grave of Shape

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-00

Version Committee of the Committee of th	*
You are hereby authorized and instructed, subje	ct to your rules and regulations, to inter the remains
or COKA, CITASI	F HEDRICK FRI 1-40
in a Osh would Fun	eral, date, time 100 H 3 1
Church, Chapel, Graveside A 1 D	: Caring Cremation Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	3 • ~
Lot 132 Grave Row	Section Division/Block
Grave space & Care Fund	Jul E-183
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burlal Container PAID	
Handling Fees	60.00
Flower vases – Marker selling ee	
Recording and filing feMT. HORE CEMETA	HY. 45.00
Sales taxes CITY OF SAN DIEGO	,C+ 4,26
	Total Due
Paid rec	elpt number M.C. 269.26
	Balance due
I hereby certify I am the AUSBAL	of the above named decodent
and this is your authority to make disposition of	remains as above indicated. I certify and represent of Lagree to hold Mt. Hope Cemetery harmless from
any hability on account of said admonization and	The state of the s
hereby authorize the interment in lot I	X William P. Dedrick
hold under deed.	X AIGT HATHAWAY ST
Signature of recorded holder of deed	X Address AN DIEGO CA
	X (858) 278-0349 Zip Code
	Invoice #
Work Order # E 15500	Acot. #

@ Printed on respelled paper

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F 15500

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

73

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4 SEX
CORA		V	HEDRICK		ALCOHOLOGICAL TO CALCULATE AND	20/2000 F
SA CITY OF DEATH				TH-OUTSIDE CALIF., 6	S. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
SAN DIEGO			ENTER STATE S	AN DIEGO	OF INFORMANT WILLIAM T. HEDRICK	-HIISBAND
			OR PERSON ACTING AS SUCH 78. C.	ALIF, LICENSE NUMBER	4197 HATHAWY ST	*
1/0/2011/0/2012	EMATION SER			The state of the s	SAN DIEGO, CA 9211	1
P.O. BOX	Control of the control of the last the control of t	DIEGO, CA 92		The state of the s	BA. SIGNATURE OF APPLICANT-PLATE INN	gorne, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby : Section 10	ecknowledge as applicant that th 1376 of the Health and Salety Cod	e proposed disposition states terem is one of the e, and was authorized pursuant to Section 7100 of	the dispositions authorized by the Health and Salety Code.	m. Sarul	. 101/24/2000
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE W FORNIA HEALTH AND SAF TY FOR THE DISPOSITION O RIGHT OF DISPOSAL OUTSES (SPECIFIED \$7.00	98 DATE PERMIT I 01/26/20 M. SANDO		GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE	9D. ADDRESS OF R	EGISTRAR OF DISTRICT	OF DEATH- SE. A		OF DISTRICT OF DISPOSITION-	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	# DEATH OCCURR		14	DISPOSITION IS TO OCCUS	R IN ANOTHER DISTRICT IN CALIFORNIA	
DISPOSITION.	P.O. BOX SAN DIEGO	, CA 92186-5	222			
IO. AUTHORIZED DISP					FOR CORONER	S USE ONLY
X A. BURIAL (INCL	UDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT		G REMAINS LOCATED AT
X B. CREMATION			F. DISINTERMENT		(Name and Address)	
C. DISPOSITION	OF CREMATED REM EMETERY	AINS OTHER	G. SHIP IN TO CALIF	ORNIA		
D. SCIENTIFIC U	SE		H. TRANSIT TO OUT	SIDE OF CALIFORNIA		
	THE RESERVE OF THE PARTY OF THE	DDRESS OF CALIFORN		1 118. DATE BURIED	110 SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BURIAL		CEMETERY 375	51 MARKET ST	11 70 00	11/1/	
	THE RESERVE OF THE PERSON NAMED IN	O, CA 92102		1-28-00	VIIII I ha	
		DDRESS OF CALIFORNI	STORY WILLIAM FAIR	12B. DATE CREMATE	D 12C, SIGNATURE OF PERSON IN	PRANCE OF CHEMATIC
CREMATION	CONTRACTOR CONTRACTOR	ON SERVICES,		11/26/00	A. Vch	refl
			STA, CA 92083		1	
SCIENTIFIC	TRA NAME AND AL	ODHESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEIVE	ED 13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
USE				+		
	N/A	ABBERG IN BEGENNING	ATTE OF GREATING WATER	1	>	-
		CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	148 DATE SHIPPED	OF PLACING WITH THE CAR	
TRANSIT	27.64			1		Xeranii M
	N/A	DEET DON'T ON SHODE	INE, OR OTHER DESCRIPTION SUF-	1 450 0450 05	Les author or proper w	
SCATTERING AT SEA			CA DISTRICT OF DISPOSITION	DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE-
DISPOSITION OTHER THAN IN A CEMETERY	27/4					MAINS DISPOSER —IF APPLICABLE
A A STATE OF THE PARTY OF THE P	10/10	MPANIES THE DELL	AINO TO THE OTATES OF AC	OF OF DIOPOSITION	THE PERSON IN CHARGE OF	E DISPOSITION IS
COPI OF IF	E PERMIT ACCO	MITANIES THE HEM	AINS TO THE STATED PLACE	DE OF DISPUSITION	THE PERSON IN CHARGE OF	F DISPUSITION IS

COPY 1

RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL

REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-99

ina liner	Funeral, date, tir	maken	10-18	1,0
Church, Chapel, Graveside	Toroneside:		N	Mortuary.
All Funeral cars must arrive before 3:90 p	A CONTRACTOR OF THE PARTY OF TH	AND RESIDENCE OF STREET, STREE	charge of \$	50.00
will be applied and billed to undersigned.				
Lot 5 6 Grave 6 Row	Section	3 Div	ision /Block	13
Grave space & Care Fund		***************************************		75.00
Additional spaces and care fund				
Opening/Closing & Setup	8 1999		3	15.00
Burial Container UCI 1	9 1999		19	0.00
Handling Fees	property and the second		14	5.00
Flower vases - Marker setting fee				7
Recording and filing fee			45	5.00
Sales taxes			17	.73
at manta		Total Due	15	64.70
in shall	aid receipt number .	R- 516	33 1	564-7-
ما در		Bala	nce due 🗲	0
I hereby certify I am the		of the	above name	d decedent
and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizat	ation and I agree to	above indicated hold Mt. Hope C	I certify and cemetery har	f represent mless from
I hereby authorize the interment in lot I	*			
hold under deed.	Signature			
Signatura of recorded holder of deed	Address			
	City			Zip Code
	Telephone		40	
	Invoice #			-
4 5 5 1 4				

E 15501

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)				TE OF DEATH	4. SEX
1	Kwasi		Levan	Mitchell		102140		12/1999	ж
5A	CITY OF DEATH			5B. COUNTY OF DEAT	TH-OUTSIDE CALIF.,		ATIONSHIP, FULL MAILING	ADDRESS AND ZI	P CODE
2	an Diego			San Diego		OF INFORM	Mitchell, Mo	cher	
		DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER		5th St. #5	cnor	
		D			IF APPLICABLE		ego, CA 92104		
	Anderson	Diego. CA	ort.; 5050 Fede 92102	star prod.!	F-1329	BA SIGNATUR	RE OF APPLICANT—Parant ball	TAG BB Immy	E SIGNED
	ACKNOWLEDGMENT OF A	nes where I fremby a	conswieder as applicant that the proper	and dispusition stated human is one of the as authorized pursuant to Section 7100 of t	e dispositions authorized by	NIN	111. 4178/1	10/1	5/1999
	PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH P	ROVI- DA AMOUNT OF FEE E	AID 98 DATE PERMIT		SIGNATURE OF LOCAL RE		
10	A TANK DAVING NAME OF	AND IS THE AUTHORIT	FORNIA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC	IFIED	10/18/199	19		991	5636
	OCAL REGISTRAR	IN THIS PERMIT. NOTE: THIS PERMIT GIVES N	O HIGHT OF DISPOSAL OUTSIDE OF CALF	\$7.00	J. Junyo	1		-F.	
	IY CHANGE IN DISPOSI-	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF		DRESS OF REGISTRAR DISPOSITION IS TO OCCU				
PE	DISPOSITION,	Vital Reco		85222 5222	-				
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER	'S USE ONLY	
1	A BURIAL (INCLI	UDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT	I	I. DISPOSITION PENDIN		CATED AT
I	B. CREMATION			F. DISINTERMENT			(Name and Address)		
1	C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	ORNIA	- 4			
[D, SCIENTIFIC U			H. TRANSIT TO OUT	SIDE OF CALIFORNIA				
6		11A. NAME AND A	DDRESS OF CALIFORNIA CE	METERY	118. DATE BURIED	11C. SI	GNATUBE OF PERSON IN	CHARGE OF BU	JRIAL
	BURIAL	Mt. Hope C	emetery; 3751 1	Warket St.:		1	V -	1	
		The second secon	an Diego, CA 92	ENTER DESIGNATION OF THE PROPERTY OF THE PROPE		11/	und t	leanes	-
ITEMS	THE REAL PROPERTY.		DDRESS OF CALIFORNIA CR		12B. DATE CREMATE	ED 120. S	GNATURE OF PERSON IN	CHARGE OF CRI	EMATION
E 3	CREMATION	-					//	/	
VBE.					1	•	/		
PPLICABLE	23.0000000000	13A. NAME AND AL	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SI	GNATURE OF PERSON IN	CHARGE OF FA	ACILITY
APP	SCIENTIFIC	-							
=	USE				1				
E	T		DDRESS IN RECEIVING STAT		148. DATE SHIPPE		DDRESS AND SIGNATURE		CHARGE
OMPLET	TRANSIT	REMAINS OR	CREMATED REMAINS ARE T	O BE SHIPPED		Of	PLACING WITH THE CAP	HIER	
8		-			1				
0	SCATTERING AT SEA			OR OTHER DESCRIPTION SUF-	15B. DATE OF		GNATURE OF PERSON IN	15D. DCENSE	
	OR DISPOSITION OTHER	FICIENT TO IDE	ENTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITION	CI	HARGE OF DISPOSITION	DF CREM	ISPOSER
	THAN IN A CEMETERY	-			-			-IF APPI	OCABLE
-									

COPY 2 IS RETAINED BY 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 John Ryshole	Address: S050 telen	Date:Dollar	en Deen 9210 1564.73	30
In Payment of	Turned of Russel	Mitcheld		
Lot 56 Grave _	lo Row S	ection 3	Division 12	
Acct. No. • Acct.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 670	84 00 00 00 00 00 00 00 00 00 0	
Pre-Need Lot	ISSUED BY 2 MANAGE	Misc, Fees 771 Pre-Need 630	83 33 622	

Pre-runt that that

REA-104 (7-96)

MT. HQPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-99

ofLilian Na		THE RESERVE THE PROPERTY OF THE PARTY OF THE
ina double depth	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 300 p	m. of regular work day or an extra charg	e of \$
will be applied and billed to undersigned.	CONTRACTOR OF THE PARTY OF THE	
/		
Lot 69 Grave Row	Section 2 Division/	Block 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	AII	150.00
Burial Container	NOT 2 8 1000	380.00
Handling Fees		Jakoballa
Flower vases Marker setting fee MTD.	HOPE CEMETERY	125.00
Recording and filing fee	SANTEGO CATE	A. A. L.
Sales taxes		29.45
	Total Due	2589.45
Preneed Pr	aid receipt number R - 516 19	2589.43
	Balance di	ie
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 authorization	tion of remains as above indicated. I certain and I agree to hold Mt. Hope Cemeter	named decedent tily and represent ery harmless from
I hereby authorize the interment in lot I	Lullian m	esh
hold under deed.	5619 SAN ONOF	E TERR
Signature of recorded holder of deed	SAN 13150 CA City 619-263-13 Telephone	92114
F 45500	Invoice #	
Work Order # E 15502	Acct. #	

O Printed on recycled paper

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Ann Nash Address: 5990 Dandridge La Vart 168 S Two Thousand Freshindred Eighty Nine as 48/00 Dollars (\$ 2589.45) In 6011 Payment of Prenal Lat 3 to 2								
Lot 169 Grave	11	Row	Section	2	Division Block 13			
#nvoice No	NOT VALID FOR PURPOS "PAID" IN THIS SPACE	ESTATED UNLESS		Sales Care 77 Sales ts 77 ling/ ng 77 liners 77	007 17.9 184 17.6 180 77.6 181 100 181 100	00		
Pre-Need Lot At Need On Acct	Z	ynd-	2000000	reding 5 Fees 77 feed 53 9 Tax 60 78	185 100 183 183 183 183 183 183 183 183 183 183	45		

and whing

MT. HOPE GEMETERY '

INTERMENT OF DER

City of San Diego

Date 10-15-99

or wederick	Funeral, date, ti	ha	10-18	10
Type of Burisl Containing	The second second second second	**	V	
Church, Chapel, Graveside Chapel	Grewale:		1	_ Mortuary.
All Funeral cars must arrive before 300	p.m. of regular work	day or an ex	tra charge of \$	
will be applied and billed to undersigned.				
Lot 102 Grave 7 Row	Section	, 3	Division/Block	13
Grave space & Care Fund]	95.00
Additional spaces and care fund			=	
Opening/Closing & Setup			<u>3</u>	15.00
Burial Container				112 20
Handling Fees			1	45.00
Flower vases Marker setting fee			7	25.00
Recording and filing fee				45.00
Sales taxes			VaT.	DF DI
		Total Due	19	05.00
	Paid receipt number	K- 31	110	48200
X		8	alance due _	-0
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizal	ation and I agree to	above indica	he chove nam ted. I certify as e Cemetery ha	nd represent
I hereby authorize the interment in lot I	X		X	
hold under deed.	Signature	Sue	Junery P	,
Signature of recorded holder of deed	Address	16		
	Tesophone			Zip Cade
	Invoice i			

Dow 104- 3-13 Humphry the total since or would mara Settem 490-5222 4 8527

mostured for

MT, HOPE CEMETERY INTERMENT ORDER

TEL MI

City of Ban Diego

bare 10-15-99

the state of the s	surject to your rules and regulations, to fater the remains
of Madentile 10	Fundral date time Mars 10 - 18 1:00
In a Political Contract	
Church, Chopel, Graveside	Man
will be applied and billed to undersigned	n of Ingular work day or an extra charge of \$
Will be appress and united to decide address.	
Lot Grave How_	3Division/summer_12
Grave space & Care Fund .	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Surial Container	3127812
Hundling Feee	195.00
Flower vases Marker setting tee	125.00
Recording and filing fee	15.00
Sales taxes	1495 DO
	Total Dun
Pal	d receipt number
I hereby certify I am the A \exp\ () and this to your and this to your any healt I have the og any healthly on exceen of said authorization.	Radings the above named document of the above named document of the above named from and increased harmless from
I hereby authorize the intermedial for I hold under dead	> 20 moleka way
State - Val Lauralia Facilità di Asse	15 10 2 12 182A
Work Order . E 15503	Act 4
menung (5.06) This links	report's and later or anymail or forming upon request

E 15503

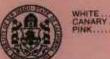
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

11	RODERIC	The state of the s	JONES,	JR.			TE OF DEATH 4. SEX
5/	CITY OF DEATH	Chula Vista	58. COUNTY OF DEATH ENTER STATE San		OF INFORMAN		- Cousin,
7.6	Humphrey (DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Thula Vista Mortuary Tay Chula Vista CA 91910	-	APPLICABLE	2247 Mpl San Dieg	Charles of Colonia, of Colonia of	
_	AOWOWLEDGMENT OF A	I I have be extraorded to an applicant that the designed down	1		BA SIGNATURE	DE APPLICANT—Bargar takin	permit 88 DATE SIGNED
	PERMIT UTHORIZATION OF OCAL REGISTRAR	Section 10376 of the Health and Safety Code, and was author THIS: PERMIT IS USSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WHEN PRIMIT DITE. NO RIGHT OF DISPOSAL ONTSIDE OF CALIFORNIA.					GISTRAR ISSUING PERMIT
AI	TY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 8522 San Diego CA 92186-5222	I IF D	HESS OF REGISTRAR			
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER	S USE ONLY
Total State of	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA		I. DISPOSITION PENDIN (Name and Address)	G—REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE Mt. Hope Cemetery - 3751 Has San Diego CA 92102	rket Street	11B. DATE BURIEL	11C, SIGN	ATURE OF PERSON IN	CHARGE OF BURIAL
WHE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMAT	ED 12C SIGN	ATURE OF PERSON IN	CHARGE OF CREMATY
ILL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C, SIGN	ATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE		ESS AND SIGNATURE LACING WITH THE CAR	OF PERSON IN, CHARGE RIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION		ATURE OF PERSON IN RGE 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 527-3400

From Talabolific	Address: 5070 Jane 1	Date:	197 9210 1488 00
Payment of	7 Row Se	h foru	Division 12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77194 – 80% Sales 100 of Lots 17184 – Opening/ 100 Closing 77181 – Burial 100 Containers 77182 –	151 00 525 00 375 00
Pre-Need Lot	ISSUED BY	Handling Fee 77165 – Recording A 100 Misc. Fees 77163 – Pre-Need 53033 Trust 9022 – Seles Tax 60101 78390 – TOTAL PAID	170 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-19

of	Elnora	Boude	eaux	7	طعس	000	<i>Q.</i>
in a	Type of Bugist Conjainer	Fune	eral, date, tim	ne//	1:00	10-1	9-99
Church, Chap	oel, Graveside	Chapel/	G_:_	CAB.	ucie1	- 11	Mortuary.
All Funeral ca	ars must arrive bel	lore 3:30 p.m. of re	gular work d	ay or an e	extra char	ge of \$	
will be applied	d and billed to und	lersigned.					
ot 139	_ Grave	Row	Section	2	_ Division	/Block_	12
Grave space	& Care Fund						375 00
Additional sp	aces and care fun	PA	11)				
Opening/Clos	sing & Setup					3	375.00
Burial Contain	ner	OCT 4.9	9 1999			/	90.00
landling Fee	s	MT. HOPE C	TOWNTER	N.		1	45.00
Flower vases	- Marker setting	MT. HOPE C	TEGO, CA	UE			-
	ALL ON THE RESERVE						45.00
Sales taxes							17.73
_				Total Due		1	664-7
	very to bri	75 Paid rece	ipt number_	8-21	624	_ 11	064.7
Ch	eck.				Balance	due	-0
l hereby certi	fy I am the				f the above	e name	d deceden
that I have th	e right to make thi	ake disposition of a s authorization and	d I agree to h	bove indic old Mt. Ho	cated. I co	ertify and etery har	I represen mless from
any liability o	n account of said	authorization and	interment.		,,		
hereby auth	orize the intermer	nt in lot I	Signature			E 25 1	
hold under de	eed.		Address	10	2		
Signature of record	ed holder of deed			3	Carly	w	
			Cay	0	,,,		Zip Cod
			Telephone			3.75	
			Invoice #_	3.6			
	E 1550	/4					

Martin E 15504

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby multiplized and instructed.	subject to your rules and regulations, to inter 10% semains.
H Elnore Bei	
	Funeral, date, time (1.200 70-79-75
Shurch Channi Rusuanda Charle	ALC I GARLES Mortuary
Le Carrie	m, of regular mork day bright erica charge of \$
will be applied and billed to undersigned	
01_139 Grave S Aevy_	Section 2 Division/Floors 12
Grave space & Care Fund	
Pening/Closing & Setup	The state of the s
Burial Container	
	145.00
Nower vases - Marker setting for	
Recording and filling fee.	4300
	19.50
20/68 (8/93	Total Dun
Moraway to bring to	1000 000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Chark II	
11/	Balance dus
of the law on a manual to the control	of the approximate Los rate it. If it mains an approximation of it can jet and regressed are and it as no to boild the Mopa Canadary harmy was from
my limitely on extraord of each authorization	100000000000000000000000000000000000000
naraby emecuse the interment in and I	alla Atter
William	MUSALIFORNIA CREMATION & BURIAL CHAPPEL
American constant	5000 EL GAJON SIAM.
	SAMDEGO, CA 92115
	Invoice #
700x Order # E 15504	Acci #

E 15504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

87

IA NAME OF DECEI	DENT—FIRST (GIVEN) 18. MIDDLE SIMON	BOUDREAUX		2. DATE OF BIRTH 3. DATE OF DEATH MONTH DAY YEAR 12/04/1911 10/15/1999	
SAN DIE	GO	58 COUNTY OF DEATH	OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND OF INFORMANT DIANNE MCKINLEY-DAUGHTER	ZIP CODE
CALIFORNI	ADDRESS OF CAUFORNIA FUNERAL DIRECTOR OR PERSO CA CREMATION & BURIAL CHAPEL CAJON BLVD., SAW DIEGO, CA		APPLICABLE	1428 CARLY COURT SAN DIEGO, CA 92114 BA SISBATURE OF APPLICANT—Purson baumg permit. 88. 69.	TE SIGNED
ACKNOWLEDGMENT OF	APPLICANT I birely acknowledge as applicant that the proposed di Section 10375 of the Health and Safety Code, and was au			The state of the s	/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	10/19/199 K. WALKE	R ► 9915710	NG PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	UTTAL DECODING DO O BOY O			OF DISTRICT OF DISPOSITION— IS IN ANOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ON	.Y
B. CREMATION	N OF CREMATED REMAINS OTHER CEMETERY	E TEMPORARY ENVA F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	L DISPOSITION PENDING—REMAINS (Name and Address)	OCATED AT
BURIAL	MT. HOPE CEMETERY 3751 MAR SAN DIEGO, CA 92102	KET ST.,	118. DATE BURIES	Horman Lenguer	BURIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMAT	ED 12C. BIGNATURE OF PERSON IN CHARGE OF C	REMATION
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	138, DATE RECEI	VED 13C. 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 SHIPPI	THE ADDRESS AND SIGNATURE OF PERSON OF PLACING WITH THE CARRIER	N CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FIGENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	I MAINS	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.

