhorization and I agree to hold Mt. iorization and interment.	Hope Cemetery harmless from

REA-104 (7-96)

INTERMENT ORDER

City of San Diego

Date 11/3/98

	Date 11 - 1 10
You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
of DOTOTING ONL	THUTTOO THE STATE OF THE STATE
in a Tope of the Company of State of	Funeral date time TV NUV · (0 1 · 0 U
Church, Chapel, Graveside	Mortus Mortus
All Funeral cars must arrive before 3 20 p.m.	gregular work as or an edica charge of \$ 100.00
will be applied and bifled to undersigned. 2	Debbe allean
Lot 104 Grave 4 Row_	Section Division/Black 12
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	315.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting lee	
Recording and filing fee	45.00
Sales taxes	14.73
nortuan to bring	Total Dua LOUY. 13
hork for full Paid	receipt number 50530 [004.73
movin.	Balance S.
Thereby cardly I am the	of the above named decadent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot f	Klebu William
hold under deed.	5 950 FEDERAL BIVI
Symptom of recorded tration of \$440	Dan Duego, CA 9210 3
	No19 263341 2000
	Tataguaya
1	Involce #
Work Order # E 14688	Acci. #

This information is available in alternative formats upon request.

O Printed on terrepailment

REA-104 (7-96)

F 14688

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Dorothy Chandroo 03/02/1926 11/04/1998 5A. CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE Lemon Grove San Diego Teddy Chandroo, Son 7A, TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 1727 Nilo Way ---IF APPLICABLE Anderson-Ragsdale Mort.: 5050 Federal Blvd. SAD D1000 CA 92139

8A SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED San Diego, CA 92102 F-1329 I hereby admonitedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 11/04/1998 th and Safety Code, and was authorized sursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 9816182 11/06/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 **AUTHORIZATION OF** IN THIS PERMIT. MOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT Y A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 TEMS 128 DATE CREMATED 12C. SIGNATURE OF PERSO MARGE OF CREM 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13B. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER

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



-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/4/98

•	G = A C = C = C = C = C = C = C = C = C =
You are hereby authorized and lestr	ucted, subject to your rules and regulations, to inter the remains
a Actual Tou	CONT TO THE MINISTER
in a Company of	Funeral date time TUES NOV 10 11
Chapel Graveshi	Mortuary Mortuary
A STATE OF THE PARTY OF THE PAR	330 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	ned. A
Lot 178 Grave	Row Section Division/Stack 2
Grave space & Care Fund DY	Need E2151
Additional spaces and care fund	
Opening/Closing & Setup	240.00 + 375.00) 615.00
Burial Container	<u> </u>
Handling Fees	1 200 11
Flower vases - Marker setting fee	at liefor
Recording and filing les	cat 45(0) 90.00
Sales taxes	12347
~ ()	Total Due
9 /	Paid receipt number
X XI	Balance due
I hereby certify on the and this is your authority to make d	isposition of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	norization and I agree to hold Mt. Hebe Cemetery narmless from prization and interment.
nereby and tize the oterment in I	of X alpertu Vellams
well under deed	= 427 n47 & Street
Signatural recorded holder of deed	* Sanbig
30	2 29 Code
57 V C	Telephone
2000	O busing #
Work Occion 14009	9000
REA-10 (-96) Th	is informatien is available infalternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/4/98

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 18 Grave Row Section Division/Black Grave space & Care Fund Proceed 2:00 + 37 5.00 U15 Procedure of the above named decadent and this is your authority to make disposition and i agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and i agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.	" yeima Johnson	uneralt date, time TUCSNOV.10
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 178 Grave Row Section Division/Stak 12 Grave space & Care Fund DYC NCCO E 2150 Additional spaces and care fund Opening/Closing & Setup U1510 Burial Container Bander setting fee 24 45.00 Flower vases – Marker setting fee 24 45.00 Paid receipt number Balance due I hereby certify I am the Amarker disposition of remains as above indicated. I certify and represent that I have the right to make disposition and I agree to hold Mt. Hope Cemetery harmless from	Charles Chapel Craveside CMDE	ansial Pagsagle Mortuary
Lot	All Funeral cars must arrive before 3.00 p.m. p	
Lot 178 Grave	V	
Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Paid receipt number Paid receipt number I hereby certify I am the I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from		
Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Paid receipt number Paid receipt number I hereby certify I am the I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from	Lot 18 Grave Row	Section Division/Plack 2
Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Paid receipt number Paid receipt number I hereby certify I am the I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from	Grave space & Care Fund DYE NO	eed E2151 0
Burial Container Handling Fees Flower vases – Marker setting fee 20+45.00 Recording and filing fee 21-45.00 Paid receipt number Paid receipt number I hereby certify I am the Additional of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from		
Burial Container Handling Fees Flower vases – Marker setting fee 20+45.00 Recording and filing fee 21-45.00 Paid receipt number Paid receipt number I hereby certify I am the Additional of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from	Opening/Closing & Setup. (240	1.00 + 375.00) (15.00)
Handling Fees 320.00 Flower vases – Marker setting fee 24 45.00 90.00 Recording and filing fee 27 45.00 21.45 Sales taxes Total Due 222.45 Paid receipt number 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 Cernetery harmless from		110 2 (11)
Recording and filing fee 24 45.00) Sales taxes Paid receipt number Balance due I hereby certify I am the 24 45 00 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from		200 M
Paid receipt number Paid receipt number Balance due I hereby certify I am the	Figure 10 County to American Series of Lower County and County Series 10 and 10	100 million de 1975 de 1970 et 1971 de 1970 de
Paid receipt number Paid receipt number Balance due I hereby certify I am the	Recording and filing fee 2at	45.00) 40.00
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 Cernetery harmless from		20116
Paid receipt number Balance due I hereby certify I am the	OBJES LEXES	1200 46
I hereby certify I am the Solution of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from	-	
of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from	Paid re	SAMPLE CANDESCO
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from	V 1' +	Balance due
	and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	I hereby authorize the interment in lot I	X (Alberta) dellams
hold under deed.	hold under deed.	x 427 n47 8h Street
Signature of recorded holder of deed Signature of recorded holder of deed Signature of recorded holder of deed 20 Code 10 Code	Signature of seconded Rolder of deed	* San wife 250000
Telephone		Telephone
Invoice #		Invoice #-
Work Order # E 14689 Acct. #	Work Order # E 14689	Acct.#