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

La Charist	5180 31 1.	Date: 10	199
Ore House by	Address:	Dollars	15 Volo 4. 73,
Payment of	9	Section	Division Block
W.O. E-1550	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	O CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7738 Opening 7718 Gooling 7718 Burtat 16 Containers 7718 Handling Fee 7718 Hecording 8 10 Misc. Fass 7718	716 00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ AC-212 (Rev. 5-94)	ISSUED BY A MANUEL	Pre-Need 6300 Trust 902 Sales Tax 6010 7836 TOTAL PAID	14 73

MT. HO CEMETERY

INTERMENT ORDER

City of San Diego

st burial Napoleon Jo	Date OCT: 18 1
You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the remains
or Lille I. Jones	7 Thur 10-21 11:00
Type of Burlat Continer Church, Chapel, Graveside	Funeral, date, time MVV 10-4 1100
All Funeral cars must arrive before 3:30 p.m.	
will be applied and billed to undersigned	
Lot 2/0 Grave Row	Section Division/Block O
Grave space & Care Fund He MCA	el E4469 ¢ E7385
Additional spaces and care fund	
Opening/Closing & Setup	-1383
Burial Container 10-45-4 Burial	:. 3
Flower vases – Marker setting fee	
Recording and filing fee	14
Sales taxes	· 0
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am theand 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 deceder n of remains as above indicated. I certify and represer 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
Signature of recorded holder of deed	Address Zio Cod
	Tolephone
	Invoice #
Work Order # E 15505	Acct. #
DEA 104 17 083 This inform	nation is available in atternative formets upon reques

INVOICE NO.

4469



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

ina U	_ Funeral, date, time	
Church, Chapel, Graveside		Mortuan
All Funeral cars must arrive before 3:30	p.m. of regular work day or an	extra charge will be applie
and billed to undersigned. War time vet		
20		10
Los 205 GraveRow_	Section	. Division/Block
Grave space & Care Fund		
Additional spaces and care tung	(A) AP	Arma Time
Opening/Closing & Setup	ceea Cause	CAGO 640,0
Burial Container	(e) 320.00	7 390.0
Handling Fees		530.0
F ower vases - Marker sempe fee		
Recording an Amag (se	2000	
Sales taxes	************	21.4.
APR 27 1988	Total Due	1346.4
MT. HOPE CEMETERY	Paid receipt number 360	54 /346.4
CITY of SAN DIEGO, CALIF.		Balance due
-		
I hereby certify I am the	eition of remains as above ind	of the above named decede
that I have the right to make this author any liability on account of said authoriz	ization and I agree to hold Mt. H	lope Cemetery harmless fro
any hability on account of sale additional	1 Å	W ->
I hereby authorize the interment in lot	Samuel As Samuel	Barothe
hold under deed.	Admise	0
Signature of recorded holder of deed	State	Top
	Teleshone	
	Teleprone	
	Invoice #	
Work Order # E 7383	Acct.#	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

OF BIRTH	3. DATE OF DEATH 4. SE
/1913	10/16/1999 F
HID FIRE M	
HIP, FULL M	IAILING ADDRESS AND ZIP CODE
	IAILING ADDRESS AND ZIP CODE
A. Jone	es, Jr., Son
A. Jone	IAILING ADDRESS AND ZIP CODE

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH				
Lillie		Taylor	Jones		12/16/1913	AR MONTH, DAY, YEAR F			
5A. CITY OF DEATH San 1	Diego		San Diego	NO STRUCTURE TO STRUCT	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT				
A STATE OF THE PARTY OF THE PAR	The second second	IA-FUNERAL DIRECTOR OR PERS		THE TREEWING MUNICIPED	Napoleon A. Jo				
Anderson-l		ortuary; 5050 Fed Diego, CA 92102	deral Blwd.		San Diego, CA	Plaza Dr. #531' 92128 T—Perun taling pomit, 88. DATE SIGNED			
ACKNOWLEDGMENT OF A	contract I hereby a	acknowledge as applicant that the prepared 0.176 of the Health and Safety Code, and was a	dispusition stated become in one of the		Mehlerch	10/18/199			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALE AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PRO- FORMIA HEALTH AND SAFETY CO- TY FOR THE DISPOSITION SPECIFI ID HIGHT OF DISPOSAL DUTSIDE OF CALFORN	\$7.00	10/21/199	Court of the second second	LOCAL REGISTRAR ISSUING PERMIT 9915875			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DE ED IN CALIFORNIA Drds; P.O. Box 85 Dieso, CA 92186-	5222		OF DISTRICT OF DISPOSITION R IN ANOTHER DISTRICT IN CA				
A. BURIAL (NOLL) B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED REM		E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF. H. TRANSIT TO DUTY.		L DISPOSITI	ORONER'S USE ONLY ON PENDING—REMAINS LOCATED A d Address)			
BURIAL		Cemetery; 3751 N San Diego, CA	Market St.	118. DATE BURIED	11C SIGNATURE OF F	PERSON IN CHARGE OF BURIAL			
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATE	ED 12C SIGNATURE OF P	ERSON IN CHARGE OF CREMATION			
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF F	PERSON IN CHARGE OF FACILITY			
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148, DATE SHIPPER	D 14C ADDRESS AND S OF PLACING WITH	IGNATURE OF PERSON IN CHARGE H THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	VREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		16B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISE				

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

Bre-red 2st

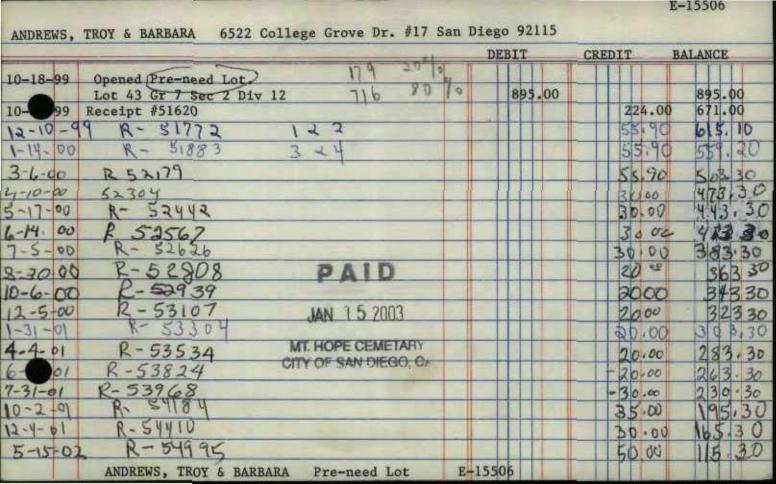
MT. HOPE CEMETERY

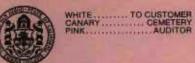
INTERMENT ORDER

City of San Diego

Date 10-18-59

or Troy & Barba	ira Andrews	
	Funeral, date, time	
Type of Swint Comfiner Church, Chapel, Graveside	the state of the s	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
		12-
Lot 43 Grave 7 Row	Section Division/B	lock 8954
Grave space & Care Fund		-
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Recording and filing fee		
Recording and filing fee		1200 00
Recording and filing fee	Total Due	1200 00
Recording and filing fee		1200 00
Recording and filing fee	Total Due	895.00 aay.00
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	receipt number R-51630 Balance du of the above n of remains as above indicated, I certin	875.00 aay.00 e b71.00 named decedent
Paid 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.	receipt number R-51630 Balance du of the above n of remains as above indicated, I certin	875.00 aay.00 e b71.00 named decedent
Paid 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.	Total Due	875.00 aay.00 e b71.00 named decedent
Paid Thereby 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 thereby authorize the interment in lot I hold under deed.	receipt number R-51630 Balance du of the above in of remains as above indicated. I cert n and I agree to hold Mt. Hope Cemete and interment. Signeture Address	895.00 aay.00 e 671.00 named decedentity and representry harmless from
Paid Thereby 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 thereby authorize the interment in lot I hold under deed.	Total Due	895.00 aay.00 e b71.00 named deceden ity and représen ry harmless from
Paid 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 in I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Work Order # E 15506	Total Due	875.00 aay.00 e b71.00 named decedent





MOUNT HOPE CEMETERY 527-3400

	The second secon	Date:	, 19.7.1
Two Hundred Twenton Property Payment of Produced Street		Fue Tray	516 224.00) and Barbara
Lot 413 Grave	7Row	Section 2	Division 12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 771 80% Sales of Lots 771 Opening/ Closing 77 Burist Containers 771 Handling Fee 771 Recording & Misc. Face 771	84 24 00 84 00 81 00 82 00 82 00 83 00 84 00 85 00 86 00 87 00 88 00 80 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 594)	ISSUED BY Lynch	Pre-Need 530 Trust 90 Sales Tax 507 TOTAL PAID	X22

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

ACCOUNT No. Pre-need Lot E-15506

Troy & Barbara Andrews 6522 College Grove Dr. #17 San Diego, CA 92115

Lot 43 Gr 7 Sec 2 Div 12

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	10	JAN
	nt due ste abo		aid on	or bel	lore,		> 5		27.9)5	
Amou after (nt due lue dat	t paid to	nore th	nam	da	lys	s	-		1/2	2
		2		-	nount !	Receive	\$	_	7.5	7.5	- 5
NAM	E /A	By.	52	20	re	PA	C/4 .	An	10	ea	2/1
CITY	5	石	heck	· (V) if ti	STAT	new	add	ZIP ress	93	115

				E BOO		ittance	CC	OUP	ON		1	
				-ne		Lot	E-	155	06			
Croy	2 &	Bar	bar	a A	ndr	ews	1					
				Gro			#1	.7				
		CONTRACTOR AND		9								
Lot	43	Mon	th ar	ec nd Da	y Di	Jiv Je in	dicat	ed B	elow			
				MAY							DEC	Ì
								-		10		l
	nt due ate abo		oaid on	or bef	ore,		> \$	_ 2	27.9	95		-
Amou after	nt due due da	if paid i	more ti	an	_da	ys)	> 5				_	
							5					
				Arr	ount F	Receive	d S	1	27.	55	1	
NAM	E		-									
ADD	RESS											
CITY				-		STAT		-	ZIF	100		
			heck	(1)	if t	his is	new	/ add	ress			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-99

11,00: 1. 8	ect to your rules and regulations, to inter the remains
ina Dowly Depth Fr	meral, date, time 20 10-23 1:30
Church, Chapel, Graveside	w : Teatheringell Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 10 Grave 3 How	Section MAS Division/Block
Grave space & Care Fund P	1595.00
Additional spaces and care turb	375,00
Opening/Closing & Setup	380,00
Burial Container	
Handling Fe's	METERY 3 Q 0.00
Flower vases - Marker setting res	117 00
Recording and filing fee	45,00
Sales taxes	29:45
	Total Due 2199.4
Paid re	ceipt number M 2744.4
93 -	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	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.	X Separate 4 242 Specifyle + 45
Signature of recorded holder of deed	* La meso Cal 9194/ 1619 4610285
Work Order # E 15507	Invoice #

ROY WILLIAM 42 NEWBY DON 7 DONNA NEW LY-1951 Francusia, Ll 7. (20) Famengiagill 7: (20)
1595.00
1595.00
1595.00
1595.00
1595.00

E 15507

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL	n	2. DATE OF		E OF DEATH	4. SEX
W	illiam		Craig	Newby		01/29/19	A STATE OF THE PARTY OF THE PAR	3/1999	M
	en Diego			58. COUNTY OF D ENTER STATE San Dieg		NAME, RELATIONSHIP OF INFORMANT	, FULL MAILING A	DDRESS AND ZI	CODE
	Fea	theringill	Mortuary an Diego, CA 9211		CALIF LICENSE NUMBER IF APPLICABLE	242 Spring a Mesa, CA a Signature of APPI	St. #45 91941		SIGNED
	ACKNOWLEDGMENT OF AF	outcome I hereby	acknowledge as applicant that the proposed di 1976 of the Health and Safety Code, and was au	aposition stated herein is one o		Pakher	Patlini	1/10/18	/1999
ANT	IV CHANGE IN DISPOSH ION REQUIRES A NEW	THIS PERMIT IS USE SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE. THIS PERMIT GIVES IN 90. ADDRESS OF R IF DEATH OCCURR	JED IN ACCORDANCE WITH PROV FORMA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE TO RIGHT OF DISPOSITION OF CALFORNIA EGISTRAR OF DISTRICT OF DEA	9A. AMCIUNT OF FE	Designation of the last of the	F DISTRICT OF DISPO	SITION—	GISTRAR ISSUIN	3 PERMIT
30.0	DISPOSITION.	-0 202 032	92186-5222	1			R CORONER'		
The party prints per	B. CREMATION		IAINS OTHER	E TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C			OSITION PENDING ne and Address)	g—remains lo	CATED AT
	BURIAL		DDRESS OF CALIFORNIA CEME Cem. 3751 Market		11B, DATE BURNED	11C. SIGNATURE	OF PERSON IN	CHARGE OF BU	RIAL
		San Diego,			W-27-76	11	P		4
OLE HEMS	CREMATION	San Diego,			128. DATE CREMATE	D 12C. SIGNATURE	OF PERSON IN	CHARGE OF CRI	EMATION
A APPLICABLE HEMS	CREMATION SCIENTIFIC USE	San Diego,	CA 92102	ATORY	128. DATE CREMATE	12C. SIGNATURE			
MPLETE ALL APPLICABLE TEMS	SCIENTIFIC	San Diego, 12A. NAME AND A 13A. NAME AND A	CA 92102 DDRESS OF CALIFORNIA CREM	ATORY TY RECEIVING REMAIN R COUNTRY WHERE	128. DATE CREMATE	ED 13C. SIGNATURE	OF PERSON IN	CHARGE OF FA	CILITY

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



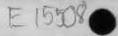
MT. HOPE CEMETERY

INTERMENT-ORDER

City of San Diego

Date 10-18-55

of to	Leon	(-) Uga	201					_
in a	Two of Buriet Segialner		Funeral, d	ate, time	المعنى ا	10-3	10-99	12:0
Church, C	hapet Graveside	3100		_:_0	AT	Buriel	Moi	rtuary.
All Funera	I cars must arrive before	ore 3:30 p.m	n of regular	work da	y or an e	extra charge	of \$ 15	0,03
will be app	itied and billed to und	ersigned						
-							9	2
Lot 91	Grave 8	_ Row _	Se	ection _	1	_ Division/l	Block 8	95
Grave spa	ce & Gare Fund						89	500
Additional	spaces and care fund	d						
Opening/C	Closing & Setup		/2.1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37	5.00
Burial Con	tainer	6	F-76 8 8	<i></i>			190	0.00
Handling F	Fees	OCT	1 8 190	90			145	.00
Flower vas	ses - Marker setting f	ee .						
Recording	and filing fee	MT. HO	ECEME	STERY			45	5.00
	ıs						14	1.73
				Т	otal Due	·	166	4.73
		Paid	d receipt nu	mber_F	516.	21	166	1.73
						Balance du	ie _ €	-
I hereby c	ertify I am the				0	f the above	named de	cedent
and this is that I have	your authority to ma	ke disposition s authorizati	on of remain on and I agr	ee to ho	ye indi	cated. I cer ope Cemete	tify and rep ery harmles	resent s from
	y on account of said a					CLIS	The Control of the Co	2007
	uthorize the intermen	t in lot I	×		٥٥٠	-	20	
hold under	r deed.		7	72	236	Bruck	e au	4
Signature of re-	corded holder of dead		Addr	SP	reine	7 Wel	lex-81	197
			Con	519)	699	3-33	57	Zip Code
			Teley	phone /				
	E 1550		Inv	oice #				



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 (FA	MILY)			ATE OF DEATH 4. SEX TH, DAY, YEAR
LEON	2			SON, JR.		02/23/1967 10	/15/1999 NM
5A. CITY OF DEATH			5B. COUNTY O	F DEATH—OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND AP CODE
SAN DIEGO			SAN D	And Continue on	THE RESERVE AND ADDRESS.	SIMON-SISTER	
7A. TYPED NAME AND AL	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR	THE RESERVE AND ADDRESS OF THE PARTY OF THE	7B. CALIF. LICENSE NUMBER	SECULO CONCESSOR	BRUCKER AVE.	
CALIFORNIA	CREMATION	& BURIAL CHA	PEL	—IF APPLICABLE	SPRI		1077
5880 EL CA	JON BLVD.,	SAN DIEGO, C	A 92115	F-1357	material and the second	ATURE OF APPLICANT—Person to	AND REAL PROPERTY AND ADDRESS OF THE PERSON
ACKNOWLEDGMENT OF A			represent disposition stated herein is no was authorized personnt to Saction	one of the dispositions authorized by 7100 of the Health and Safety Cade.	Vt.	intelacce	10/19/1999
PERMIT		JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET		Contraction of the Contraction o	And the second second	9C. SIGNATURE OF LOCAL P	EGISTRAR IŠSUING PERMIT
AUTHORIZATION OF		Y FOR THE DISPOSITION SI		10/19/1	999		
LOCAL REGISTRAR		O WASHE OF BRONDSML OUTSIDE OF SHOW G	MESONA \$7.00	K. WALL	KER	> 9915778	
ANY CHANGE IN DISPOSI-	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT (OF DEATH—	9E. ADDRESS OF REGISTRAR		NCT OF DISPOSITION—	
TION REQUIRES A NEW PERMIT TO SHOW FINAL		ORDS - P. O.	BOX 85222	9 DISPOSITION IS TO OCC	DIE IN ANC	HINE DISTRICT IN CALIFCAPEA	
DISPOSITION.	SAN DIEGO	- CA 92186-5	222	-			
10. AUTHORIZED DISP	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PARTY	A TANKS AND ADDRESS OF THE PARTY OF				FOR CORONE	R'S USE ONLY
TE A BURIAL ONCE	UDES ENTOMBMENT)		T E TEMPORAR	Y ENVAULTMENT		T I DISPOSITION PEND	ING-REMAINS LOCATED AT
B. CREMATION	TOTAL STITLE STITLE STATE OF THE STATE OF TH		F. DISINTERM			(Name and Address	
THE VENTER STREET, STREET,	OF CREMATED REM.	AINS OTHER	G. SHIP IN TO			(A)-300/04-1000/04/04/04	
THAN IN A CI	EMETERY						
D. SCIENTIFIC O	SE		H. IRANSII I	O OUTSIDE OF CALIFORNIA			
		DDRESS OF CALIFORNIA		1 118, DATE BURIE	D 110	. SIGNATURE OF PERSON I	N CHARGE OF BURIAL
BURIAL		EMETERY 3751	MARKET ST.		- !	11, 1	/
	SAN DIEGO,	GA 92102				Kull F	brown
	12A. NAME AND AL	DORESS OF CALIFORNIA	CREMATORY	128, DATE CREMA	TED 120	SIGNATURE OF PERSON I	CHARGE OF CHEMMEN
CREMATION	20					//	/
					1	11	
5	13A, NAME AND AD	ODRESS OF CALIFORNIA	FACILITY RECEIVING REM	IAINS 13B. DATE RECE	VED 130	SIGNATURE OF PERSON I	N CHARGE OF FACILITY
SCIENTIFIC	COMMING COMMIN			The same same		THE RESERVE	A STATE OF THE STA
USE							
4				1	1>		
		CREMATED REMAINS AR	TATE OR COUNTRY WHER	E 14B. DATE SHIPP	ED 114C	OF PLACING WITH THE CA	
TRANSIT	STEEL STATE OF THE			1	1		
5							
SCATTERING AT SEA			E. OR OTHER DESCRIPTION			SIGNATURE OF PERSON I	
OR DISPOSITION OTHER	FIGENT TO IDE	NITEY FINAL PLACE AND	CA DISTRICT OF DISPOSITIO	DISPOSITION		CHARGE OF DISPOSITION	OF CREMATED RE-
THAN IN A CEMETERY					1		-IF APPLICABLE

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



OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

			Date:	10-18		19.77
rom: Lisa Simon	Address:	723 BC	UCKET ANE	5	V. 91	977
One thousand Six	Hipares	Siet, Four	Calf &	Dollars (\$	1664.	73 1
Payment of	out at of	Leon F	Anderson	T Ball		
of Grave	8	Row	Section		Division	2_
voice No.	NOT VALID FOR PURE	POSESTATED UNLESSE	TAMPED CREDIT	67007 re 77184 —	179	00
cct. No.	This in This state		80% Sales of Lots	100 77184 —	3716	00
10. E 15508	FI NET		Opening/ Closing	77181 —	375	00
			Burial Containers	77182 — 100	190	-
ALANCE DUE			Handling Fer	77185 100	145	00
re-Need Lot	L. H.		Misc. Fees Pre-Need Trust	77183 — 63033 9022 —	- 10	
re-need Trust Cash Check Check		2.5	Salee Tax	60101 78390 —	14	73
>212 (Rev. 594)	ISSUED BY	-ynd-	TOTAL PAID	5	1664	73

grove more

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-00

Frank Given	is Brown M
na ash veult	Funeral, date, time 10:00 Thurs 1-27
Church, Chapel, Graveside	: Ragsdale Mortuary.
Il 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 Grave Row	Section 5 Division/Block 7
Grave space & Care Fund	
Additional spaces and care fund	
Burial Container	/05.00 55.00
Tower vases - Marker setting fee	7 2000
TOTTO YELDES - WIGHTER SCHILLY ICC	
Sales taxes CITY OF SA	CEMETARY AN DIEGO. U 4. 26
	Total Due
Most track to bring paid	receipt number R-52072 269.26
Paid	
	Balance due
hat I have the right to make this authorization	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.
hereby authorize the interment in lot I	Signature
ion diluci deed.	Address
rignature of recorded holder of deed	City Zp Code
	262-9001
	Telephone.
	Invoice #
Nork Order # E 15509	Invoice II

E15509

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 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX TC. LAST (FAMILY) Frank Givens Brown 5A. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT ENTER STATE San Diego San Diego John D. Hightower, Son 74. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER 5700 Cowles Hountain Rivd. Apt. F-160 IF APPLICABLE Anderson-Ragsdale Mort.: 5050 Federal Blud. La Mesa, CA 91942 San Diego, CA 92102 F-1329 8A. SIGNATURE OF APPLICANT-Ferror taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed dispisation stated herein is one of the disposition multicrumt by Section 10076 of the Health and Salety Code, and was authorized pursuent to Section 7700 of the results and Safety Code. 01724/2000 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 2001788 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-DE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI VIEST WEEELDAY 97 0. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TICH 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 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 Ht. Hope Cometery; 3751 MarketSSt. 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION Pacific Crematorium; 501 D Crane St. CREMATION APPLICABLE Lake Elsinore, CA 92530 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED SCIENTIFIC USE F 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE COMPLETE 148. 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 ISD. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION

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

MAING DISPOSER

-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

M 40

MT. HOP CEMETERY INTERMENT ORDER

City of San Diego

Date 1-24-00

	CHURCHMAN	11,00
	Funeral, date, time _ Wel _ 1- 2	
Church, Chapel, Graveside) Chape	GREENWOOD	Mortuary.
	p.m. of regular work day or an extra charge of	
will be applied and billed to undersigned		
100	13	~
Lot 6 1 Grave Row	10 Section Division/Bit	sek 5
Grave space & Care Fund	Rise - New Division/Ok	M-4775
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID	
Handling Fees		50.00
	AN 24 2000	
Recording and filling fee	OPE CEMETARY	45.00
Sales taxes	OF SAN DIEGO, C.	3.88
	Total Due	
NUMBER OF ALL	Paid receipt number 52063	473.88
V	Balance due	D
I hereby certify I am the	of the above no	amed decedent and represent
and this is your authority to make disport that I have the right to make this authorization in the liability on account of said authorization.	zation and I agree to hold Mt. Hope Cemetery tion and interment.	harmless from
and this is your authority to make disport 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 tion and interment.	harmless from
and this is your authority to make disport that I have the right to make this authorization in the liability on account of said authorization.	tion and interment.	
and this is your authority to make disport that I have the right to make this authorize any liability on account of said authorize LARLY CHRCHMAN I hereby authorize the interment in lot I hold under deed.	zation and I agree to hold Mt. Hope Cemetery tion and interment. Signsyste 32/2 VI57/4 0/600	
and this is your authority to make disport that I have the right to make this authoriza any liability on account of said authoriza ARRY CHROMAN I hereby authorize the interment in lot I	tion and interment.	
and this is your authority to make disport that I have the right to make this authorize any liability on account of said authorized which was a substitute of the line of the	Signapure VISTA DIEGO Address Address CA	RO 91935

E 15510

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A NAME OF DECEDE						1-24-00	
	NT-FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)	TID CUDYAW	2. DATE OF BIRTH		4. SEX
MARGARI SA. CITY OF DEATH	31	L.	1	URCHMAN	NAME, RELATIONSHIP, FULL N	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,	CODE
SAN DI	EGO		CAMPERS OF AND		LARRY CHRCHMAN		JUDE
GREENWOOD	MORTUARY: 1	A-FUNERAL DIRECTOR OR 1-805 & IMPERI SAN DIEGO, CA	CONTRACTOR	F APPLICABLE	3212 VISTA DIEG JAMUL, CA 919: SIGNATURE OF APPLICANT	35	SIGNED
ACKNOWLEDGMENT OF AS			sposed deposition stated herein is one of a d was authorized pursuant to Section 7100 of		Outer m	ega 101/25/	2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES IN	JED IN ACCORDANCE WITH CORNIA HEALTH AND BAFET BY FOR THE DISPOSITION SP WIGHT OF DISPOSAL OUTSIDE OF CA	FCOPE ST.00	PAID 98 DATE PERMIT ISS VICTORIA ME: 01/26/2000		ICAL REGISTRAR ISSUING	PERMIT
TION EEQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX				DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUPO	RMA	•
IO. AUTHORIZED DISPI		Control of the contro	E-TEMPORARY EN	AND TRAFFIC	4	ONER'S USE ONLY PENDING—REMAINS EOC.	
8 CREMATION C DISPOSITION THAN IN A CE D SCIENTIFIC US	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALL		(Name and A		ATED A
8. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY SE 11A, NAME AND AI MOUNT HOP	DDRESS OF CALIFORNIA (F, DISINTERMENT G, SHIP IN TO CALL H, TRANSIT TO OU	FORNIA TSIDE OF CALIFORNIA	(Name and A		
BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND A: MOUNT HOP 3751 MARK	DDRESS OF CALIFORNIA (F DIEGO, CA 9210	FORNIA TSIDE OF CALIFORNIA	(Name and A	ddress)	IAL
S. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND AI MOUNT HOP 3751 MARK	DDRESS OF CALIFORNIA (E CEMETERY ET STREET, SAI DDRESS OF CALIFORNIA (F DIEGO, CA 9210	FORNIA ISIDE OF CALIFORNIA 11B. DATE BURIED 2 /- 26-00 12B. DATE CREMATED	(Name and A	SON IN CHARGE OF BURI	IAL
BURIAL CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM EMETERY SE 11A. NAME AND AI MOUNT HOP 3751 MARK 12A. NAME AND AI 13A. NAME AND AI	DDRESS OF CALIFORNIA OF CEMETERY ET STREET, SAIDDRESS OF CALIFORNIA OF CALIFORNIA OF CALIFORNIA F	F. DISINTERIMENT G. SHIP IN TO CALL H. TRANSIT TO OU CEMETERY R DIEGO, CA 9210 CREMATORY FACILITY RECEIVING REMAINS ATE OR COUNTRY WHERE	FORNIA ISIDE OF CALIFORNIA 11B. DATE BURIED 2 /- 26-00 12B. DATE CREMATED	11C. SIGNATURE OF PER	BON IN CHARGE OF BURI BON IN CHARGE OF CREM SON IN CHARGE OF FACE	LITY

COPY 2 IS RETAINED BY 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 /- 24-00

You are he	ereby authorized and inst	ructed, si				
of	Geor	ge	H Bell,			
in a	Type a Build Collange		Funeral, date, ti	me we	4 1-	26-00 1
	hapel, Graveside		*	CAB	ofich	Mortuary
All Funera	cars must arrive before	200 p.m.	of regular work	day or an e	oxtra charg	e of \$
will be app	lied and billed to undersi	gned				
/						
Lot 10	2_ Grave _ 8	Row	Section		Division	Block 12
Grave spa	ce & Care Fund					895 a
Additional	ce & Care Fundspaces and care fund	P/	AID			
Opening/C	Closing & Setup					375.00
Burial Con	Closing & Setup	JAN '	2 4 7000			190.00
Handling F	eesMF	HOPE	CEMETAR		***************************************	145.00
	ses - Marker setting GbT.					
Recording	and filing fee				*************	45.00
Sales taxe	5					14.7
						1664.7
		Paid	receipt number	5200	-1	1664.73
					Balance d	ue 0
	ertify I am the			o	the above	named deceder
that I have	your authority to make of the right to make this aut	horizatio	n and I agree to	above indic hold Mt. Ho	ated. I cer pe Cemet	rtify and represer ery harmless fron
any liability	y on account of said author	orization	and interment.	111	10	200
I hereby as	uthorize the interment in I	lot I	XI	uldry	k a	Dall
hold under	deed.		30	31 M	ruly	ane.
Signature of rec	corded holder of deed		Addissa	~ lle	eigh	92/13
			Tomption 9) 239	1-24.	14 210 CDH
			Invoice #			
Mark Cont.	E 15511		Acct. #			

E 15511

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 IC. LAST	(FAMILY)			DATE OF DEATH	
GEORGE		H.	RELL	, SR.	O.	4/01/1926 0	1/21/2000	M
SA. CITY OF DEATH			SB. COUNTY	OF DEATH—OUTSIDE CALIF.	E NAME, RE	ELATIONSHIP, FULL MAIL	ING ADDRESS AND	ZIP CODE
SAN DIEGO				DIEGO	MILDR	ED L. BELL-	TEE	4
CALIFORNI	A CREMATION	& BURIAL	CHAPEL	H 7B CALIF LICENSE NUMBE —IF APPLICABLE		GREELY AVE.	13	
2880 EL C			, CA 92115	F-1357	1	URE OF APPLICANT—Perso		
ACKNOWLEDGMENT OF A				is one of the dispositions authorized to open 7100 of the Health and Salety Cude.	W > 7	I WAEK	01/	25/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT	IED IN ACCORDANCE ORNIA HEALTH AND S 'Y FOR THE DISPOSITION DIRECTOR OF DISPOSAL DUTSE	ON SPECIFIED	1/25/	EMIT ISSUED 90	SIGNATURE OF LOCAL		UING PERMIT
ANY CHANGE IN DISPOSI- TION RECURRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE VITAL RECOR SAN DIEGO,	DIN CALIFORNIA	BOX 85222	9E ADDRESS OF REGISTE IF DISPOSITION IS TO O		T OF DISPOSITION— HER DISTRICT IN CAUFORNI	•	
10. AUTHORIZED DISP	OSITION(S) CHECK AF	PPLICABLE ITEMS				FOR CORON	ER'S USE ON	NLY
B CREMATION		AINS OTHER	F. DISINTE	ARY ENVAULTMENT PMENT TO CALIFORNIA TO OUTSIDE OF CALIFORN	NA	I. DISPOSITION PE (Name and Addr	NDING-REMAINS	LOCATED AT
BURIAL	MT. HOPE O		751 HARKET STR	118. DATE BU		SIGNATURE OF PERSON	IN CHARGE OF	BUI
CREMATION	12A, NAME AND AD	DORESS OF CALIFOR	RNIA CREMATORY	12B DATE CRE	MATED 120.	SIGNATURE OF PERSO	IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFOR	RNIA FACILITY RECEIVING R	EMAINS 138, DATE REI	CEIVED 13C, (SIGNATURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT			G STATE OR COUNTRY WI	HERE 148, DATE SH		ADDRESS AND SIGNATI OF PLACING WITH THE		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			RELINE, OR OTHER DESCRIPT AND CA <u>DISTRICT</u> OF DISPOS		and the same of th	SIGNATURE OF PERSOI CHARGE OF DISPOSITE	ON OF C	REMATED RE- IS DISPOSER 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 1-24-00

	Funeral, date, tim	in tri	1-28	9:0
Shurch, Chapel, Graveside Dullum	Only:	Sprand	~ .	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work d	ay or an ext	ra charge of \$	
will be applied and billed to undersigned				
0.5		~		12
Lot Ma Grave Row	Section	d J	Division/Block	14
Grave space & Care Fund	4- rud	E- 12	031	0
Additional spaces and care fund	200			
Opening/Closing & Setup	- II	- 1/		0
Burial Container	11	11		0
Handling Fees	γ			0
Flower vases – Marker setting fee			<u>*</u>	
Recording and filing fee	N	. 1		0
Sales taxes	-1	N		-8
		Total Due		0
Paid	receipt number _			
		Ва	lance due	
hereby certify I am the		of th	e above name	d decedent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as al n and I agree to h	bove indicat old Mt. Hope	ed. I certify and Cemetery har	d represent mless from
any liability on account of said authorization	and interment.			
hereby authorize the interment in lot I	Separature	64_Y3		
hold under deed.	Address	see	Jan.	
Signature of recorded holder of deed	X	The	NORTH	
	/ CN/	, 22		Zip Cudw
	Telephone			
	Invoice #			
Work Order # E 15512	mvoice #_			

A Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

17 X 1570 619 281-7587 E 15512 and the manager of the state of Accitional apages and cars lung Opening/Cleaning & Sesup. Burist Coolsins Handing Fees Flores vises - Market setting loss Frenchis and tips he E 15512 The information is because in a perfect or the region of the perfect of 180 -180 - 00169 -0010 90/19

E 15512

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A	NAME OF DECEDE	NT-FIRST (GIVEN) T 1B. MIDDLE	1C. LAST (FAMILY)	F 100 100 100 100 100 100 100 100 100 10	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	Angela		Cappadona		10/26/1910 01/20/2000 F
5.4	El Cajon		BE COUNTY OF DEATH		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Trans Prontice —PA
7A	Mayer Mor	oress of California—Funeral director or Person a Chary as AV. San Diego, CA 92116	-#	F LICENSE NUMBER APPLICABLE	5201-A Ruffin Rd. San Diego, CA 92123 BA. SIGNATURE OF APPLICANT—BECOM DEFINE, BB. DATE SIGNED
	ACKNOWLEDGMENT OF AF	PLICART I hereby adenowings as applicant that the proposed dispose Section 10176 of the Health and Safety Crobs, and was authory			> from /hugV 101/27/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THE PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORMA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PRIMIT SHEET NO RESIT OF DISPOSAL OUTSIDE OF CALFORNA.	7.00	01/27/20 John May	
1	ON REQUIRES A NEW BIMIT TO SHOW FINAL	ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUNORING BOX 85222 San Diego, CA 92186-5222			OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA
10	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	Mt. Hope Cametery 3751 Marks San Diego, CA 92122	et St.	1-28-0	1/-/
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	AY	12B, DATE CREMAT	ED 120. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
DMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPE	THE ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
ŏ	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 DISTRIC		15B. 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,

INTERMENT ORDER

City of San Diego

Date 1-24-00

of the way	lliams	
ina June	Funeral, date, time	28 11:30
Church Chapel Graveside	: Ca Buria	Mortuary.
All Funeral care must arrive before 3:6	0 p.m. of regular work day or an extra charg	pe of \$ 150.00
will be applied and billed to undersigne	A	
1	-0	112
Cot 241 Grave 8 Ro	w Section 3 Division	Block (2
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
	1) 6 0000	190.00
Handling Fees JA	N 26 2000	145.00
Flower vases – Marker setting MT. H Recording and filing fee	OPE CEMETAR) F SAN DIEGO. C	45.00
Sales taxes		14.13
	Total Due	1664.73
	Paid receipt number VISA	1664-73
2	Balance o	lue _——
I hereby certify I am the and this is your authority to make disp that I have the right to make this authority any liability on account of said authority	osition of remains as above indicated. I ce rization and I agree to hold Mt. Hope Ceme	e named decedent rtify and represent lery harmless from
I hereby authorize the interment in lot hold under deed.	Signature 33 L Au L	#4
Signature of recorded holder of dood	National City Oliv (UM) 477-420 Telephone	(a. 4149)
	Invoice #	