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

City of San Diego

Date 11/4/98

of Reed Jenkins	ibject to your rules and regulations, to inter the remains
ina liner .	Funeral, date, time MON. NOV. 9. 1.30
Church, Chapel, Graveside	ac Lewis Colonial wary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or all extra charge of \$
will be applied and billed to undersigned.	
1 1100	
Lot 431 Grave Row	Section Division/Block
Grave space & Care FundPrene	ed B3430 S
Additional spaces and care fund	225
Opening/Closing & Setup	375.0
Burial Container	PAII) 190.00
Handling Fees	145.00
Flower vases - Marker setting fee	NOV n 4 1998
Recording and filling fee	N FULL 45.00
Sales laxes CTT	T. HOPE CEMETERY
	Total Due
Paid	receipt number 505 26 709.1
	Balance due
11X	7
and this is your authority to make disposition	of the above named decedent n of remains as above indicated. I certify and represent
any liability on account of said authorization	in and I agree to hold Mt. Hope Cemetery harmless from and interment.
	X Trining of Strate
I hereby authorize the interment in lot I hold under deed.	Signing Relation and Park
	harden Selegianist
Signature of recorded holder of deed	100 men Ca 71941
	Telephone - 466 - 5109
	Invoice #
Wat Out E 14690	A

E14690

APPLICATION 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 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR BKID RITESRIA TENK THE 05/23/1941 11/04/1998 5A. CITY OF DEATH 5B. COUNTY OF DEATH—OUTSIDE CALIF... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT LA MESA SAN DIEGO VIRGINIA SHADE - AUNT 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B, CALIF, LICENSE NUMBER 4411 BELLFLOWER DR -IF APPLICABLE LEWIS COLONIAL/REMBOUGH MORTUARY LA MESA. CA 91941 FD-480 BA. SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED 3051 EL CAJON BLVD., SAN DIEGO, CA 92104 I hereby acknowledge at applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWN EDGMENT OF APPLICANT 11/05/1998 elety Code, and was authorized purpuant to Section 7100 of the Health and Selety Code 1.11 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 1 0 6 / 1998 AUTHORIZATION OF IN THIS PERMIT. \$7.00 LOCAL REGISTRAR NOTE: THIS PERRIT CHES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS...PO BOX 85222 DISPOSITION. SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY, 3751 MARKET ST, BURIAL SAN DIEGO. CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA! CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER'S

COPY 2

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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

MT. HOP'S CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-5-98

You are hereby authorized and instructed,		regulations, to inter the remains
in a Deadle Death	Funeral, date, time	ni 11-6 11:00
Church, Chapel, Graveside	Towner Ro	usdale Mortuery.
All Funeral cars must arrive before 360 p.	n. of regular work day or	an extra charge of \$ \square D, 00
yill be applied and billed to undersigned.		
Lot 10 Grave 1 Row_	Section	Division /Black
Grave space & Care Fund		995,00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Opening/Closing & Setup. Burial Container. PAI	JIN FULL	380.00
Handling Fees		320,00
Flower vases - Marker setting fee	-U-9X	
Recording and filing fee	Ягода	45.00
Sales taxes		29.45
	Total	3144, 45
Pa	id receipt number	72 2187
Xm.	Tai	Balance due
I hereby certify I am the	ion and I agree to hold Mt	of the above named decedent indicated. I certify and represent Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signerus 12	adulane
Signature of recorded holder of deed	Todaphoria	7859
A	Invoice #	
Work Order # E 14691	Acct. #	· · · · · · · · · · · · · · · · · · ·
	NAME OF TAXABLE PARTY O	manufacture and provide a second second