E 155/3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (F)	MILY)	2. DATE OF BIRT	
NAOHI		-	WILLI	MS	02/11/193	4 01/24/2000 F
A. CITY OF DEATH			SB. COUNTY C	OF DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FL	ILL MAILING ADDRESS AND ZIP CODE
CHULA VIS	TA		SAN DI		SHELLY JOURNI	CONTRACTOR OF THE PARTY OF THE
CALIFORNIA	A CREMATION	AMBURIAL CH	APEL	78. CALIF. LICENSE NUMBER —IF APPLICABLE V—1357	1933 L AVENUE NATIONAL CITY	
DROU BL G		SAN DIEGO,			BA. SIGNATURE OF APPLICA	NT-Person taking parmit, BB, DATE SIGNED
ACHIEVALEDGMENT OF A			proposed disposition stated herein is and was authorized pursuant to Section	one of the dispositions authorized by 17100 of the Health and Safety Code.	of an Wall	01/26/2000
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	TED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE Y FOR THE DISPOSITION S DIRECTOR DISPOSAL OUTSIDE OF	TY CODE PECIFIED	F FEE PAID 98. DATE PERM 01/28/2 K. WALE	2000 2000090	F LOCAL REGISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF RE	GISTRAR OF DISTRICT	OF DEATH— OX 85222	BE ADDRESS OF REGISTRA	A OF DISTRICT OF DISPOSITION OF DISTRICT IN C	
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR (CORONER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERM		(Name a	FION PENDING—REMAINS LOCATED A nd Address)
BURIAL	HT. HOPE C	DEFENSE OF CALIFORNIA EMETERY 375 CA 92188-5	MARKET STREET	118. DATE BURI	1	PERSON IN CHARGE OF BURIAL
CHEMATION	PACIFI	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREM	ATED 12C SIGNATURE OF	PERSON IN CHANGE OF CF
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REA	MAINS 13B. DATE RECE	SIVED 13C. SIGNATURE OF	PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHER	THE 14B. DATE SHIPI		SIGNATURE OF PERSON IIII CHARGE TH THE CARRIER
SCATTERING AT SEA			NE, OR OTHER DESCRIPTION CA DISTRICT OF DISPOSITI		15C. SIGNATURE OF CHARGE OF DE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-25-00

In a LINER	Funeral, date, tir	me FRi	1-98	1:00
Church Chapel Graveside		RAGS	DALE	Mortuary.
All Funeral cars must arrive before 3.00	p.m. of regular work	day or an e	xtra charge of	\$ 150.00
will be applied and billed to undersigned	*			
Lot 245 Grave 9 Row	Section	2	Division/Blee	13
Grave space & Care Fund			4	195.00
Additional spaces and care fund				
Additional spaces and care fund Opening/Closing & Setup	PAID		3	175.00
Burial Container	- anno		j	90.00
Handling Fees	JULY 28 MAI	J	1	45.00
Flower vases - Marker setting fee M	T. HOPE CEMET	ARY		_
Recording and filling fee CIT	Y OF SAN DIEG	D, C,		45.00
Sales taxes				14.73
		Total Due	V	664.73
	Paid receipt number			1664.73
			Balance due	0
I hereby certify I am the		of	the above nan	ned decedent
and this is your authority to make dispo that I have the right to make this authorize	zation and I agree to	above indic hold Mt. Ho	ated. I certify a pe Cemetery h	and represent
any liability on account of said authoriza	tion and interment.	0 8	N /	0 0
I hereby authorize the interment in lot I hold under deed.	Statutora	1 4	> rest	Show
nota under deed.	X Address	434	Fa De	egel P
Signature of recorded holder of deed	- X Se	_ ×	leage	92/14 70 Code
	X Taingham	6(9) 2	26.265	~
	* Foreprine	or	262.6	900
E 1551/	Invoice #			-
Work Order # E 15514	_ Acct. # _		NO VICTORIA DE LA CONTRACTORIA D	
REA-104 (7-96) This in	formation is available	a in alterna	tive formate u	non request

O Printed on recycled paper

E 15514

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR O	THER AL	TERATIONS	1	
			JACKSON			DATE OF BIRTH WONTH, DAY, YEAR 19/07/1957	3. DATE OF DEATH MONTH, DAY, YEAR 01/22/2000	4. SEX
Mr. Tour	nlpais Ceme	A-FUNERAL DIRECTOR OR PERSON / tery and Mortuary Rafael, Ca. 94901	-		OF NFO Louis 865 O San D	Wen Street		<i>or.</i>
ACKNOWLEDGMENT OF A		ocknowledge as applicant that the proposed disport 076 of the Health and Syleta Code, and was author			> 62	entrele	an 1011	25,60
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	THIS PERMIT IS ISSISIONS OF THE CALIF AND IS THE AUTHOR! IN THIS PERMIT. NOTE THE PERMIT GIVES IN 90. ADDRESS OF RI IF DEATH OCCURRE	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID RIGHT OF DEPOSAL OUTSDE OF CALIFORNIA. EGISTRAR OF DISTRICT OF DEATH OF IN CALIFORNIA	9A. AMOUNT OF FEE P. \$7.00	0 1 / 2 6	OF DISTRI	Fred 5. 5	chut, n	
PERMIT TO SHOW FINAL DISPOSITION.	San Rafael	ate Drive 2nd floo , CA. 94901	7 385 P.0	Rosecrans		Diego, CA 5	2186-5222	
A BURIAL (INCLI	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		I. DISPOSITION (Name and A	PENDING—REMAINS L ddress)	OCATED AT
BURIAL		t St. San Diego, C		118. DATE BURIE	0 110.	SIGNATURE OF PER	SON IN CHARGE OF E	URIAL
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMAT	TED 12C.	SIGNATURE OF PERS	SON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A, NAME AND AI	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B. DATE SHIPPI	ED 14G.	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN HE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OTH INTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOS	ITION OF CRE	MUMBER 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 1-25-00

ina /in	e C Container	chard	data time	FR:	1-28	10:00
Type of Burnel	Container	Funers	ar, date, time	1101	1 2	
Church, Chapel, Graves	2	:00			tas	
All Funeral cars must ar	rive before	p.m. of reg	ular work day	or an ex	tra charge of	150,00
will be applied and bille	d to undersigne	ed. X				
Lot 98 Grave	3 R	w	_ Section	2	Division/Bloc	k_7
Grave space & Care Fu	ind	Pren	eed F	650	7	0
Additional spaces and o		200	All residences to the second			
Opening/Closing & Setu	JD	Pres	ad E	1322	8	-0
Opening/Closing & Setu Burial Container	199	a				0
Handling Fees						
Flower vases - Marker						
Recording and filing fee						
Sales taxes		L 00				0
	Lotertus	2-2	To	stal Due		-0-
	Transfer	Daid sassio	t number		•	
		raid receip	Chamber			
				-	alance due	
I hereby certify I am the and this is your authorit that I have the right to n any liability on account	ty to make disp nake this autho	rization and I	agree to holi	ve indica	the above nan ited. I certify a be Cemetery h	and represent
I hereby authorize the in hold under deed.	nterment in lot	ı	Signature			- 40
			Address	202	1	
Signature of recorded holder of dee	nd .	F784	City	th:	wer.	Zip Code
			Telepirone			
			Invoice #			

#494 Hite. THE THE REAL PROPERTY AND MARK STREET, Promor House - Marker sizong for Resording and Way Seles leves Turni Chie Paid receipt number Distance the I have by cortify I are the and the and the respective to the end the respective to the end the respective to the end the end of the end to the Harristy actions of the hold arrive thank E 15515

340 Melrose Avenue Encintrau, CA 92024 Phone: (760) 753-1143 Fax: (760) 753-1374

Encinitas Mortuary

Fax

Tu:			
100			

Fram 5

Receiving Fax: 6/9 - 517 - 3463

Pages: (including rover amount)

Date: 01/25/2006

Re: Le on Attime

Time of Service Chipat - Emantes 100000 Feb 1/28/2000

= 15515

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	TO LAST (FAMILY)			DATE OF BIRTH	OF DEATH 4. SEX
Leroy		Richard	Atkins		0		4/2000 M
SA. CITY OF DEATH			SB. COUNTY OF BEATT	-OUTSIDE CALIF., (OF INFO	ELATIONSHIP, FULL MAILING AD	DRESS AND ZIP CODE
Encinitas				San Diego		d J. Dobbins -	Son-In-law
A. TYPED NAME AND AD	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSO		F APPLICABLE	THE RESERVE OF THE PARTY OF THE	. Acacia Avenue	
Encinitas	Mortuary			(ALCOUNT COLD)	Solan	a Beach, CA 920	75
340 Melro	se Avenue.	Encinitas, CA 9		100 W. C.	BA. SIGNATI	URE OF APPLICANT—Ferson taking o	THE RESERVOIS THE PROPERTY OF THE
ACKNOWLEDGMENT OF AP	PLICANT I hereby a Section 10	chrowledge as applicant that the proposed d 576 of the Hostin and Safety Code, and was as	reposition stated scrop is per of the Obsized ourspant to Section 7100 of th	despositions authorized by e Health and Safety Code.	> Ch	- Y Z	01/26/2000
	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	NED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIED IN INSTITUTE OF PERSONAL OUTSIDE OF CALFORNIA	e 7 00	98. DATE PERMIT	STERVING BUILDING	SIGNATURE OF LOCAL REGI 2001925	STRAR ISSUING PERMIT
	PD. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEA	TH- 9E AD	DRESS OF REGISTRAR		T OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	The second secon	Name and Address of the Control of t		4	1	FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO GALIFO H. TRANSIT TO OUTS	DRNIA		L DISPOSITION PENDING (Name and Address)	-REMAINS LOCATED A
BURIAL	Mt Hope 3751 Mar	DDRESS OF CALIFORNIA CEME Gemetery rket Street	TERY	118. DATE BURIET	100	SIGNATURE OF PERSON IN C	les and
CREMATION	12A, NAME AND A	TORESS OF CALIFORNIA CREM	ATORY	12B. DATE CREMATI	ED 12C.	SIGNATURE OF PERSON IN CL	IARGE OF CREMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEIV	/ED 13C	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO D		148. DATE SHIPPE		ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		16B. DATE OF DISPOSITION		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

Pre-hud trust

City of San Diego

Date 1-25-00

In a Type of Burtal Container	Funeral, date, time	
Church, Chapel, Graveside	- 30	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.		
Lot 57 Grave 5 Row	Section 2 Division	on/Bleck 13
Grave space & Care Fund	New E-1658	_
Additional spaces and care fund	40 -101/001/1111/1111/1111/11	
Opening/Closing & Setup	77	375.00
Opening/Closing & Setup	/ V	250,00
Burial Container	500	185,00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		50.00
	Total Due	875.00
Paid	receipt number R-52067	875.00
	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 a	n of remains as above indicated. I on and I agree to hold Mt. Hope Cem	ove named decedent certify and represent netery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	Сну	Zip Code
	Telephone	
Work Order # E 15516	Invoice #	

WHITE..... TO CUSTOMER CANARY CEMETERY AUDITOR

MOUNT HOPE CEMETERY 527-3400

From James Whilly	Address: 6 1 6 Raven It	gate: 1-25 Sen Orego	92102
In_full_Payment of_	my lunt hus you	arlean Pollars (\$	975.00,
Lot 57 Grave	5 Row Se	ction 2	Division 12
Invoice No. Acct. No. W.O. E - 15516 BALANCE DUE	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 193 Containers 77182 Handling Fee 77185	
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐<		Recording & 100 Misc. Fees 77183 Pre-Need 5033 77181 9022 Sales Tax 60101	875 00
AC-212 (Rev. 5-94) (15	ISSUED BY 1. Mullin .	TOTAL PAID \$	87500

INTERMENT ORDER

City of San Diego

Date 1-26-00

Ina LINER	_ Funeral, date, tir	ne MOA	1 1-3	1 10:8
Church Chapal Graveside			COLON	ALMortuary.
All Funeral care must arrive before 3:30 p.	m. of regular work	day or an ex	tra charge of	\$
will be applied and billed to undersigned.				
Lot 98 Grave 1 Row_	Section	3	Division/Bloo	1111
Grave space & Care Fund			*************	895.00
Additional spaces and care fund				
Opening/Closing & Setup	7.63000			375.00
Burial Container	2.0 2000			190.00
Handling Fees				145.00
Flower vases - Marker settin CLTY, OF S	AN DIEGO, C	***************************************	***************************************	-
Recording and filing fee		*******		45.00
Sales taxes				14-13
Pa	id receipt number	R-520		1664.73
N 12 /	0 0	E	Salance due	-0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	tion and I agree to I	sbove indica	sted. I certify	med decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 3	333	Gille	the It
Signature of secondad holder of deed	X City 2	35-	633	92103 5 zip Cude
Work Order # E 15517	Invoice #			

CUETIS HOWERY NATIONALE

F 15517

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 2. DATE OF BIRTH 4. SEX IA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 7671171923 01/22/2000 REBECCA BETTY CARMOUCHE SA. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE RICIA BOMMAN - DAUGHTER SAN DIEGO SAN DIEGO 333 GILLETTE ST 7A. TYPEU NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER LEWIS COLONIAL/BENBOUGH MORTUARY

—IF APPLICABLE SAN DIEGO, CA 92102 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 FD-480 BA SIGNATURE OF APPLICANT—Person taking perint, BB DATE SIGNED January beat her I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 01/25/2000 ACKNOWLEDGMENT OF APPEICANT Section 16376 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 PROVIDE 9A. AMOUNT OF FEE PAID 88. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SIONS OF THE CALIFORNIA REALTH AND SAFETY CODE PERMIT 01/25/2000 2001835 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7,00 AUTHORIZATION OF IN THIS PERMIT. P Valentine MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-80. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ITAL RECORDS ... PO BOX 85222 TION REGUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS 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 "MY HOPE CENETERY, 3751 MARKET ST, I IC SIGNATURE OF PERSON IN CHARGE OF BURIAL TIB. DATE BURNED BURIAL SAN DIEGO, CA 92102 12B. DATE CREMATED 12C. SIGNATURE OF BERSON IN CHARGE OF CREMATION 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 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. UCENSE 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 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 1-26-00

in a	LIN	ER		Funer	al, date, tim	W G	ED	9-9	11:0
Church	Chapel Gr	aveside			: (A	BUR	LIAL	Mortuary.
All Funer	al cars mu	st arrive befo	re 3: 6 0 p	m. of reg	ular work d	ay or	an extra	charge of \$	150.0
will be ap	plied and	billed to unde	rsigned.	+					
m 2	5 00	ave 10	Bow		Section	a	Di	vision/Alask	. 11
Grave sp	ace & Car	e Fund	_ 11047_	PRE	-NEE	p	E-1	2570	0
		and care fund							
Opening/	Closino &	Setup			n		11		0
							11	_	4
	Walter Street							-	4
								-	
Donnelia	asos – Ivia	rker setting fe	Trus	XV	**		**		0
Sales tax	g and min	g tee	-7-0		Į.		11		0
PEN									Ð
ACK.			P	aid receip	t number_				
-ATF		-					Bala	nce due _	
l hereby	certify I an	n the X					of the	above nam	ed decedent
and this i	s your aut	thority to mak t to make this ount of said a	authoriza	ation and	l agree to h	bove i old Mi	ndicated . Hope (i. I certify a Cemetery h	nd represent armless from
I hereby a	authorize :	the interment	in lot I	1	X				
hold unde				>	Signature				
Charles at	ecorded holder	of and		· v	Address				
Signature or r	Scoraga House			-	City				₹ip Code
				1	Telaphone		17		
					Invoice #				
			-		THE RESIDENCE OF THE PARTY OF T				
Work Ord	er# E	1551	8		Acct. #				

E 15518

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

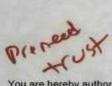
00

TA. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAM	(ILY)			3. DATE OF		4. SEX
OLIVIA		-	SHINE		-	MONTH DAY YEAR 0/13/1919	01/25/	2000	F
SA. CITY OF DEATH			58. COUNTY OF	DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MA	ILING ADDRES	SS AND ZV	CODE
SHE DIEGO			SAN DI			MITCHELL-DA	UGHTER		
CALIFORNIA	CREMATION	& BURIAL CH	The Control of the Co	—IF APPLICABLE		DIEGO, CA 92			
ACKNOWLEDGMENT OF A	populary hereby a		proposed deposition stated becomes as a said was sufficient gurnant to Section		BA, SIGN	ATURE OF APPLICANT—Per	and the same of th	88. DATE 1/28/	The state of the s
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE W FORNIA HEALTH AND SAF ITY FOR THE DISPOSITION IN HIGHT OF DISPUTAL ONTINE O	TH FROYI- FETY CODE I SPECIFIED 9A. AMOUNT OF	FEE PAID 9B. DATE PERMI	A DECISION OF	9C. SIGNATURE OF LOC			3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTHAR OF DISTRICT ED IN CALIFORNIA IRDS - P. O. CA 92186-5	BOX 85222	PE. ADDRESS OF REGISTRAF		RICT OF DISPOSITION— THER DISTRICT IN CAUFORN	aa		•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			100	FOR CORO	NER'S US	E ONLY	
8. CREMATION		AINS OTHER	F. DISINTERME			L DISPOSITION P (Name and Add		MAINS LO	CATED AT
BURIAL	HT. HOPE CE SAN DIEGO,		A CEMETÉRY 1 MEREET STREET	2-2-00		SIGNATURE OF PERSON	ON IN CHARG	GE OF BU	RIAL
CREMATION	12A NAME AND AL	DDRESS OF CALIFORNI	IA CREMATORY	12B. DATE CREMA	TED 120	SIGNATURE OF PERSO	IN CHURD	E OF CRE	M
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNI	IA FACILITY RECEIVING REM.	NINS 13B DATE RECE	IVED 130	SIGNATURE OF PERSO	ON IN CHAR	GE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERI ARE TO BE SHIPPED	14B. DATE SHIPP	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		LINE OR OTHER DESCRIPTION D CA DISTRICT OF DISPOSITIO			SIGNATURE OF PERSO CHARGE OF DISPOSIT		OF CREM MAINS DI	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.