14691

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			3. DATE OF DEATH 4. SEX
	Joe	Louis	Owens, J	r.		MONTH, DAY, YEAR 10/21/1998 M
5/	CITY OF DEATH	•	58. COUNTY OF DEAT ENTER STATE Michigan	H-OUTSIDE CALIF.,	NAME, RELATIONSHP, FULL MAIR OF INFORMANT Vera Dwens, Moth	
7/		DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO	ON ACTING AS SUCH . 7B. CA		812 Quail St.	ler 🏲
05	Anderson-Re	gedale Mort.; 5050 Federak	.Blvd.	F APPLICABLE	San Diego. CA 92	102
		San Diego, CA 9210	2 P	-1329	A. SIGNATURE OF APPLICANT—Pers	
_	ACKNOWLEDGMENT OF A	1 Section 10376 of the Helson and Salety (306, 404 was as	Morized perseent to Section 7100 of th	e Health and Safety Code.	Kelluldelle	11/05/1998
	PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT.	\$7.00	9B. DATE PERMIT 11/05/1	998 9C. SIGNATURE OF LOCA	AL REGISTRAR ISSUING PERMIT 9816156
4	OCAL REGISTRAR _ IY CHANGE IN DISPOSI- ION REQUIRES A NEW BIRMIT TO SHOW FINAL DISPOSITION.	NOTE: THIS PERMIT SHES NO ROUT OF REPOSEN. OWISING OF CALFORMS 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 8: San Diego, CA 921	5222		OF DISTRICT OF DISPOSITION	w.
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		680	FOR CORO	NER'S USE ONLY
	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA	AIMRO	I. DISPOSITION PE (Name and Add	EMDING REMAINS LOCATED AT
	MURIAL	Ht. Hope Cemetery; 3751 1 San Diego,	Market St.	118. DATE BURIED	11C. SIGNATURE OF PERSO	H IN CHARGE OF BURIAL
ABLE TEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	ATORY	128. DATE CREMATE	12C. SUNATURE OF PERSO	N IN CHARGE OF CREMATION
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSO	IN IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNAT OF PLACING WITH THE	URE OF PERSON IN CHARGE : CARRIER .
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, MEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSITI	

COPY 2 IS RETAINED BY 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

You are hereby authorized and instructed, su	bject to your rules and	d regulations, to	inter the remain
ina IIVEV	Funeral, date time	UCS, N	DV.10 11
Church Chapet Graveside Chapet	ad Nobiles	logsala	Mortuary
All Funeral cars must arrive before 3: 6 0 p.m. will be applied and billed to undersigned.	of regular work day o	r an extra charg	ge of \$ 100.
252 Grave 7 Row -	Section 2	Division	/Blank 12
Grave space & Care Fund			795.0
Additional spaces and care fund			2
Opening/Closing & Setup		·········	3/12/
Burial Container	AH) .		- 172.Y
Handling Fees			1451
Flower vases - Marker setting fee	, 5, 1998		ILS (I)
Recording and filing fee	PE CEMETERY		TUY
Sales taxesCITY of SA	N DIEGO: CALIF	-	RIGHT
Politic Control of the Control of th	51	5310	1500
	receipt number <u>~\</u>	Balance d	- +
I hereby certify I am the	ZI.	6/2/2014/02/02	e named decede
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n and I agree to hold M	indicated. I ce	rtify and represe
	1261	estalla	clain
I hereby authorize the interment in lot I hold under deed.	Bignalure 42		17 IST.
Signalure of recorded holder of deed	JAK (CI)		-8671 Zip Co
	Totephone	1 7 1	3.00
	Invoice #		

REA-104 (7-96)

This information is available in alternative formats upon request.