INTERMENT ORDER

City of San Diego



Date / - 17-00

of	Velma	L	Wy	Kes		
in a 1 i	ner	Funer	al, date, ti	me	100	
Church, Chapel, Grave			- ;			Mortuary.
All Funeral cars must a	rrive before 3:30 p	.m, of reg	ular work	day or an extra	charge of \$	
will be applied and bille	d to undersigned.					
Lot 20) Grave	H Row		Section	2 0	vision/Block	12
Grave space & Care Fu	ind					895.00
Additional spaces and	care fund					
Opening/Closing & Set	ир					375.00
Burial Container Handling Fees						190.00
Handling Fees		PA	AID	l		145,00
Flower vases - Marker	setting fee		7 200	~		
Flower vases – Marker Recording and filing fee	·····	JAN 4	/ 200	U		45.00
Sales taxes						
	CITY	OF SA	N DIEG	Crotal Due		44.73
	P	ald receip	t number	52074	1	664.73
				Bala	ance due _	8
I hereby certify I am the and this is your authori that I have the right to r any liability on account	ty to make disposi nake this authoriza	ation and	agree to	above indicate		d represent
I hereby authorize the i hold under deed.	nterment in lot I		Signature 1(1)	312 Ave		
Signature of recorded hedder of de	ed		City (Telephone	12 mm	st c	A 91816 17 Exp Code
Work Order # E 1	5510		Invoice #			

INTERMENT ORDER

City of San Diego

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, 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. Lat 267 Grave 4 Row Section 2 Division/Block 12 Additional spaces and care fund Burial Container 190.00
Handling Fees PAID 145.00 Flower vases – Marker setting fee JAN 27 2000 Sales taxes MT. HOPE CEMETARY 14,73 CITY OF SAN DIEGCTOIN Due 11,04,73 Paid receipt number 52 074 1664.73 Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Dignature of recorded holder of doed Invoice # Work Order # E 15519 Acct #

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

INTERMENT ORDER

City of San Diego

Int.		Date_	1-41	-00
You are hereby authorized and in	structed, subject to your rules a	and regul	ations, to int	er the remains
in a	Funeral, date, time			
Church, Chapel, Graveside	1			Mortuary.
All Funeral cars must arrive before	e 3:30 p.m. of regular work day	or an ex	tra charge o	15
will be applied and billed to under	signed			
J Lot 36 Grave 8	Row Section	2	Division/Ble	
Grave space & Care Fund				795.00
Additional spaces and care fund	DAID IN			
Opening/Closing & Setup				375.00
Burial Container	E at l			190.00
Handling Fees		-0		145.00
Flower vases Marker setting fee	Jane Branch Branch			125,00
Recording and filing lee	The second secon			45.00
Sales taxes				11-73
9404 1000				1689.73
		520		500,00
	r are receipt manider <u>rec</u>	В	alance due	1189.73
I hereby certify I am the		oft	he above na	amed decedent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15520

This information is available in alternative formats upon request.

Acct. #

CITY OF SAN DIEGO, CALIFORNIA

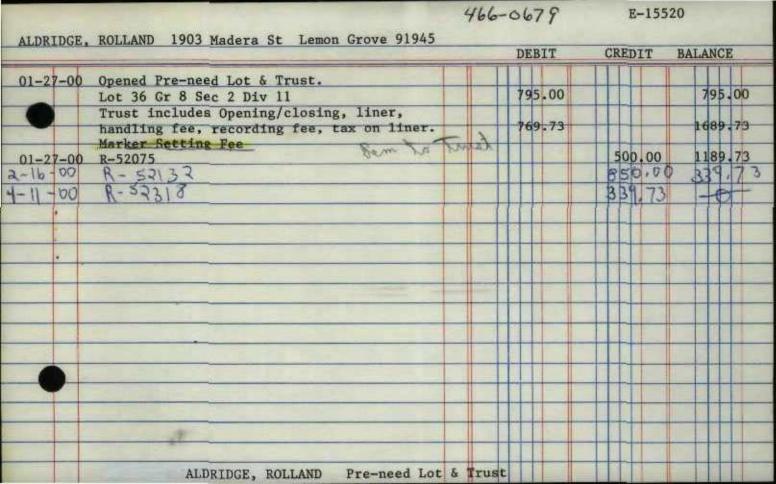
52132

E 15520

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Rolland Oldrich Fright Hunbert of In_fact Payment of S	Address Addres	1903 Malen	a It Ben	on A	rove 9 850,0	945
Lot 36 Grave	8	Row_	Section 2		Division Block	I
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AC-212 (Rev. 5-94) 2 10	ISSUED BY	AND MARKET	TOTAL PAID	3	850	60



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Send or bring one coupon with each remittance COUPON 7	
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or bring one coupon with each constituece COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E 15520

men Grove, CA (Lot 36 Gr @ Sec 2 Div 11)

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Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E15520 SCOTT ST. GEOVE, CA-(Lot 36 Gr & Sec 2 Div 11) 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. Amount Received NAME **ADDRESS**

STATE ZIP

CITY

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INTERMENT ORDER

City of San Diego

Date 1-31-00

You are hereby authorized and instruct	ed, subject to your rules and regulations, to in	iter the remains
ina Juner	Funeral, date, time 200 2-4	1:00
Church Chapel Graveside	Roysdale	Mortuary.
All Funeral cars must arrive before 3.90 will be applied and billed to undersigne	p.m. of regular work day or an extra charge	of \$ 150.00
will be applied and billed to undersigne	d	
Cot 159 Grave 11 Ros	w Section _ A Division/Bi	
Grave space & Care Fund		895,00
Additional spaces and care fund		-
Opening/Closing & Setup	PAID	375,00
Burial Container	FED 0 4 2000	190,00
Handling Fees		145.00
	HOPE CEMETARY	-
Flower vases – Marker setting fector	OF SAN DIEGO C.	45.00
Sales taxes		14.73
+ +	Total Due	1664.73
impuly in	0-62099	1664.7
ng chick	Paid receipt number N 3 4 4 1	-0
I hereby certify I am the Hust	BANO of the above of	amed decedent
and this is your authority to make disp	osition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter	v and represent
ALPHONSO BARBER		arle
I hereby authorize the interment in lot I hold under deed.	Suphillure 33 FLAKIN	
	ANTONS PERLAL BEA	
Signature of recorded holder of deed	191932	Zip Code
	Felephone 619 - 575 -	2288
Work Order # E 15521	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

40

A NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE Rena			Sauls-Ba	IC LAST GAMLY) Sauls-Barber			TE OF DEATH	4. SEX	
San I	Diego		SENTED TATE	H-OUTSIDE CALIF, 6	OF INCO	ELATIONSHIP, FULL MAILING A		P CODE	
Anderson-R	PED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO iderson—Ragsdale Mort.; 5050 Federal San Diego, CA 9210		ACTING AS SUCH 7B CALIF LICENSE NUMBER 113			33 Florida St. perial Beach, CA 91932 GNATURE OF APPLICANT - Person Inhing pergon, 88. DATE SIGNS			
ACKNOWLEDGMENT OF AP		cknowledge as applicant that the proported di 376 of the Health and Safety Code, and was not		or Hooste and Safette Code.	ARCH		02/03		
AUTHORIZATION OF	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIES 0 WIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7-00	02/03/200	100	SIGNATURE OF LOCAL RE	GISTRAR ISSUIN 2002493	G PERMIT	
	Vital Reco	GISTRAR OF DISTRICT OF BEA D IN CALLEGRAIA P.O. Box 852 Diego, CA 92186-	22	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR		T OF DISPOSITION— HER DISTRICT IN CALIFORNIA			
IO. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMB				FOR CORONER	S USE ONLY		
B. CREMATION	iE .	DIRESS OF CALIFORNIA CEMET	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY	DRNIA	, 110.	I. DISPOSITION PENDIN (Name and Address)			
BURIAL	nt. nope	San Diego,		2-4-00	1	WIF	lande		
CREMATION	12A, NAME AND AL	DDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATE	D 12C.	SIGNATURE OF PERSON N	CHARGE OF CH	EMATION	
SCIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B DATE RECEIVE	ED 13G.	SIGNATURE OF PERSON IN	CHARGE OF F	ACILITY	
TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEE		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C INTIFY FINAL PLACE AND CA <u>DIST</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE OF CREM MAINS D —IF APP	NATED RE-	



INTERMENT ORDER

City of San Diego

Date 1-31-00

You are hereby authorized and instructed, su	bject to your rules and re	egulations, to inter the remains
ina Double Death	Funeral, date, time #1	
Church, Chapel, Graveside	Only : Ort	lan Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or ar	extra charge of \$
will be applied and billed to undersigned		
Lot B Grave B Row	Section	
Grave space & Care Fund		
Additional spaces and care fund	0	
Opening/Closing & Setup	ν	163100
Burlal Container	70-0	50.00
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
A. Beaugalent	Total D	386.00
Men ?	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 in	n and I agree to hold Mt.	of the above named decedent dicated. I certify and represent 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 # 33	27865
Work Order # E 15522		000952

15522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1999

JOHN	NT-FIRST (GIVEN)	1B. MIDDLE	DO	IT (FAMILY) DE		2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH	4. SEX
A. CITY OF DEATH ESCONDI			ENTE	NTY OF DEATH—OUTSIDE ER STATESAN DIEG	O PILEN	AE, RELATIONSHIP, FULL M INFORMANT I FEALERS AND DE	PUTY PUBLIC	The state of the s
FUNERAR	IA AZTLAN	AN DIEGO, C		SUCH 78 CALIF LICENSE —IF APPLICABL	SAN I	DIEGO, CA 921	23	TE COMPE
ACKNOWLEDGMENT OF A	new season I ferrely to	knowledge as applicant that the	w programs dispersions stated by	ereto is one of the dispositions and a Section 7100 of the Health and Sel	thorized by	ancy co		1/2000
02400 AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE V ORNIA HEALTH AND SA Y FOR THE DISPOSITION RESET OF DEPOSAL OUTSEE	SPECIFIED	OO DZ	0 1 / 200		COLOR REGISTRAR ISSU	NG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRIC D IN CAUFORNIA RUDS P.O. BO CA 92186-5	X 85222			STRICT OF DISPOSITION ANOTHER DISTRICT IN CALIFO	AMA	
AUTHORIZED DISPO	Street St					FOR COR	ONER'S USE ONL	
THE PERSON AND ADDRESS OF						I DISPUSITION	PENDING-REMAINS L	
D SCIENTIFIC US	OF CREMATED REMA	DRESS OF CALIFORN	F. DISING G. SHIP H. TRAN		EN EXPLOSE	(Name and A	ddress)	
E. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMA	DRESS OF CALIFORN	F. DISIN	TERMENT IN TO CALIFORNIA ISIT TO OUTSIDE OF CAL	EN EXPLOSE	(Name and A	ddress)	
E. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKED FOR SERVICE OF CREMATERY SERVICE OF CREMATAL SOPE CONTROL OF CREMATER	DRESS OF CALIFORN	F. DISIN G. SHIP H. THAN IIA CEMETERY 51 MARKET ST	TERMENT IN TO CALIFORNIA ISIT TO OUTSIDE OF CAL 11B. DA	TE BURIED	(Name and A	SON IN CHARGE OF E	
E. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKED FOR SERVICE OF CREMATERY SERVICE OF CREMATERY SERVICE OF CREMATER OF	DRESS OF CALIFORN CA 92102 DRESS OF CALIFORN	F. DISIN G. SHIP H. THAN IIA CEMETERY 51 MARKET ST	TERMENT IN TO CALIFORNIA ISIT TO OUTSIDE OF CAL 11B. DA 128. DAT	TE BURNED 1	(Name and A	ISON IN CHARGE OF E	REMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKETERY SE 11A. NAME AND AD 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	DRESS OF CALIFORN CA 92102 DRESS OF CALIFORN DRESS OF CALIFORN	F. DISIN G. SHIP H. THAN IIA CEMETERY 51 MARKET ST IIIA CREMATORY IIIA FACILITY RECEIVING	TERMENT IN TO CALIFORNIA ISIT TO OUTSIDE OF CAL 11B. DAT 12B. DAT	TE BURNED 1	(Name and A	SON IN CHARGE OF E	REMATION





INTERMENT ÓRDER

City of San Diego

Date 1-31-00

na Dine	Funeral, date, time hom 2-7	11:00
Church, Chapel Graveside	Ca Burial	Mortuary.
	0 p.m. of regular work day or an extra charge of	- 1000000000000000000000000000000000000
vill be applied and billed to undersigne		
ot 112 Grave 4 Ro	w Section 2 Division/Ble	rek 17
Grave space & Care Fund		895.00
		375.00
		100 00
	PAID	145.00
Handling Fees		143.00
Flower vases - Markor setting fee	FEB 0 4 2000	11
Recording and filing fee	MY LIGHT REMETARY	45.00
Sales taxes	CITY OF SAN DIEGO, C	14-73
	Total Due	1664-73
	Paid receipt number R-52093	1465,01
		199.7
hereby certify I am the Wi	FE RSAOSS	199.7
and this is your authority to make disp	of the above no position of remains as above Indicated, I certify	and represent
any liability on account of said authoriz	rization and I agree to hold Mt. Hope Cemetery zation and interment.	narmiess from
HERBERT	Il dit And	
hereby authorize the interment in lot hold under deed.	79 27 GRIBBLE	ST
Signature of recorded holder of deed	- X Address X Diego	72/14 Zip Code
	479-566 2 Tetupkonu	
Work Order # E 15523	Invoice #	

\$ Printed in respected 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) 18. MIDDLE JOYCE MARIE			1C LAST (FAMILY) HAYDEN		2 DATE OF BIRTH 3. DATE OF DEATH 4. SET 10/04/1950 01/29/2000 F		
SAN DIEGO			58. COUNTY OF DEAT ENTER STATE SAN DIEG		NAME RELATIONSHIP, FULL MAILING OF INFORMANT HERBERT HAYDEN-HUST		
CALIFORNIA	A CREMATION	& BURIAL CHA	The second secon	LIF. LICENSE NUMBER IF APPLICABLE	7927 GRIBBLE STREET SAN DIEGO, CA 92114		
ACKNOWLEDGMENT OF A	tereby a	SAN DIEGO, C acknowledge as applicant that the pr 376 of the Health and Salety Code, an	opused deposition stated herein is one of the own authorized pursuent to Section 7100 of	e dispositions authorized by	HIM WALKE,	02/02/2000	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH ORMA HEALTH AND SAFET FY FOR THE DISPOSITION SP IO NIGHT OF DISPOSAL OUT DUE OF C	ECIFIED AZ OO	03/03/30			
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECOR	BS - P. O. BO CA 92186-522	x 85222		OF DISTRICT OF DISPOSITION— R IN AMOTHER DISTRICT IN CAUPOWAYA	•	
10 AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		- 2	FOR CORONER	'S USE ONLY	
B. CREMATION		AINS OTHER	E TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		I DISPOSITION PENDI (Name and Address	NG REMAINS LOCATED AT	
100	HT. HOPE CH SAN DIEGO, C	CA 92106	HARRET STREET	2-7-00	-	CHARGE OF BURIAL	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128 DATE CREMAT	ED 12C SIGNATURE OF PERSONAL	CHANGE OF CR	
SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	198, DATE RECEIV	ED 13C. SIGNATURE OF PERSON II	CHARGE OF FACILITY	
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CA		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE ENTIFY FINAL PLACE AND C	E, OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	16B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENCE NUMBER OF CREMATED RE- MASS DISPOSER —IF APPLICABLE	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-31-00

na liner	Funeral, date, time Dun 2-3 1:0
Church Class Graveside	view Morrand BL:
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 245 Grave 2 Row_	Section 3 Division/Block 12
Grave space & Care Fund	P 8 9 5.00
Additional spaces and care fund	277 -0
Opening/Closing & SetupFEB . 0.1	2000 375,00
Burial Container	EMETARY (10.00
Handling FeesCITY OF SAN	DIEGO 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
	Total Due
Paid	receipt number R-52085 1100.0
V11 -	/ Balance due 564.7
I hereby certify I am the AUS	DONA Mothe above named declared
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
any liability on account of said authorization a	
I hereby authorize the interment in lot I	X Jans Handay
hold under deed.	X5330 Bonita PK
Signature of recorded holder of deed	X SAN DIECO CA 92114
System of recording limited of code	(City 9) 2/3-9044 ZH Cost
	Telephone
	Invoice #
Work Order # E 15524	Acct.#

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)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH		4. SEX
Gladys 3.			Standard		02/25/193		F	
5	A. CITY OF DEATH			58. COUNTY OF DEATH	H-OUTSIDE CALIF.,	5. NAME, RELATIONSHIP, FULL OF INFORMANT	L MAILING ADDRESS AND ZIP	CODE
	San Dieg			Sa	n Diego	James Standard	d - Nusband	
77	San Dieg 2441 Uni	DDRESS OF CALIFORNI TO Memorial Vergity Ay	Chapel	1	FAPPLICABLE	\$330 Bonita Di San Diego, CA BA SIGNATURE OF APPLICANT	92114 TPerson taking permit, 88. DATE	SIGNED
	ACKNOWLEDGMENT OF A			self disposition stated herein is one of the as authorized pursuant to Section 2100 of th			0.13	hou
	PERMIT JUTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PI- CORINA HEALTH AND GAFETY OF FOR THE DISPOSITION SPEC ID RIGHT OF DISPOSAL OUTSIDE OF CALF	FED \$7.00	01/31/20 M. Jenki	The state of the s	LOCAL REGISTRAR ISSUING	PERMIT
	MY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VIERT REG	EGISTRAR OF DISTRICT OF ID IN CAUPORNIA COTTON P.O. Box	85222	THE RESERVE THE PARTY OF THE PA	OF DISTRICT OF DISPOSITION IN IN ANOTHER DISTRICT IN CAL	The state of the s	•
1	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	ORONER'S USE ONLY	
1	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A. NAME AND AL	DDRESS OF CALIFORNIA CE	Old Control of the Co	ORNIA SIDE OF CALIFORNIA 118. DATE BURIES	C 11C SIGNATURE OF P	ON PENDING REMAINS LOC Address)	
-	BURIAL		Cematery; 3351 o, CA 92102	Market St.	12-3-00	Suy F	faupe	
ABLE HENR	CREMATION	TZA, NAME AND AL	DDRESS OF CALIFORNIA CH	EMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF	PASON IN CHARGE OF CREA	- CN
LL APPLICA	SCIENTIFIC USE	ISA, NAME AND AL	DORESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B. DATE RECEIV	P 19C. SIGNATURE OF P	PERSON IN CHARGE OF FAC	ALITY
TRANSIT			DORESS IN RECEIVING STAT CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN C H THE CARRIER	HARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE (INTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISP		TED RE-

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

INTERMENT ORDER

City of San Diego

Date 1-31-00

ina LINEK	Funeral, date, time WED 3-	9 11,00
Church, Chapel, Graveside DELIVER	ONLY : MERKLEY MIT	HELL Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		
1 120 2		- 11
Lot 120 Grave 5 Row p	A Scoon 2 Division	Block
Grave space & Care Fund	510.27	136.00
Additional spaces and care fund	P DOUU	
Opening/Closing & Setup	375.00	129.00
Burial Container CITY OF	SAN DIEGO, C. 170.00	100.00
0.753107000000	GEMETARY 145 100	100.00
Flower vases - Marker setting (CFTY. OF. SA	AN DIEGO, CA	
Recording and filing fee		45.00
Sales taxes	14.7	
TATE CASE	Total Due	500.0
EDITORS CLAIM Paid	eceipt number R-51260	1280,0
AN EDWARDS 2-7-00	Balance du	ie D
I hereby certify I am the	of the above	named deceden
The state of the s	of remains as above indicated. I cert	ify and represent
and this is your authority to make disposition that I have the right to make this authorization		
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		
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		
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	ond 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 hold under deed.	Signature Address	
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 hold under deed.	Signature Address City	Zip Code

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1-14 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY YEAR 01/24/2000 06/17/1918 TSAURA PAYTON SA CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE SAN DIEGO LA MESA JOHN EDWARDS-PUBLIC ADMINISTRATOR 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5201-A RUFFIN ROAD IF APPLICABLE SAN DIEGO, CA 92123 MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 FD-119 BA. SIGNATURE OF APPLICANT—Person LAnguerrot, 88, DATE SIGNED I hereby acknowledge as applicant that the proposed disposition states become a one of the dispositions authorized by 02/01/2000 ACKNOWLEDGMENT OF APPLICANT Section 20376 of the Health and Safety Code, and was authorized numbered 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 2002321 02/01/2000 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT .MITCHELL! MOTE: THIS PERSON GAVES NO RESULT OF DESPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR BD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS DE REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-IF DEATH OCCUMEED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222, SAN DIEGO, CA 92186-5222 DISPOSITION FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE FEMS 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, 3751 MARKET BURIAL STREET, SAN DIEGO, CA 92102 2-2-00 12C. SIGNATURE OF PERSONAN CHARGE OF CREMA 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 126. 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 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-SIGNATURE OF PERSON IN 15B DATE OF 150. LICENSE HUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

VS 9 (RE 1)

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

INTERMENT ORDER

City of San Diego

Date 2-1-00

You are hereby authorized and instructed, sut	ject to your rules and regulations, to inter the remains
As so a whole so	20000986 99-2203
in a Double Depth F	uneral, date, time THVA 2-3 9:00
Church, Chapel, Graveside	Only : community Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot Grave _2 B _ Row	Section Division/Block13
Grave space & Care Fund	126.00
Additional spaces and care fund	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Opening/Closing & Setup.	165.00
Burial Container	20- 50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
-very 1 ggas	Total Due
Paid r	eceipt number
	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 and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Assess
Signature of recorded holder of deed	City Zip Code
	Telephone
	Invoice # 327859
Work Order # E 15526	Acct.# 000953

@ Printed as recycled paper

BEA-104 (7-96)

This information is available in alternative formats upon request.