F 14692 INS 82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN) 1 1B. MIDDLE	1 IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
1.79	Velma	J.	Johnson		MONTH, DAY, YEAR	MONTH, DAY, YEAR	100
5/	San I	Diego	58. COUNTY OF DEATH ENTER STATE San Diego	200	10/09/1916 NAME, RELATIONSHP, FULL OF INFORMANT		IP CODE
7/	TYPED NAME AND A	ODRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON		ME I LOWELLOW BUILDINGS	layfran Johnson	The state of the s	
	Anderson	-Ragsdale Mort.: 5050 Federa	al Blvd.	FAPPLICABLE	3013 Clay Ave.	2113 .	
		San Diego, CA 92	EN CERCIONES ITTE INVOICEMENTS.		. SIGNATURE OF APPLICANT-		TE SIGNED
	ACKHOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dis Section 10376 of the Health and Safety Code, and was suff			Roller W. co	2 11/0	6/1998
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	9A. AMOUNT OF FEE P	AID 9B. DATE PERMIT IS	SUED 9C. SIGNATURE OF L	OCAL REGISTRAR ISSUM	G PERMIT
	UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT ONES NO INCH! OF DISPOSAL DUTSIDE OF CALIFORNIA.	\$7.00	11/10/199)8 -	98163	06
1	OF CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CAUFORNIA VICAL Records; P.O. Box 952	222		F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUF		
10	AITHORIZED DISP	San Diego, CA 92186 OSITION(S) CHECK APPLICABLE ITEMS	5-5222		FOR CO	RONER'S USE ONL	v
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		F. Disinterment G. Ship in to Califo H. Transit to Outs		☐ (Name and	Address)	
	BURIAL	Ht. Hope Cemetery; 3751 Ma San Diego, 6A 92	arket St.	118. DATE BURIED	11C. SIGNATURE OF PE	RSON IN CHARGE OF B	URIAL
BLE TEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	Transport -	12B. DATE CREMATES		ISON IN CHARGE OF CR	EMA
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PE	rson in Charge of F	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND GA DIST		158, DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	RSON IN 150. LICENSE OF CREATING I MAINS I I F APP	MATED RE-

COPY 2 IS RETAINED BY 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

MARY B. BEL	
Type of Burist Container	Torrordi, delle, linie T T B T
Church, Chapel, Graveside	GRAVESIDE RAGSDALE Mortuary.
All Funeral cars must arrive before 3 \$0	p.m. of regular work day or an extra charge of \$ 150.01
will be applied and billed to undersigned	X
\	
Lot 34 Glave Y Roy	Section Olysion/Steels
Grave space & Care Fund	LEYNEED 4-8941 -
Additional spaces and care fund	
XI	375.00
	190.00
	145.00
	,
	45.00
**************************************	W 73
Sales taxes	719 73
	Total Due
ä	Paid receipt number
•	Balance due
hereby certify I am the	of the above named decedent
that I have the right to make this authorize	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriza	ttion and interment.
hereby authorize the interment in lot i	Signature
hold under deed.	Address
Signalure of recorded holder of deed	- X
-	City 2to Code
	Telephone
	Invoice #
Work Order # E 14693	Acct. #
62000000000000000000000000000000000000	nformation is available in alternative formats upon request.
11-6	poor Sout check.
	" hour check!

11-9 Per Deffer Tercelled

12-9-98 'Per Deffer

12-9-98 'Per Deffer

Tended and when

taken to \$1. Reservant

E14693

MT. HOPE CEMETERY

INTERMENT ORDER

DIS INTERMENT | REINTERMENT Date 11-6-98

			Site	775 785 YES	17	11 12	5
H B	Type of Buri	ni Cantainer	Fun	eral, date, time	e m	N 11-10	1
Churc	h, Chapel, Grave	side					Mortuary.
All Fur	neral cars must a	arrive before	3: 9 0 p.m. of r	egular work da	ay or an	extra charge of \$	
vill be	applied and bills	ed to unders	igned		~		
	145				4		"
.ot	144 Grave	13	Row	Section _	2	Division/Block	71
Grave	space & Care F	und					
Additic	nal spaces and	care fund					
							. 10
	7/						
Recor	ding and filing fe	ø			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sales	taxes						
					Total Due	•	
			Dold roo	eipt number			
			raid reci				
			raid reci	X: • 121001270 VXX-11111		Belance due	
l borok	ov cartify I am th		Cald rec	X-1-00000000000000000000000000000000000	1	Balance due	
and th	by certify I am th is is your author nave the right to ability on accoun	rity to make make this au	disposition of	d I agree to ho	ove Indi	Balance due of the above name cated. I certify and ope Cemetery har	d decedent
and th that I h any ila	is is your author nave the right to	ity to make make this au t of said auth	disposition of uthorization ar horization and	d I agree to ho	ove Indi	of the above name	d decedent
and the hat I han land land land land land land land la	is is your author nave the right to ability on accoun- by authorize the nder deed.	rity to make make this au t of said auth interment in	disposition of uthorization ar horization and	nd I agree to ho interment.	ove Indi	of the above name	d decedent
and th that I h any ila herei hold u	is is your author nave the right to ability on accoun	rity to make make this au t of said auth interment in	disposition of uthorization ar horization and	d i agree to ho interment. Signature	ove Indi	of the above name	d decedent
and the hat I han land land land land land land land la	is is your author nave the right to ability on accoun- by authorize the nder deed.	rity to make make this au t of said auth interment in	disposition of uthorization ar horization and	od I agree to ho interment. Signature Address	ove Indi	of the above name	d decedent d represent miess from
and the lihat I hand lihat I herel hold u	is is your author nave the right to ability on accoun- by authorize the nder deed.	rity to make make this at t of said auth interment in	disposition of uthorization and horization and	Address City Tolephone	ove Indi	of the above name	d decedent d represent miess from Ze Code



THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER. REMOVE OR REINTER

MONTH YEAR

ANH	NGOC LUU		578		
7	_ Section _	2	Row	Block _	<u> </u>
remove	the same	to an	d reinter said	remains in Lo	ot <u>144</u>
2	_Row		_ Block	Division	11
CEMETE	RY				278 278
			liability on a erment.	account of Sa	ald
ent, ren	noval, and Nother	reint	erment.	1-36-4)	t; Apt 2
ent, ren	noval, and	reint	### 18 18 18 18 18 18 18 1	1-36 th) Hilla	t; Apt 2 Ed. 50
ent, ren	noval, and	reint	erment. 375 577	1-36 th 1 84 Willes	4; Apt 2
ent, ren	noval, and Nother riend Friend	reint	erment. 375 577 533	1-36 th	1; Apt 2 19. 50 14 Ave s
ent, ren	noval, and Nother riend	reint	erment. 375 577 533	1-36 4) 1 Hilla (8 UN KUS)	1, Apt 2 14 50 14 AVE S
ent, ren	noval, and Nother riend Friend	reint	575 577 577 533 49	1-36 th	1. Apt 2 14. 50 14 Ave 3 50. 01.
	7 2 CEMETE 2 CEMETE 2 Certify the riginals	7 Section	7 Section 2 remove the same to and 2 Row CRMRTERY v certify and represent the right to make this as indicated below. The	7 Section 2 Row remove the same to and reinter said 2 Row Block Block crifty and represent that they are the right to make this authorization as indicated below. The undersign	7 Section 2 Row Block Premove the same to and reinter said remains in Lo

(This form must be notarized, if not signed in presence of cemetery staff.)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

(a 1	INCIDENT
State of(AL) FOKN	LA_
County of San Dic Go)
1/2 / 1000	Margina Querted notary
On /VDY, 6.1990 before	me, / My (ar) h (ar) full of Officer (e.g., "Jane Doe. Notary Public")
personally appeared	vert Wong.
personally known to me - OB - Aproved t	Name(s) of Signer(s) to me on the basis of satisfactory evidence to be the person(s)
personally anomalia on paperson	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
THE PROPERTY OF THE PARTY OF TH	his/her/their signature(s) on the instrument the person(s),
MARYANN QUEVEDO Commission # 1192618	or the entity upon behalf of which the person(s) acted, executed the instrument.
Notary Public - California San Diego County	
My Comm. Expires Aug 8, 2002	WITNESS my hand and official seal.
	1) S(MM) No Class
	Signature of Norsky Public
	OPTIONAL —
	may prove valuable to persons relying on the document and could prevent
e	eattachment of this form to another document
Description of Attached Document	
1 2 1	1 1 0 400
Title or Type of Document: Jan Die	go Authority to Disinter
11 C 1.c/A	and Remole or Keinter
Document Date: Nov. 2. 1	90 AUTHORITY & DISINTER 993 Remode or Keinter Number of Pages:
Document Date:	990 HUTHARITY TO DISINTER 998 Remode or Keinter Number of Pages:
Document Date:	990 HUTHARITY TO DISINTER 998 Remode or Keinter Number of Pages:
Document Date:	990 HUTHARITY TO DISINTER 998 Remode or Keinter Number of Pages:
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Mbettway.	990 HUTHARITY TO DISINTER 0993. Remode or Keinter Number of Pages:
Document Date:	990 HUTHARITY & U. SINTER 0997. Remale or Keinter Number of Pages: Signer's Name: Individual
Document Date:	Signer's Name: Individual Corporate Officer
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: About Way. Individual Corporate Officer Title(s): Partner — Limited General	Signer's Name: Signer's Name:
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Hbet Wmy. Individual Corporate Officer Title(s): Partner— Limited General Attorney-in-Fact Trustee	Signer's Name: Signer's Name:
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Hoet WM. Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator RICHT THUMBERINT GESIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Hbert Wmy. Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator General General
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Hoet WM. Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator GESIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Hoet WM. Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator GESIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator Officer Other: Top of thumb here

MT. I	HOPE CEMETERY
no nell INTER	MENT ORDER
/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ty of San Diego
ata bunal	Date
VILL POST	345
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
	Kennt
na OOO G Borrol Container	Leuren 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.	Pin and the second seco
090	<i>y</i>
Lot 00 Grave Row_	Section R32/0
Grave space & Care Fund	l NUA B3210 O
Additional spaces and care fund	
Opening/Closing & Setup	375.0
Burial Container	
Handling Fees	PAII)
Flower vases - Marker setting fee	
Recording and filing fee	NOV 0 1009 1 7 160 1
i i	
Sales taxes	T. HOPE CEMETERY
TO ORGANI	Y OF SAN DIEGO CALE
Pa	ald receipt number 900017
	Balance due
I hereby certify I am the	of the above named decedent lion of remains as above indicated. I certify and represent
	tion and I agree to hold Mt. Hope Cemetery harmless from
ary naturally on account or said admonization	81.48 W 11.18
hereby authorize the interment in lot I	Signature S. Kenry
hold under deed.	SIGNATURE AVE 5240 ORANGE AVE Address SANDIEGO, CA 92115 City Zap Cod
Signature of recorded holder of deed	SANDIEGO, CA 92115
	619 582-9648 Zecod
	Telephone
	Invoice #
Work Order # E 14695	Acct. #
REA-104 (7-96) This info	rmation is available in alternative formats upon request
10 POPULATION 1 1 1 1 1 1 1 1 1	transfer at vita a como entre de 1800 d

Preneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11 0 98

TS Vault	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside		
All Funeral cars must arrive before 3:00 p		
will be applied and billed to undersigned.		
Lot 309 Grave Row	need C5884	jsion# Dlack _8
Grave space & Care Fund PRE. K.	need C5884	<u> 8</u>
Additional spaces and care fund		250
Opening/Closing & Setup	AIU	515.0
Burial Container		220.00
Burial Container	OV n 6 1998	185.00
Flower vases - Marker setting fee MT. F	OPE CEMETERY	
Recording and filing fee	SAN DIEGO, CALIF	45.00
Sales taxes		19.38
F	Total Due	0 874.3
	Bala	nce due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorization.	sition of remains as above indicated ation and I agree to hold Mt. Hope C	above named decedent . I certify and represent emetery harmless from
I hereby authorize the interment in lol I hold under deed.	Signature Additions	
Signature of recorded holder of deed	Telephorse	Zip Code
Work Order # E 14696	Invoice #	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

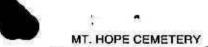
	250	
4		

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Section Grave space & Care Fund Burial Container..... Baid 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 lol I Signature hold under deed. ignature of recorded holder of deed City Telephone Invoice # Work Order # E 14697 Acct. #

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.





City of San Diego

REA-104 (7-96)

11/10/10

You are hereby authorized and instructed, su	Date 11	ns, to inter the remains
of Antonia Sayicruz	uneral, dete, time	NOV. 92.
Church, Chapel, Graveside WHUS All Funeral cars must arrive before 3:00 p.m.	s omy Gudday	Mortuary.
will be applied and billed to undersigned.		
/ Lot 12 Grave 9 Row_	Section 3 Div	ision/ Block 12
Grave space & Care Fund		795.00
Additional spaces and care fund		~~0
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		TIC AT
Recording and filing fee		412,00
Sales taxes		14,13
	Total Due	ו אומבו
Paid	receipt number R-505 V	775.00
Van 1	DM . Balar	nce due 167-10
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope C	above named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot I hold under deed.	19/2 2000 19/2	Kst
Signature of recorded holder of deed	595-07	83 CA 92/02
E 44000	Invaice # 307	14
Work Order # E 14698	Acct. N 0910	39

This information is available in alternative formats upon request.

PY-1012 (11-89)

W.O. # E - 14698

NOTE

NOIL	
San Diego, California\\ - 9	-98 <u>19.</u>
sum of Lever Hundred Butty	Diego City Treasurer, or order at DOLLARS on the unpaid principal
hall thereafter bear interest on the princ of interest are payable in lawful money of sements and extensions of time for pay nd protest and the right to assert any s rse may be held against his/her separa of this note, the undersigned promise(s)	of the United States. The maker rment hereof before, at or after tatute of limitations. A married ate property for any obligation
ph 7528 of the State of California He from a plot for which the purchase price	
Sun Diego CA	92/02
1 1 1 1 1 1 1	dersigned maker promises to pay San Desum of Sum of Sum

E14698

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	DENT—FIRST (GIVEN) 1B. MIDDLE 1C.		IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 11/03/1998 P.	
5A. CITY OF DEATH SAN DIEGO			SD COUNTY OF DEATH	DEATH—OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD OF INFORMANT YOLANDA ROBLES—DEUGHTER			
GUAL	DALUPANA MEM	. CHAPEL & MORI VE., SAN DIEGO, chrowledge as applicant that the process	CA 92102 FD dd dsposibion stated herein is one of the	F APPLICABLE 1425 dispositions authorized by	1912 "K" ST. SAN DIFGO, CA SIGNATURE OF APPLICANT	92102 Person bake permi 86. DATE SIGNE	
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.		FIED P 7 00		SUED BC. SIGNATURE OF LO	OGAL REGISTRAR ISSUING PERMI	
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- 9E. ADDRESS OF				IESS OF REGISTRAR OF DISTRICT OF DISPOSITION— POSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
B. CREMATION	N OF CREMATED REM CEMETERY	ains other	E. TEMPORARY ENVA	PRNIA	L DISPOSITION (Name and)	PENDRAG—REMAINS LOCATED Address)	
BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEI CEMETERY 3751 M , CA 92102		118, DATE BURIED	11C. SIGNATURE OF PER	RSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATES	12C. SIGNATURE OF PER	SON IN CHANGE OF CREE	
SCIENTIFIC	13A, NAME AND A	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			D 13C. SIGNATURE OF PER	RSON IN CHARGE OF FACILITY	
TRANSIT					14C. ADDRESS AND SIGI OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETE	FICIENT TO ID	REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA		168. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO		

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

50% = \$780 NTERMENT ORDER MOYTURY TO City of San Diego

11-9-98

bring check	Date	1-10
You are hereby authorized and instructed, sul	eject to your rules and regulation	s, to inter the remains
In a LINER	uneral, date, time FRI. 1	10V-13 11-C
Church, Chapel, Graveside 6PAV5	SIDE CERTIF	AL Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day of an extra cl	harge of \$
will be applied and billed to undersigned		-
Loi 53 Grave 9 Row_	Section 3 Divis	sion /Block 12
Grave space & Care Fund		745.0
Additional spaces and care fund		- N
Opening/Closing & Setup		3/5.(1
Burial Container		190.00
Handling Fees		145,00
Flower vases - Marker setting fee		JEM
Recording and filing fee		45:00
Sales taxes		12:12
30 DAY NOTE	Total Due R - 5056	
~	OVER Balance	ce due 782,73
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. and I agree to hold Mt. Hope Qe	tove named decedent I certify and represent metery harmless from Tache
I hereby authorize the interment in lot I hold under deed.	Skylature	
Bignature of recorded holder of deed	X City	Zip Code
Work Order # E 14699	Invoice # 307 1	5
Work Order # E 14699	Acct. #	41

REA-104 (7-96)

This information is available in alternative formats upon request.

O Printed on recycled paper

1-12-99 700.00 and gal Du 82.73

4505-082

	HARE	AFRE	
MI.	HUPE	CEME	ILHT

w.o. # E 14699

NOTE

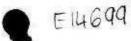
<u>, 782.73</u>	San Diego, Californ	NOVEMBER 9	1,99
Thirty days after date for value received	the undersigned maker promises t	to pay San Diego City Treasurer	or order
Thirty days after date for value received, 3751 Market Street, San Diego, CA 921 with interest from DECEMBER	01, the sum of SEVEN HUND	DRED EIGHT TWO 4 T	BOLLARS
with interest from DECEMBER	14,1998	on the unpaid	principal
at the rate of 12 percent per annum, pa	yable on demand.		77
Should this note not be paid when d	un it shall thoroafter boar interest	on the principal Interest after me	there willers and

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	SIGNATURE	
ADDRESS		
CALIFORNIA DRIVER LICENSE NUMBER	SSN #X	

80X-89-90 MOM 12:86	PM CALIFOCREMATION & BURIA	E1460
The code of E 14699 What code of E 14699 The code of E 14699 The code of E 14699 The code of E 14699	Actions the continue of the co	CECIL SMITH LINER CROWN
the above parmit decrease of the above parmit decrease of the entire at a such a such as the subsection and to operate to leave the indicated a such as the subsection of the property of the subsection of the su	2 3 12 12 12 15 0 15 0 15 0 15 0 15 0 15 0	ALMI CHOEN Can bridge Can br
MT. HOPE CEMETERY	NOTE SERVICE CERTER N	NEMBER 9 98
with interest from DECEMBE withe gale of 12 percent per annum.		EIGHT TWO + 73/107
		prilocal interest standard and a
Bootus at the rate indicated above. P. will be liable and consents to refer maturity, and walks presentation to person who signs this rate agrees to contened herein if any action be in may fix existionary's feet. Part II. Chapter 1. Addice 2.	In one of shall the real ere payable in a who me	and of the United Shifts. The making of the manufacture of palare, at or arturn as well as a shift of the manufacture of the process for any objection of the Gourt of the Gou





CITY OF SAN DIEGO, CALIFORNIA CITY THEASURER,

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

	CUSTOMEN ACCOUNT NO.
•	PAYMENT DATA
PAYMENT P.M. REC	EIVED DATE 1-12-99
PAID BY CINCLE O	NEI CA CH NF
PAYMENT REFEREN	JE UIP
··· 7 <i>t</i>	00,00
AMOUNT PAID	, , , ,
	1 DEASURED VALIDATION
	CUSTOMER DATA
CUSTOMER ACCOUNT	NAME Cecil Smith E-146
PAYOR HANGE HARRE	TENTIFICATION - 1 - 2 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1
	THAN CUSTOMEN ACCOUNT NAME!
CUSTOMER (PAYOR)	ADDRESS OF ON ON DOWN
	318 S. Sensacinto Dr.
**	Ja Diese 93114
7 .	- son, o my
	1981 £

TR-1881 (2-82)