2-9-60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		U	SE BLA	CK INK C	NLY-MAKE	NO ERASUF	ES, WHITEOUTS OR C	THER AL	TERATIONS	Four	d	
1/	John	NT-FIRST (GIVEN)	1B, M	DDLE -	-	IC. LAST (FA	MILY)		2. DATE OF BIRTH MONTH, DAY, YEAR TINK	MONTH	OF DEATH DAY, YEAR /1999	4. SEX
5)	Dulzusa					ED COUNTY O	of DEATH—OUTSIDE CALIF ATE San Diego	OF INF	RELATIONSHIP, FULL M	AILING ADI	2 2 2 2	P CODE
	Community M Chula Vista	lortuary	855	Broad		ACTING AS SUCH	78. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682	855 Chul	unity Mortus Broadway a Vista Ca S	91911	•	
-	ACKNOWLEDGMENT OF A	name I hereby	ocknowledge	as applicant the	of the proposed despr Code, and was author	esition stated herein is rived curround to Section	are of the dispositions authorized by 7100 of the Hoolth and Sufets Code.	BA SIGNA	TURE OF APPLICANT	Les l	CLOS	Zaz
A.	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	THIS PERMIT IS ISS SIONS OF THE CALL AND IS THE AUTHORS IN THIS PERMIT INTE THIS PERMIT OF THE PERMI	FORNIA E TY FOR T ID HIGHT OF EGISTRA ED IN CA COS P	CCORDANCE EALTH AND HE DISPOSIT BISPOSAL OUTD R OF DISTE LIPORNIA	WITH PROVI- SAFETY CODE ION SPECIFIED DE OF CALIFORNIA. BICT OF DEATH	9A. AMOUNT O	P FEE PAID 98 DATE PERM 02/02/2 D. Heldenb BE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC	rand rand	2002391 ICT OF DISPOSITION—		STRAK ISSUIN	G PERMIT
TO THE PERSON NAMED IN	B. CREMATION	OF CREMATED REM				F. DISINTERM G. SHIP IN TO	TO COMPANY OF THE PARTY OF THE		I. DISPOSITION (Name and A	PENDING-	HEMAINS LC	
	BURIAL	Mount Hope San Diego	Cen	etery			118. DATE BUR	ED 110	SIGNATURE OF PER	SON IN CI	HARGE OF BL	JRIAL
CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY					128. DATE CREMA	ATED 12C	SIGNATURE OF PER	SON IN CH	ARGE OF CRI	an on
		RECEIVING REP	MAINS 138. DATE RECE	IVED 18C	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILIT			ACILITY				
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED					RE 14B. DATE SHIP	DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN OF PLACING WITH THE CARRIER			CHARGE	
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NE. FIGIENT TO ID	AREST P	DINT ON SHO INAL PLACE	ORELINE, OR OT AND CA <u>DISTRI</u>	HER DESCRIPTION	N SUF 16B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		150. LICENSE OF CREA MAINS D	NATED RE-

INTERMENT ORDER

City of San Diego

Date 2-1-00

	bject to your rules and regulations, to inter the re-	mains
of Jane Doc 81	M 20000985 99-113	8
Alga R shiple & soil	Funeral, date, time THUR 2-3 91	00
Church, Chapel, Graveside	only community Mor	ituary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
Lot Grave 2 T Aow	Section Division/Black _ \]	3
Grave space & Cere Fund	126.	00
Additional spaces and care fund		
Opening/Closing & Setup	110	Company of the Compan
Burial Container	50.	00
Handling Fees	20-00 50.	
Flower vases - Marker setting fee		
Recording and filing fee	45.	00
Sales taxes	Total Due 396	00
andy		00
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 a	of the above named dec 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	
	Address	
Signature of recorded holder of deed	Cuy	Zip Code
	Telephone	
	Invoice # 327860	
Work Order # E 15527	Acct. # 000952	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Jane	ENT—FIRST (GIVEN) 18. MIDDLE	DOE	THE PARTY	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
San Diego		58. COUNTY OF DEATH	Diego 6.	NAME, RELATIONSHIP, FULL A OF INFORMANT Community Mort	MAILING ADDRESS AND ZIP CODE
Chula Vista		ACTING AS SUCH 7B. CAL	682	855 Broadway Chula Vista Ca	91911
ACKNOWLEDGMENT OF A	To the second of the second se	sites stated becomes use of the	dispositions authorized by	DUNITURE OF ARRESTATION	Person taking armit, 88. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALFORNIA.	\$7.00	02/02/2000 D. Heldenbra	2002390	CAL REGISTRAR ISSUNG PERMIT
TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, Calif 92186-5222			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFO	gnia 💮
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO DUTSI	HNIA	L DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT (ddress)
BURIAL	Mount Hope Cemetery 3/51 Mar San Diego Ca 92102	Ket	118. DATE BURIED	11C SIGNATURE OF PER	ISON IN CHARGE OF BURIAL
CHEMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMATED	12C. SIGNATURE OF PERI	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	1 13B. DATE RECEIVE	D 19C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT OWN	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		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 OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT.		15B DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

Bag of Bones

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-00

You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
of 20HM) ZYNE DOE	PR 20000984	99-234
in a Double Depth	Funeral, date, time THUR 2-3	9:00
Church, Chapel, Graveside	only : community	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	015456-50
will be applied and billed to undersigned		
Lot Grave 2 T Row	Section Division/E	Hook 13
Grave space & Care Fund		126.00
Opening/Closing & Setup	1 1 1	165.00
Burial Container	70-00	50.00
Handling Fees	3	
Flower vases – Marker setting fee		
Recording and filing fee	***************************************	45 00
Sales taxes		
and Happa	Total Due	386.06
Paid	receipt number	
	Balance du	е
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 remains as above indicated. I cert	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Bignature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice # 32786	
Work Order # E 15528	Acct. # 0000 5	2
The second secon		The second second second

ORDER FOR RELEASE

TO: OFFICE OF T	HE MEDICAL	EXAMINER, COUNTY OF SAN	N DIEGO	
ORDER FOR RELE	ASE OF THE BO	DY OF:		ME# 99 8
		RTY WITH THE REMAINS:	YES O NO	
AND THE PARTY OF	WOINE I NOTE			
	n service. Theref	NEXT OF KIN/LEGAL AUT. Health & Safety Code, State of Coore, upon completion of your exam	alifornia, it is my legal right t	
		MUNITY MAD	TUARI	
Please enter name of F	uneral Home or Dis	MUNITY MOR	104	
			me	
Relationship	Address			
City		State	Zip Telephone	ETHOR SEL
Relationship	Fee for transmission	MEDICAL EXAMINER'S		Other 🗅
Relationship	Fee for transports	MEDICAL EXAMINER'S ation to Medical Examiner's Office	FEES \$90.00; Pouch Fee - \$15.00	
		MEDICAL EXAMINER'S ation to Medical Examiner's Office	FEES - \$90.00; Pouch Fee - \$15.00	
Name of Deceased-First (Given)	MEDICAL EXAMINER'S ation to Medical Examiner's Office	FEES \$90.00; Pouch Fee - \$15.00	
Name of Deceased-First (UNI W Date of Birth	Given)	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle U W W	Last (Family) UNU Social Security Number	Race
Name of Deceased-First (UNI W Date of Birth UNI W	Given) Age UNK	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK	FEES - \$90.00; Pouch Fee - \$15.00 Last (Family) U M. I	Race
Name of Deceased-First (UNIV Date of Birth	Given)	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK	Last (Family) UNU Social Security Number	Race
Name of Deceased-First (UNI W Date of Birth UNI W Marital Status	Given) Age UNK	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK	Last (Family) UNU Social Security Number	Race
Name of Deceased-First (UNI W Date of Birth UNI W Marital Status	Age UNK Residence Addres	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK	Last (Family) UNU Social Security Number UNU C	Race
Name of Deceased-First (UNI W Date of Birth UNI W Marital Status	Age UNK Residence Addres	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK	Last (Family) UNU Social Security Number UNU CE USE ONLY	Race
Name of Deceased-First (UNI W Date of Birth UNI W Marital Status UNI W	Age UNK Residence Addres	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK OR MEDICAL EXAMINER OFFI	Last (Family) UNU Social Security Number UNU CE USE ONLY	Race
Name of Deceased-First (UNI W Date of Birth UNI W Marital Status VNI W	Age UNK Residence Addres	MEDICAL EXAMINER'S ation to Medical Examiner's Office DECEDENT DATA Middle UNIK Place of Birth UNIK OR MEDICAL EXAMINER OFFI	Last (Family) UNU Social Security Number UNU CE USE ONLY	Race V N K

INTERMENT ORDER

City of San Diego

Date 2-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to in	Control of the last of the las
or Jaundra Graffrey - Also Known As	
in a Funeral, date, time Dun, 2-	
Church, Chape Graveside : Regulate	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned.	
Lot 35 Grave 7 Row Section Division/Ble	
Grave space & Care Fund	895.00
Additional spaces and care fund	552 5
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees FEB 0 2000	145.00
Flower vases – Marker setting fee MT. HOPE CEMETARY	45.00
Recording and filing fee CITY OF SAN DIEGO	10
Sales taxes	14.73
Total Due	1664-73
Paid receipt number R-52086	1664.73
Balance due	
I hereby certify I am the	amed decedent y and represent y harmless from
I hereby author than time to I X Signature AVE	4
Signature of recording Apper of board 2001 X Saniflego	92115 Zip Code
CITY OF SAN DIEGO, CA	577503
Work Order # E 15529 Invoice #	

	60	OF SAN DIEGO				106	8488
		CIAL RECEIPT	Teas	SI COLL		ON/	5-11-01
AMOUNT	-iftu	- four -	POLLAR	· Zero-		ENTS \$	54.00
RECEIVED	eD/199	re Lilly		ADDRESS	_		
IN PARTY	aundr	a Groot	ey	All DA			
	edricx	Basket		11/	1		I we want
	CHECK	CASH	RECEIVED BY	A Non	1 home		
				The Man	THE RESIDENCE AND ASSESSMENT OF THE PERSON.	ARTMENT	
FUND	DEPARTMENT	ORGANIZATION ACCOU	NT 108 ORDER	SYCICITY	THUBMA	DISTRIB	- CUSTOMER - TREASURER

PAID

MAY 1 2001

MT. HORE CEMETARY CA

OTY OF SAN DIEGO, CA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

47

Saundra	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAI	- The state of the		MONTH DAY YEAR	S. DATE OF DEAT	AR
THE STREET STATE OF THE		Lapa	Godfre		1	2/13/1952	1/28/2000	F
San Diego		San Die	TE GO	OF INF	RELATIONSHIP, FULL MA ORMANT n L. Caldwell		D ZIP CODE	
	The second second	The second section is the second section of	OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER	3568	Menlo Ave.	NI P. CHICAT.	
Anderson-R		rt.: 5050 Fe go, CA 92102		F-1329		iego, CA 921		TO SIGNED
ACKNOWLEDGMENT OF A	PFLICATUT 1 Section 10	cknowledge as applicant that th 3/6 of the Health and Safety Cod	o proposed disposition stated fermin is u ie, and was authorized purposant to Section.	ne of the dispositions authorized by 7100 of the Health and Safety Code.	San	attiliate	up 102/	02/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W ORNER HEALTH AND SA TY FOR THE DISPOSITION D RIGHT OF DISPOSAL DUTSIDE	SPECIFIED \$7.00	98. DATE PERMI 02/02/20 1 4 W/S		DC. SIGNATURE OF LOC		O2381
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW RINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRIC D IN CAUFORNIA Ords: P. O. Diego, CA 9	Box 85222	PE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			NSA	
D. AUTHORIZED DISP		The second secon				FOR CORC	NER'S USE O	NLY
B. CREMATION		AINS OTHER	F. DISINTERME	TAR.C.		(Name and Ad	PENDING—REMAINS dress)	. LOCATED A
DUDIAL	WE NAME AND A	opress of californ Semetery: 37	51 Market St.;	j 11B. DATE BURN	ED 110.	SIGNATURE OF PERS	ON IN CHARGE OF	BURN
BURIAL	Wt. Hope		51 Market St.; go, GA 92102	118. DATE BURN	ED 110.	SIGNATURE OF PERS	ON IN CHARGE OF	BURI
			go, GA 92102	11B. DATE BURB	1	SIGNATURE OF PERSON	/	
	12A, NAME AND AC	San Die	go, GA 92102	2 3 00 12B DATE CREMA	TED 12C	/ F	WITH CHARGE OF	CREMATION
CREMATION	13A, NAME AND AS	San Die DORESS OF CALIFORN DDRESS OF CALIFORN	go, GA 92102 IIA CREMATORY IIA FACILITY RECEIVING REM,	128. DATE CREMA	TED 12C	SIGNATURE OF PERSO	ON IN CHARGE OF	CREMATION F FACILITY

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-1-00

of	Peggy	Bro	nun n			
in a	liner		eral, date, time	Wed	2-2-00	1:00
Church Chape	Type of Bunal Compiner el Graveside			-	sdale	
All Funeral car	rs must arrive before	3.'00 p.m. of r	egular work da	-		176240000000
will be applied	and billed to unders					
						2 3111
Lot 203	Grave 3	Row	Section _	2	Division/Bloc	k_/2
Grave space 8	Care Fund					895.00
Additional spa	ces and care fund	AC	ID			
Opening/Closi	ng & Setup	4.				375.00
Burial Contain	er	CER II	2 Burn			190.00
Handling Fees	F	100	CEMETAR	N		145.00
Flower vases	- Marker setting fee	MT. HOP	SANDIEGE	····		45.00
Recording and	filing fee	CITYON				
Sales taxes						14.73
mortuo	ry to		-	The second second second		1664.7
brine	Cleck	Paid rece	eipt number <u>R</u>	- 520	1	1664-73
				1	Balance due	-0
I hereby certify		discondition of	72 02 04 04 04 04 04 04 04 04 04 04 04 04 04		the above nar	
that I have the	ir authority to make right to make this as account of said auth	uthorization an	d I agree to hol			
			V			
I hereby authorhold under de	rize the interment in ed.	lot I	Signature			
			Address		1 300	35-100
Signature of recorder	Halder of deed	PE DES	City			Zip Code
			Telephone			
			Invoice #			
	E 15530					

INTERMENT ORDER

City of San Diego

			Date	2-1-0	20
You are hereby authorized and	d instructed	, subject to your rules i	and regu	lations, to inte	r the remains
or Peca	v	Brown			
in a	T	_ Funeral, date, time	Wed	2-2-00	1:00
Church Chapel Graveside			100000	sdale	
All Funeral cars must arrive be	3.'o		_		
will be applied and billed to un					
Times applies and times is an	25,4,9,104,	77.00		7 11	
Lot 203 Grave 3	Row_	Section	2	Division/Block	Carrier and I
Grave space & Care Fund					895.00
Additional spaces and care fur	nd br			.,,,,,,,,	
Opening/Closing & Setup		,			375.00
Burial Container					190.00
Handling Fees					145.00
Flower vases - Marker setting	fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			45.00
Recording and filling fee					
Sales taxes					14.73
worthank to		To			
bring check	P	ald receipt number	-	-	
			1	Balance due _	
I hereby certify I am the and this is your authority to m that I have the right to make th any liability on account of said	is authoriza	ation and I agree to hole	ve Indica	the above nan ated. I certify a pe Cemetery h	ind represent
I hereby authorize the interme	m to tot t	X			
hold under deed.		Signalure		1	
		Address			
Signature til recorded hrider of deed		Öly			Zip Code
		Talephone			
		Invoice #			
Work Order # E 1558	30	Acct. #			
REA-104 (7-86)	This info	rmation is available in	alterna	tive formats u	pon request.