INV. NO. 307 115

14699

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

45

TA. NAME OF DECE CECIL	DENT-FIRST (GIVEN)	JEWEL	IC. LAST	T (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	R MONTH, DA	Y. YEAR
5A, CITY OF DEATH	<u> </u>	JEWEL	5B, COUN	NTY OF DEATH—OUTSIDE CAL R STATE		07/17/1953 RELATIONSHIP, FULL FORMANT		
SAN DIE	3GO		10 000000000000000000000000000000000000	DIEGO		OTHY WILLIA	MS-SMITE	-WIFE
		IA—FUNERAL DIRECTOR O		UCH 7B. CALIF. LICENSE NUM —IF APPLICABLE	18ER 312	SOUTH SAN	JACINTO	
CALIFOR	NIA CREMATI	ON & BURIAL (CHAPEL	-IF APPLICABLE	SAN	DIEGO, CA	92114	32
5880 EI	CAJON BLVD	., SAN DIEGO,	GA 92115	F-1357	BA. SIGN	NATURE OF APPLICANT	—Person taking permit	88. DATE SIGNED
ACKNOWLEDGMENT OF				rein is one of the dispositions authorized Section 7100 of the Health and Safety Co.		4 - I Min	tiles	11/10/199
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S	SPECIFIED		PERMIT ISSUED 0/1998 ICHKLL	9C. SIGNATURE OF 9816389	LOCAL REGISTR	ar issuing permit
LOCAL REGISTRAR ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW HINAI DISPOSITION.	9D. ADDRESS OF RIF DEATH OCCURRE VITAL REC	IO RIGHT OF DISPOSAL OUTSIDE OF EGISTRAR OF DISTRICT ED IN CALFORNIA ORDS-P.O. BOX . CA 92186-52	OF DEATH— 85222	9E. ADDRESS OF REGIS	STRAR OF DIST	RICT OF DISPOSITION OTHER DISTRICT IN CAL		•
10 AUTHORIZED DIE	SPOSITION(S) CHECK A		- N. N.			FOR CO	DRONER'S US	E ONLY
A. BURIAL (INC	LUDES ENTOMBMENT)		L TEMPO				Address	MAINS LOCATED AT
A. BURIAL (INC	N OF CREMATED REM CEMETERY USE	DDRESS OF CALIFORNIA	F, DISINT G. SHIP II H. TRANS	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFO 11B, DATE E			ERSON IN CHAR	
B. CREMATION C. DISPOSITIO THAN IN A D. SCIENTIFIC	N OF CREMATED REM CEMETERY USE 11A NAME AND AI MT. HOPE 3751 MAK	DDRESS OF CALIFORNIA CEMETERY KET ST., SAN	F. DISINT G. SHIP II H. TRANS CEMETERY DIEGO, CA 9	N TO CALIFORNIA SIT TO OUTSIDE OF CALIFO 11B. DATE E	BURIED ; 11	C. SIGNATURE OF P	ERSON IN CHAR	GE OF BURIAL
A. BURIAL (INC B. CREMATION C. DISPOSITIO THAN IN A D. SCIENTIFIC BURIAL	N OF CREMATED REM CEMETERY USE 11A NAME AND AI MT. HOPE 3751 MAK	DDRESS OF CALIFORNIA	F. DISINT G. SHIP II H. TRANS CEMETERY DIEGO, CA 9	N TO CALIFORNIA SIT TO OUTSIDE OF CALIFO	BURIED ; 11	(Name and	ERSON IN CHAR	GE OF BURIAL
A. BURIAL (INC. B. CREMATION C. DISPOSITIO THAN IN A O. SCIENTIFIC BURIAL	N OF CREMATED REM CEMETERY USE 11A. NAME AND AI MT. HOPE 3751 MAR 12A. NAME AND AI	DDRESS OF CALIFORNIA CEMETERY KET ST., SAN	F. DISINT G. SHIP II H. TRANS CEMETERY DIEGO, CA 9	N TO CALIFORNIA SIT TO OUTSIDE OF CALIFO 11B. DATE E	BURIED 11	C. SIGNATURE OF P	ERSON IN CHAR	GE OF BURNAL BE OF CREMA
A. BURIAL (INC B. CREMATION C. DISPOSITIO THAN IN A D. SCIENTIFIC BURIAL CREMATION SCIENTIFIC	N OF CREMATED REM CEMETERY USE 11A. NAME AND AI MT. HOPE 3751 MAR 12A. NAME AND AI 13A. NAME AND AI	DDRESS OF CALIFORNIA CEMETERY KET ST., SAN DDRESS OF CALIFORNIA	F. DISINT G. SHIP II H. TRANS CEMETERY DIEGO, CA 9 CREMATORY FACILITY RECEIVING	N TO CALIFORNIA SIT TO OUTSIDE OF CALIFO 11B. DATE E 221.02 228. DATE C	BURNED 11	C. SIGNATURE OF P	ERSON IN CHAR	GE OF BURIAL BE OF CREMA

VS 9 (REV. F