C provided on recorded paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE Peggy	Peggy - 18 MIDDLE		- Brown			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 02/29/1948 01/26/2000 F		
	ondido		SELENDINGO				ts, Daughte	
7A. TYPED NAME AND AL	A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AND ATTENDED - Ragadale Mort.; 5050 Federal San Diego, CA 9210			02 # 1220		29 Highland Ave. #5 n Diego, CA 92105 SIGNATURE OF APPLICANT—Person being primit 8B. DATE SIGNED		
ACKNOWLEDGMENT OF A		chrawledge as applicant that the proposed 376 of the Health and Safety Code, and was			Me	the Wes	Com 1021	/01/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	THE IN ACCORDANCE WITH PROC ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIF O INSIT OF DISPOSAL OUTSIDE OF CALFOR	\$7.00	Delece	10	SHGNATURE OF LO	CAL REGISTRAR ISS 20023	SUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		San Diego, CA	5222	DRESS OF REGISTRAR O			Aisch	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM		E. TEMPORARY ENVI	DFINIA		NAME OF THE OWNER, WHEN	PENDING—REMAINS	1112
BURIAL		San Diego, (liffket St.	118. DATE BURIED	110.	SIGNATURE OF PER	SON IN CHARGE OF	
CREMATION	12A, NAME AND A	ODRESS OF CALIFORNIA CREE	MATORY	T2B, DATE CREMATE	D 12C.	SIGNATURE OF PER	SON IN OHARGE OF	CREMATION
SCIENTIFIC USE	13A NAME AND A	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	138. DATE RECEIVE	ED 19C.	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPES		ADDRESS AND SIGN OF PLACING WITH 1	IATURE OF PERSON THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA DI		15B, DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	STION OF C	NSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE

мт. норе семетелу

INTERMENT ORDER

City of San Diego

Date 2-3-00

You are hereby authorized and instructed, sub	oject to your rules and regulations, to inter the remains
of = = dw1915	Kern 19990718
in a Double Death F	funeral, date, time Wed 2-9 11'00
Church, Chapel, Graveside Deluty	Only: Aztlan Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot Grave 3 B Row	Section Division/Block 13
Grave space & Care Fund	126.00
Opening/Closing & Setup. D A	100.00
Burial Container	0.0 50.00
Handling Fees	
Flower vases – Marker setting fee	CONTROL OF THE CONTRO
Recording and filing fee	13:00
Sales taxes	30/ 00
	Total Due
Paid r	eceipt 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 a	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 hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	10000 # 328034
Work Order # E 15531	Divoice #
Work Order # E	Acct. # 000957

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FORED. 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE IC. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR EDWIGIS MAYORES 31/31/1999 5A. CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATESAN DIEGO OF INFORMANT CHILA VISTA ARNELL PRICE-DEPUTY PUBLIC GIRTIA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF. LICENSE NUMBER 5201-A RUFFIN RD. PURERARIA AZERAN -IF APPLICABLE IAN DIEGO, CA 92123 2436 MARKET ST., SAN DIEGO, CA 92102 FD-1658 BA. SIGNABORE OF APPLICANT—PORTS THAT SIGNED bereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Realth 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 BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF 5 7.00 IN THIS PERMIT MOTE: THIS PERMIT GIVES 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 DISPOS IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION 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 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL IA NAME AND APPRESS OF CALLEORNIA CEMETERY 11B. DATE BURIED BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN PHARGE OF CREMATIO 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 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 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-SIGNATURE OF PERSON IN 15B. DATE OF 13D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION CR

COPY 2 IS RETAINED BY 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

MT. HOPE CEMETERY

64 46 6

City of San Diego

Date 2-3-00

You are hereby authorized and instructed, su of Typone	bject to your rules and regulations, to int	
in a Double of the Con	Funeral, date, time 2-9 Wed	THE RESERVE OF THE PERSON NAMED IN
Church, Chapel, Graveside & Duran	0 0 0	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	f\$
will be applied and billed to undersigned		
Lot Grave 3 T Row	Section Division/Blo	All formation of the second
Grave space & Care Fund		126,00
Additional spaces and care fund		
Opening/Closing & Setup		165.00
Burial Container		50,00
Handling Fees	74-00	
Flower vases – Marker setting fee	_ ~ ~	
Recording and filing fee		45.00
Sales taxes		1
	Total Due	386.00
Paid I	receipt number	
	Balance due	
I hereby certify I am the	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 recorded holder of deart	Cay	Zip Cude
	Tolophone	
	Invoice # 328036	
Work Order # E 15532	Acct. # 000952	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17	NAME OF DECEDE TYRON	AND THE PROPERTY OF THE PROPER	SHITTH-MATT		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY, YEAR MONTH DAY, YEAR 01/17/1965 09/29/1998 M.
5	SAN D	DIEGO	58. COUNTY OF DEATH	DIEGO MA	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CD DE LA TORA-DEPUTY PUBLIC GUARDIAN
7/	FUNER	MARKET ST., SAN DIEGO, CA	92102 FD-	F APPLICABLE SAN 1658	SIGNATURE OF APPLICANT—Person toland permit 88. DATE SIGNED
_	ACAMONICED GIVENT OF M	TELCANT I hereby expressed as applicant that the proposed Section 10376 of the Health and Solety Code, and was	of disposition states herein is one of the authorized pursuant to Section 7100 of th	dispositions authorized by I in Health and Spfety Code.	Day July 3 2/7/00
	1824 UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROSINGS OF THE CALFORNIA HEALTH AND SAFETY OF AND IS THE AUTHORITY FOR THE DISPOSITION SPECIF IN THIS PERMIT WITH BENEFING HIM OF DEPOSAL OUTSIDE OF CALFOR	PED c 7 00	03/09/00	DED OF SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	PD ADDRESS OF REGISTRAR OF DISTRICT OF DIVINATION RECORDS ASSESSED FOR BOX 857			DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA
11	AUTHORIZED DISP	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
X	B. CREMATION		E TEMPORARY ENVA	DRNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	SANDOIDGO, CA 92102	ARREY ST.,	7-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON OF CHARGE OF CREMATIC
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAINS	13B. DATE RECEIVED	19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE AL	TRANSIT	14A: NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	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	R OTHER DESCRIPTION SUF- ISTRICT OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 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.



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	STATE OF THE PARTY	1C LAST (FAMILY)			ATE OF DEATH 4. SEX TH. DAY, YEAR M.
5/	SAR D	DIGGO	6B. COUNTY OF DEATH	DIEGO 0	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	
TA	PUNEE	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO	-	F APPLICABLE	N DEED, OF 92123	
	ACHNORLEDGMENT OF A	I I hard school for an author that the managed	isposition stated licrum is one of the	dispositions authorized by	A. SIGNATURE OF APPLICANT—Fersin tal	ing permit BB. DATE SIGNED
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODIAND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE THE PERMIT OF REST OF DEPOSAL OUTSIDE OF CALFORNIA.	9 7.00	00/01/00	SSUED OF SIGNATURE OF LOCAL R	
AF	with the control of t	OD ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF PEATH OF CLOSED IN CAUGORNIA 352 SAN DIESES, CA 92136-5222			OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONE	Y'S USE ONLY
THE REAL PROPERTY.	B. CREMATION		E. TEMPORARY ENVA	DRNIA	L DISPOSITION PEND (Name and Address	NG-REMAINS LOCATED AT
	BURIAL	SANDOLEGO, CA 92102	exer st.,	2-9-00	110. SIGNATURE OF PERSON I	LANGE OF BURIAL
ALE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	128, DATE CREMATE	D 12C SIGNATURE OF PERSON II	CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	TY RECEIVING REMAINS	138. DATE RECEIVE	13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
MAPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO I		14B. DATE SHIPPEL	OF PLACING WITH THE CA	
ŏ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION	OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HQPE CEMETERY

INTERMENT ORDER

City of San Diego

99-1291			T1	Date_	2-3-6	00
You are hereby	authorized and in		OA		ions, to inter	
	We Day	- 1-	neral, date, tim	- Wed	29	11.00
Church, Chapel, All Funeral cars		re 3:30 p.m. of r	regular work d	A Z+1c		Mortuary.
will be applied a	nd billed to unde	rsigned.				
Lot	Grave 4 B	Row	Section _	D	ivision/ Block	13
Grave space & 0	Care Fund					26.00
Additional space	s and care fund					
Opening/Closing	& Setup	A.Q	14		<u>1</u> 1	05.00
Burial Container			SAMPLE STATE OF THE STATE OF TH			50.00
Handling Fees			_2_0			
Flower vases - I						
Recording and f	iling fee				1	5.00
Sales taxes						01
				Total Due	3	86.00

Bar 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

Paid receipt number

any liability on account of said authorization and interment.

hold under deed.	Signature				
	Address				
Signature of recorded holder of deed	City				
	Telephone 0 0				
- 45500	Invoice #_ 328058				

Work Order # E 15533

I hereby authorize the interment in lot I

0009 Acct.# This information is available in alternative formats upon request,

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-N	TAKE NO ENASURES, VI	MITEORIS ON OTH	EH ALTENATIONS	POUND.
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 08/11/1999 F.
SA. CITY OF DEATH OCHA	ISIDE		5B. COUNTY OF DEAT ENTER STATE	DIEGO RE	OF INFORMANT IBEOCA BARR-DEPU	ALING ADDRESS AND ZIP CODE VIY PUBLIC GVARQUA
FUNEN	CARLA AZILA	IA-FUNERAL DIRECTOR OR PER IN , SAN DIBGO, CA	1 -4	1 SSA	01-A RUFFIN RO. M DIEGO, CA 921 SIGNATURE OF APPLICANT—N	23 ruis taking persis 88 DATE SIGNED
ACKNOWLEDGMENT OF A	PELICANT I hereby a Section 10	cknowledge as applicant that the proposes 376 of the Health and Safety Code, and was	d draposition stated herein is one of the authorized pursuant to Section 7100 of th	dispositions authorized by Per Realth and Salety Crite	John B B	free 102/09/2000
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT: WHE THIS MONIT GIVES A BD ADDRESS OF RI IF DEATH OCCURRE	JED IN ACCORDANCE WITH PRI- CORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF TO RIGHT OF DISPOSITION OF CALFO THE DISPOSITION OF CALFO THE DISPOSITION OF DISPOSITION OF DISPOSITION TO BE IN CALFORNIA THE DISPOSITION OF DIS	900 \$ 7.00 9E AD	02/09/2		CAL RÉGISTRAR ISSUING PERMIT BLAZZINO NIA
10. AUTHORIZED DISP	-				FOR COR	ONER'S USE ONLY
B. CREMATION		AINS OTHER	E TEMPORARY ENVI	DRNIA	L DISPOSITION (Name and Ad	PENDING—REMAINS LOCATED AT
BURIAL	MT. HOPE	DDRESS OF CALFORNIA CEN CEMELTERY 3751 10, CA 92102		2-10-00	THE SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION SCIENTIFIC	12A, NAME AND A	DDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERS	OR IN CHARGE OF CREMATION
USE	13A, NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPED	14C. ADDRESS AND SIGN. OF PLACING WITH TO	TURE OF PERSON IN CHARGE IE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA D		158. 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.



Hoy crost

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 - 4-00

You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
or FOWARD GI	IRCIA	
in a Double Death	Funeral, date, time TVE 2-	8 11:01
Church Chapel, Graveside	: Britlan Mi	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 Grave 3 Row /	A Section 5 Division/	Block 7
Grave space & Care Fund		1395,00
Additional spaces and care fund/		
Opening/Closing & Setup.	7 1/	375.00
Burial Container		
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	2544.45
Pald	receipt number	
	Balance du	Je
I hereby certify I am the	of the chaus	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	of remains as above indicated. I cent and I agree to hold Mt. Hope Cemete	tify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	10.1
	Address	
Signature of recorded holder of deed	X City	Zip Code
	Telephone	
The second secon	Invoice #	
Work Order # E 15534	Acct.#	

main 158 484-8181 main 158 780 8699 Britan .

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-00

of	Chester	L. Simpson	
na	Type of Burial Container	_ Funeral, date, time	
	Type of Burial Container pel, Graveside		Mortuary.
All Funeral ca	ers must arrive before 3:30 p.	m. of regular work day or an extra cha	rge of \$
will be applied	d and billed to undersigned.		
Lot 7857	Grave 2 Row_	Section 17 Divisio	n/Block
Grave space	& Care Fund		1395.00
Additional so	aces and care fund	PAID	
Rurial Contain	ner	APR 04-2000	
		MT. HOPE CEMETAR	ATT ST
		CITY OF SAN DIEGO	
		Total Due	1395.00
		Total Dueid receipt number	1395.00
		Total Dueid receipt number <u>52.094</u>	1395.00 500.00
Sales taxes	Pa by I am the	Total Dueid receipt number 52.094 Balance 52/	1395.00 500.00 due 895.00
Sales taxes I hereby certified and this is your othat I have the	Pa ly I am the ur authority to make disposit	Total Due	1395.00 500.00 due 895.00 74 > 400.00 entitly and represent
Sales taxes I hereby certified this is you that I have the any flability or	ly I am the ur authority to make disposite right to make this authorization account of said authorization	Total Due	1395.00 500.00 due 895.00 74 > 400.00 entitly and represent
hereby certified this is you hat I have the any liability or	ly I am the ur authority to make disposite right to make this authorization account of said authorization in the interment in lot I	Total Due	500,00 due 895,00 ve named teasing and representative parmiles from
Sales taxes Thereby certified this is you that I have the any flability or	ly I am the ur authority to make disposite right to make this authorization account of said authorization in the interment in lot I	Total Due	1395.00 500.00 due 895.00 71 > 400.00 ve named teacher entity and representatory hampless from 4 000.00 The Circle
hereby certified this is you hat I have the any flability or hereby authold under de	ly I am the ur authority to make disposite right to make this authorization account of said authorization rize the interment in lot I sed.	Total Due	1395.00 500.00 due 895.00 71 3 400.00 ve named Garden ertify and representatory harmies from 4 100 A Circle C CA 91949
hereby certified this is you that I have the any liability of the hereby authold under de	ly I am the ur authority to make disposite right to make this authorization account of said authorization rize the interment in lot I sed.	Total Due	1395.00 500.00 due 895.00 71 3 400.00 ve named Garden ertify and representatory harmies from 4 100 A Circle C CA 91949
Sales taxes I hereby certified this is you that I have the any liability of the hold under designature of records	ly I am the ur authority to make disposite right to make this authorization account of said authorization rize the interment in lot I sed.	Total Due	1395.00 500.00 due 895.00 71 > 400.00 ve named teasibilities and representatory harmless from 4 100 the Circle CA 91945



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-00

	Europe data time hom 2-7 1:00
Type of Buriel Conjener	Fulleral, date, time 175010 1 1 1
Church Chapet Graveside	: 2 d) Memoria Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	×
Lot 6 4 Grave 1 Row	Section Division/Block 13
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	AID 375 00
Burial ContainerFEE	190.00
***************************************	145.00
	PE CEMETARY 110-4
Flower vases – Marker setting CTTY OF Recording and filing fee	SAN DIEGO, U. 45.00
Sales taxes	14,73
" + T"	Total Due 1664-73
regulary on	aid receipt number R-52116 1664.7
and crock	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposi	tion of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I	Signature
hold under deed.	Address
Signature of recorded hooder of deed	\
	Zip Code
	1 Telephone
Work Order # E 15536	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS Round 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Jonathan Phillip 03/08/1980 Davis 01/30/2000 SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF.. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATESan Diego OF INFORMANT San Diego Felecia Dayis - Mother 2878 Oceanblew Blyd. San Diego, CA 92113 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 78. CALIF. LICENSE NUMBER San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 OF APPLICABLE FD-1575 8A. SIGNATURE OF APPLICANT-Person tolong permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed doposition states herein is one of the depositions authorized by 12000 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Salety Code, and was authorized parament to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA, AMOUNT OF FEE PAID, 98, DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND BAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 02/02/2000 AUTHORIZATION OF IN THES PERIMIT 2002356 \$7.00 J. Johnson LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE Vital Records; P. Box 85222 San Diego, CA 92166-5222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 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 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3351 Market St. BURIAL San Diego, CA 92102 7-7-00 TEMB 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C SIGNATURE OF PERSON ON CHARGE OF CREM CREMATION APPLICABL 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 15D. LICENSE MUMBER 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-00

or Maura	sevillane those	9-1
n a Type of Bartal Container	Funeral, date, time Fues 2 8	1:00
Church Chapel, Graveside	: Clairement	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of	\$
will be applied and billed to undersigned.		
Lot 10 6 Grave 3 Row_	Section 2 Division/Bloc	* 12
Grave space & Care Fund		845.00
Additional spaces and care fund		
Opening/Closing & Setup		3/5.00
Burial Container	AIP	190,00
Handling FeesCEB	0 4 2000	45.00
Flower vases - Marker setting fee		-
Recording and filing feeMT, HC	PE CEMETARY SAN DIEGO, CA	45,00
Sales taxes	SAN DIEGO, OF	14.13
	Total Due	664.13
Pa	ild receipt number	66411
VE	Balance due	-0
I hereby certify I am the	of the above nar ion of remains as above indicated. I certify ition and I agree to hold Mt. Hope Cemetery I on and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	X Signature X 630 F St.	üllani
Skynature of recorded halder of deed	Address On Diego (59)239 9243 - Jelephone	92102 326
Work Order # E 15537	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF DECE	DENT-FIRST (GIVEN)	1 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
ILBAURA		-	SEVILLAN	The state of the s	06/29/1959 01/31/2000 F
SAN DIE	GO			N DIEGO	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IFERNANDO SEVILLANO —SON
CLAIREMONT	MORTUARY			F APPLICABLE	SAN DIEGO, CA 92102 SA, SIGNATURE OF APPLICANT—PERSON DATE SEGNED
ACHIOWLEDGMENT ()			proposed disposition stated liveren in one of the and was nutherized pursuant to Section 7500 of th		Viller men 102/07/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALLE AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WI FORMA HEALTH AND SAF TY FOR THE DISPOSITION OR RIGHT OF DISPOSAL OUTSIDE D	ST-00	victoria M 02/07/200	Control of the Contro
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	P.O. BOX		l if t		OF DISTRICT OF DISPOSITION— I'M ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DI	SPOSITION(S) CHECK A				FOR CORONER'S USE ONLY
B. CREMATION	N OF CREMATED REM	IAINS OTHER	E. TEMPORARY ENVA	DRNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	MOUNT HOPE		AN DIEGO, CA 92102	2 10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNI	A CREMATORY	12B. DATE CREMATE	20 12C. SIGNATURE OF PERSON IN CHANGE OF CREMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SI	15A. ADDRESS, NEA			16B, DATE OF	15C. SIGNATURE OF PERSON IN 150. LICENSE 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. HOPE CEMETERY

INTERMENT ORDER

Prensed

· City of San Diego

Date 2-4-00

or Darlee M.	2244
	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 undersign	ned
Lot 105 Grave 12 A	ow Section 3 Division/Block 12
Grave space & Care Fund	PAID IN 1795.0
Additional spaces and care fund	1410 1 N
Opening/Closing & Setup	LL 2-6-01
Burial Container	LL 2-6-01
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
	Total Due
	Paid receipt number 52102 200.00
	Balance due 595.00
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	of the above named deceder sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from its ation and interment.
I hereby authorize the interment in lot hold under deed.	710 Raven
Signature of recorded holder of doed	- San Diego SD 9210
	Telephone
*	Telephone
Work Order # E 15538	Invoice #

& Printed as recycled paper

MYERS, DA	ARLENE 710 Raven Street, San Diego 92102		E-	15538
		DEBIT	CREDIT B	ALANCE
2-04-00	Opened Pre-need Lot			
	Lot 105, Gr 12, Sec 3, Div 12	795.00		795.00
02-04-00			200.00	595
5-3-60	0 R- 52386 Empn 1		a5.00	5 79-00
6-9-00	K-25211		25100	500.00
7-11-00	R- 52657 3		A\$ 0 0	520.00
7-20-00	R-52691 - 4,5,6,7		10000	420.00
8-21-00	R- 57185 8		25.00	395 60
9-12-00	R- 52864 9		25 00	370.00
10-11-00	8-52959 10		25.00	345.00
11-2-00	R- 53017 11,12,13,14		10000	245.00
12-1-00	R - 63101		145.00	100.00
11-2-00	R-53101		100.00	10-
	MYERS, DARLENE Pre-need Lot			

OFFICIAL RECEIPT

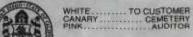
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Dalene Payers Turky Turk In Part Payment of	Address: 1	10 Rover	Date: 5	- 3 Quip Dollars (\$	72100	2 <u>0</u>
Lor. 10 5 Grave	13	Row	Section3_		Division Block	13
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOS "PAID" IN THIS SPACE.	ESTATEDUNLESSSTA	MPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trum Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 65033 3002 — 60101 78390 —	23	00
AC-212 (Rev. 5-94) 525	ISSUED BY D - 3	hulden	TOTAL PAID	\$	25	00

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Barlers Myers twenty time In part Payment of	Address: 710 Raven It	Date: 6-	9 102 92102 drs (\$ 25.00)
Lot 16 5 Grave	The state of the s	Section 3	Division \2
M.O. E- 15538 BALANCE DUE 545,00	NOT WALDFOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 7 80% Sales of Lofa Opening/ Closing 7 Burial Containers 7 Handling Fee 7	77007 77184 100 77184 100 77181 100 7781 100 7782 100 7782
Pre-Need Lot At Need Ori Acct Pre-need Trust Ocash Check Check	ISSUED BY D DILLUMA	Pre-Need 6 Trust Salex Tox 8	100 7183 9022 0101 8390 \$ Q S O D

OFFICIAL RECEIPT

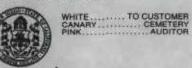


WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Darlene Myers Twenty Twice	Address 710 Ravin D	Date: 7	Duy	, 9210 25.00	30
In Payment of	12 - Row 5	Section 3		Division \	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPAGE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033 8022	25	00
Pre-need Trust Cash Check A	ISSUED BY I MILLED	Sales Tax TOTAL PAID	60101 78390 ——	25	00



MOUNT HOPE CEMETERY 527-3400

)	From: balene Myers twenty two In part Payment of P	re-hud lot	Date 8	Olins (S.	4 9310 25.00	(2) (2)
	Lot 10 5 Grave 1	3	ection 3		Division	12
	Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Saids Care 80% Saids of Lote Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185	25	00
1	Pre-Need Lot St. At Need On Acct Pre-need Trust Cash Check St.	ISSUED BY & While	Prs-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	23	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Darley Tryer troughty Time In part Payment of 8	u-Ned Jet	Sen Dien	92102	00
Lot 10 5 Grave	\3	ection_3	Division \	12
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOTVALIDFOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 7184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60301		00
Pre-need Trust Cash Check 657	ISSUED BY J Mulelli	78390 TOTAL PAID \$	25	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Darlene Myers	Address: 7/0 Raven	ST sant	Diego, CA	9210
in part payment of pr	re-need Lot for (Darlene	Myers)	<u></u>
Lot 105 Grave _	12 Row	ection_3	Division /	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	of Lota 771	84 a 5	00
W.O. E-15538 BALANCE DUE \$ 345.00	PAID	Closing 771 Burial 1 Containers 771	81 00 82	
Pre-Need Lot > At Need □ On Acct □	OCT 1 1 2000	Handling Fee 771 Recording & 1 Milac Feen 771 Fre-Need 630 Trust 90	00 83	
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY CTUCKED BY	Sales Tax 601 783 TOTAL PAID		00

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers 525

5-2-00

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 1
Payment Due Date May-00
Payment Amount Due 25.00
Balance Due 570.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 2
Payment Due Date June-00
Payment Amount Due 25.00
Balance Due 545.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlenè Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 3
Payment Due Date July-00
Payment Amount Due 25.00
Balance Due 520.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 4
Payment Due Date August-00
Payment Amount Due 25.00
Balance Due 495.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

£15538

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for. Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 5
Payment Due Date September-00
Payment Amount Due 25.00
Balance Due 470.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 6
Payment Due Date October-00
Payment Amount Due 25.00
Balance Due 445.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers · 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 7
Payment Due Date November-00
Payment Amount Due 25.00
Balance Due 420.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Dariene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO.
Payment Due Date December-00
Payment Amount Due 25.00
Balance Due 395.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 9
Payment Due Date January-01
Payment Amount Due 25.00
Balance Due 370.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlêne Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 10
Payment Due Date February-01
Payment Amount Due 25.00
Balance Due 345.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 11
Payment Due Date March-01
Payment Amount Due 25.00
Balance Due 320.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers. 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 12
Payment Due Date April-01
Payment Amount Due 25.00
Balance Due 295.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers . 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO. 13
Payment Due Date May-01
Payment Amount Due 25.00
Balance Due 270.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO.	14
Payment Due Date	June-01
Payment Amount Due	25.00
Balance Due	245.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

F 15538

Mt. Hope Cemetery Prepayment Plan Record

Darlene Myers 710 Raven San Diego CA 92102 (619) 262-3179 E 15538

Preneed for: Darlene Myers

Lot 105 Grave 12 Sec 3 Div 12

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

April-02

Payment Amount Due
Balance Due

0.00

LAST PAYMENT

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-7-00

1 303 ET 11 1 1 1 2	SORDAN NED 2 9 9'00
	Funeral, date, time WED 3-9 9100
hurch, Chapel, Graveside Www.	youly deatheright mornary.
Il Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra charge of \$ Device
vill be applied and billed to undersigned	
ot 97 Grave 3 Row_	Section Division-Block 13
Grave space & Care Fund	000 00
Additional spaces and care fund	
Opening/Closing & Setup	FEB 0 9 2000 375.00
Burial Container	
tandling FeesCIT	OF SAN DIEGO OF
	125.00
Recording and filing fee	On Su
	14-73
much or granton	Total Due
Pai	id receipt number R-52117 1789.7
n Ednach	Balance due
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.	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment.
hereby authorize the interment in lot I old under deed.	Signature
	Address
ignature of recorded holder of deed	City Zip Code
	Talephone
	Invoice #
	TOTAL CONTRACTOR OF THE CONTRA
Nork Order # E 15539	Acct. #

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REA-104 (7-96)

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	Jordan		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 9770 171915 0172 772050 F
	CITY OF DEATH		SB COUNTY OF DEAT ENTER STATE SA		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, PA
1	TYPED NAME AND AT CEATHER IN THE CEA	GRESS OF CALFORNIA—FUNERAL DIRECTOR 11 Mortuary 6322 E1 CA 62115	Cajon Blvd.	F APPLICABLE 083	San Diego, CA 92123 SIGNATURE OF APPLICANT—Person being permit, 88. DATE SIGNE
	ACKNOWLEDGMENT OF A		the proposed disposition stated herein is one of the sie, and was authorized pursuant to Section 7100 of the	a Health and Safety Code.	The Ludal 100/0 1/20
	PERMIT THORIZATION OF DCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND SA AND IS THE AUTHORITY FOR THE DISPOSITIO IN THIS PERMIT. NOTE: THE PERMIT GIVES NO HIGHT OF DEPOSAL OUISIDE	N SPECIFIED \$ 7.00	02/07/200 T.Truesdal	SUED BC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMI
AN		PO BOX 85222, San D1 92186-5222			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	L DISPOSITION PENDING—REMAINS LOCAT (Name and Address) 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	BURIAL	3751 Market St. San	Diego, CA 92102	12-9-00	West F James
APPLICABLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFOR	NIA CREMATORY	128. DATE CREMATEL	12C. SIGNATURE OF PERSONAN CHARBSE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORN	NIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING REMAINS OR CREMATED REMAINS		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORI PICIENT TO IDENTIFY FINAL PLACE A		15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CEMAINS DISPOSES —IF APPLICABLE

COPY 2 IS RETAINED BY 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. 6/91)

INTERMENT ORDER

City of San Diego

Date 3-7-00

na Type of Burney 1	Funeral, date, time Ned 3	1-9 2:15
Church, Chapel Graveside	:Guahalipo	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra cha	rge of \$
will be applied and billed to undersigned		
ot 189 Grave 6 Row	Section Divisio	n/Block 19
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup		3/5.00
Burial Container FEB 0 8 2000)	190.00
fandling Fees		112.00
Flower vases - MarkeMTuHOPE CEMET	ARY	17.00
Recording and filling CITY OF SAN DIEG	0, 0,	45.00
Sales taxes		14-13
	Total Due	1664.1
Paid r	receipt number R-52 10 8	1664. 1-
V	Balance	due
hereby certify I am the A Company Company I am the A Company I am the	of the abo	ve named decedent
hat I have the right to make this authorization	and I agree to hold Mt. Hope Cem-	etery harmless from
any liability on account of said authorization a	11 1211.	
hereby authorize the interment in lot I	Survivo le!	PHOS CO
Total under deed.	X 124 Cappess L	18
Signature of recorded holder of deed	X Earl JEIdes	- 92/73
	6620868	ap time
	Invoice #	The second
Nork Order # E 15540	Acct. #	
WORK OTOBI IF	Property in	

O Privated on recycled proper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 2 DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) MONTH DAY YEAR 05/07/1928 MONTH, DAY, YEAR 02/02/2000 MIGUEL. CARRASCO 6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF... MARIA JOSEFINA CARRASCO-WIFE SAN DIEGO SAN YSIDRO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA--FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 124 CYPRESS DRIVE HE APPLICABLE SAN YSIDRO, CA, 92173 GUADALUPANA MORTUARY, 2601 IMPERIAL AVE BA. SIGNATURE OF APPLICANT Ferson taking permit, 88. DATE SIGNED SAN DIEGO, CA, 92102 FD-1425 I hereby acknowledge as appacant that the proposed deposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. £02/07/2000 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE BA. AMOUNT OF FEE PAID, 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REDISTRAR ISSUING PERMIT PERMIT JOSE CHAVEZ ; 2002657 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 IN THIS PERMIT 02/07/2000 AUTHORIZATION OF NOTE: THIS PERSON GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222 PERMIT TO SHOW FINAL DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATE (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 MOUNT HOPE CEMETERY, 3751 MARKET ST BURIAL SAN DIEGO, CA, 92102 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 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 15B. DATE OF SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-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_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

Gity of San Diego

Date 2-7-00

T & III	Owens		n 1 7 14.	1
in a Type of Burlan Commence			Monday 2-14.	
Church, Chapel Graveside			agsdale	
All Funeral cars must arrive befo		gular work day o	r an extra charge of \$	150.0
will be applied and billed to unde	rsigned.			
			Division/Block	
Grave space & Care Fund	Prenee!	F 64		0
Additional spaces and care fund				
Opening/Closing & Setup	Prend	ed Es	2460	0
Burial Container				0
Handling Fees				0
Flower vases - Marker setting fe	0			
Recording and filing fee				0
Sales taxes				0
			d Due	A
	Paid recei	pt number		-
			Balance due	
I hereby certify I am the			of the above name	d deceden
and this is your authority to mak that I have the right to make this any liability on account of said at	authorization and	I agree to hold !	indicated. I certify an	d represen
	>	<		
I hereby authorize the interment hold under deed.	in lot l	Signature.		-
note allow dood.)	Address		
Signature of recorded holder of deed	— ×	City	10000	Zip Cod
		Telephone		34,300
		Invoice #		
Work Order # E 1554	1	Acct. #		
			Water Company of the Company	-

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INTERMENT ORDER

City of San Diego

				2 14	1
1+	_ Funeral,	date, time L	londey	10 11	
ersigned.	n, or regula	r work day or	an extra c	Targe of \$ 13 v	_
_ Row _		Section	Divis	ion/Block/	0
950	0.883	ELGY	54	8	-

Pr	PARA	E 8	460		2-
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				122	
00		*************			
	***************************************			0	~
				The state of the s	
				-	_
Pale	d receipt no				
		NAME OF THE OWNER OWNER OF THE OWNER OWNE		e due	
			of the al	nove named dea	eder
authorizati	on and I ag	ree to hold M	indicated. t. Hope Ce	certify and repr matery harmless	resen s fron
t in lot l	X		LEON		
-	×	7500	10000		Ze Cod
	11				
	400	voice #			
	Pair Red disposition authorization authorization	Paid receipt not regular receipt not authorization and interrection but I	Funeral, date, time P Pore 3:00 p.m. of regular work day or ersigned.	Funeral, date, time Manday Rag Sca pre 3:00 p.m. of regular work day or an extra cle ersigned. Row Section Divis Pre need E 9460 Paid receipt number Balance Re disposition of remains as above indicated a authorization and inferment. Total Due Section Of the at the section of the section authorization and inferment. Total Due Total Due Section Of the at the section of the section authorization and inferment. Total Due Total Due Section Divis Address Address City Telephone	Funeral, date, time Mondo, 2-14-00 Rag Sda 12 Monores: 150 Presigned. Section Division/Block Monores: 150 Presided Elay 59 State Monores: 150 Presided Ela

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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 Field			Owens		MONTH, DAY, YEAR MONTH, DAY, YEAR	SEX M
5/	CITY OF DEATH	Diego	SE COUNTY OF DEATH	-OUTSIDE CALIF.,	6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO Monnie Fifer, Sister	DE
7A	Anderson-R	oness of California—Funeral Director of Person A agsdale Mort.; 5050 Federal San Diego, CA 92102	Blvd. 78 CAL	ALTER PROPERTY AND ADDRESS OF THE PARTY AND AD	3723 Menlo Ave. San Diego, CA 92105 BA SIGNATURE OF APPLICANT—From thing penil, 88 DATE SK	SNED
	ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed dispos Section 10076 of the Health and Safety Code, and was authory	ation stated herein a one of the zeg pursuant to Session 7100 of the	Health and Safety Code	Selfullelian 102/07/2	THE REAL PROPERTY.
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT GIVES NO BOOK! OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A AMOUNT OF FEE PA \$7.00	02/11/20		001
-		Vital Records; P.O. Box 8522 San Diego, CA 92186	2		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA	
1	A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A GE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA	RMA	L DISPOSITION PENDING—REMAINS LOCATI	ED AT
	BURIAL.	Mt. Hope Cemetery; 3751 Mar San Diego, CA 92		Z-14-0		
BLE HEMB	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	PRY	128, DATE CREMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMAT	ION
LL APPLACA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	TY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR I REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	HIPPED 14G. ADDRESS AND SIGNATURE OF PERSON IN CH OF PLACING WITH THE CARRIER	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	1SA. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLAGE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF DISPOSITION OF CRIMATED AMAINS DISPOSITION AMAINS DISPOSITION AMAINS DISPOSITION AMAINS DISPOSITION OF APPLICABLE OF APPL	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.

CHAISTOPHER H. BIOWN MT. HOPE CEMETERY INTERMENT ORDER



City of Sa, Diego

Date 2-8-00

You are hereby authorized and instructed of ARTHALIA	ed, subject to your rules and regulations, to inter the remai	ns
	Funeral, date, time WED 2-23	-
Church, Chapel, Graveside A	PAGSDALE Mortua	ry.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	4	_
Lot 11a Grave 8 Row	Pre-NEED E-4184	
Grave space & Care Fund	Pre-NEED E-4184 0	
Additional spaces and care fund		_
Opening/Closing & Setup	PAID 105.0	$\overline{}$
	55.0	0
Handling Fees	B 17 2000 60.00	2
Flower vases - Marker setting fee	IOPE CEMETARY	-
Recording and filing feeCITY C	OF SAN DIEGO, CA 45.00	,
	1.30	0
	Total Due	6
	Paid receipt number R-52137 269-3	6
	Balance due -	
I hereby certify I am the	of the above named decede	ent
and this is your authority to make dispo	sition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from	ent
I hereby authorize the interment in lot I hold under deed.	A Signature S. C.	_
	Caddress	_
Signature of recorded holder of deed	Zery Zinc	ode
	Telephone	
	Invoice #	
Work Order # E 15542	Acct. #	_

FEB-05-100 TUE 30 ID HORE CEITE ER TEL TEL

#518 P01

Chare of Brown ME HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2 - 8 . 00

E 15542

SECULIAR PROPERTY.

The state of the second party and be designed to a

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	Rrthali		IC. LAST (FAMILY				OF DEATH 4. SEX
5/	San Die	go	SB. COUNTY OF DI	EATH-OUTSIDE CALF.,	OF BUCK	ELATIONSHIP, FULL MAILING AD HMANT R. Brawn, Brothe	
7/	TYPED NAME AND AL	oress of California - Funeral Director or Person adale Mort.; 5050 Federal B San Diego, CA 92102	lvd.	CALIF. LICENSE NUMBER —IF APPLICABLE V-1329	Tacom	S. Alaska St. a, WA 98408-13 URE OF APPLICANT—Person taking i	sent 88. DATE SIGNED
8	ACKNOWLEDGMENT OF A	PERANT I hereby advisorated an applicant that the proposed do Section 10176 of the Health and Safety Code, and was auth	position stated herein is one of ortized pursuant to Section 7100	of the Health and Salety Code.	M. Ke	Clase Whiter	02/08/2000
	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 NOTE THIS PERMIT GRES NO MONT OF DEPOSAL ONTINES OF CALIFORNIA.	Established Company of the	62914720	Officed, 9	C SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT 2003043
-4	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	DO, ADDRESS OF REGISTRAR OF DISTRICT OF DEAT VIET RECORDS IN CAURERING BOX 852 Sam Diego, CA 921	22	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC		OT OF DISPOSITION— HER DISTRICT IN CAUFORNIA	•
10	AUTHORIZED DISPO	DSITION(5) CHECK APPLICABLE ITEMS				FOR CORONER'S	USE ONLY
the same named in	B CREMATION		F. DISINTERMENT G. SHIP IN TO CAI H. TRANSIT TO O			DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
-	BURIAL	NAC. NAME AND ADDRESS OF CALIFORNIA CEMETE San Diego, CA		7-23-0		SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
ABLE ITEMS	CREMATION	Pacific Crematorium; 601 D Lake Elsinore,	Crane St.	2-/6-C		SIGNATURE OF PERSON IN C	ARGE OF CREMATION
ALL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAIN	S 13B. DATE RECEI	VED 13C.	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
COMPLETE /	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE	14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAR- OF PLACING WITH THE CARRIER			
0	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		F 15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER OF 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 2 - 8 - 00

You are hereby authorized and instructed, ofGuiLHERMINA	subject to your rules and regulations, to inter the remains
	_Funeral, date, time WED 2-9 1,00
Church Chapel Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 114 Grave 8 Row_	Section 2 Division/Bf8ck 12
Grave space & Care Fund	097 00
A STATE OF THE PARTY OF THE PAR	I D
Charles and the second of the	375.00
Opening/Closing & Setup	2000 380.00
Handling Fees MT. HOPE CE	METARY 320,00
Flower vases - Marker GTTYOOF SAN [DIEGO.
Recording and filing fee	45.00
Sales taxes	
	Total Due
Pa	id receipt number 1-52112 2044.45
Som A	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	ion of permaios as above indicated. I dentify 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.	x 5122 / Vinning sty AVe
Eignature of recorded holder of deed	X 5D1240 CA 72115 1614 287 30 57
Work Order # E 15543	Invoice #
Work Order #	Acct. #

70

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)	1B. MIDDLE	IC. LAST (FAMILY)				E OF DEATH 4. SEX
GUILHERMIN	IA.	-	BENROS	BENROS		6725919254 6278	872000" F
SA. CITY OF BEATH	D45-0811		SB. COUNTY OF DEAT	TH-OUTSIDE CALIF.		ELATIONSHIP, FULL MAILING AS	ODRESS AND ZIP CODE
SAN DIEGO			SAN DIEGO		1778	BENROS-HUSBAND	
CALIFORNIA	A CREMATION	A FUNERAL DIRECTOR OF & BURIAL CH	nare to to	F APPLICABLE	SAN D	TOOLEY CIRCLE DIEGO, CA 92114	
	Chessler o		proposed dispersion stated berrin is one of D		71.4	TURE OF APPLICANT—Pursup tiking	02/03/2000
ACKNOWLEDGMENT OF A	Section 10.	376 of the Hostin and Safety Code	and was authorized personel to Section 7100 of	the Health and Salety Code.		un pritchel	THE RESERVE THE PARTY OF THE PA
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI FORMIA HEALTH AND SAF I'Y FOR THE DISPOSITION 6 BIGHT OF DISPOSAL OUTSIDE OF	SPECIFIED 67 00	02/08/200 M. MITCHE	0	C. SIGNATURE OF LOCAL REGI	ISTRAR ISSUING PERMIT
TION REQUIRES A NEW TERMIT TO SHOW FINAL	D ADDRESS OF RE	EGISTRAR OF DISTRICT DS-P.0. BOX CA 92186-522	OF DEATH— SE. AL	DORESS OF REGISTRAR DISPOSMON IS TO OCCU		OT OF DISPOSITION— MER DISTRICT IN CAUFORNIA	•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			1	FOR CORONER'S	USE ONLY
B. CREMATION		AINS OTHER	E TEMPORARY ENV F DISINTERMENT G SHIP IN TO CALIF N. TRANSIT TO OUT			L DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	MT. HOPE		DIEGO, CA 92102	11B. DATE BURIE	110	SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A. NAME AND AC	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREMAT	ED 12C.	SIGNATURE OF PERSON IN C	HANGE OF CREMATION
SCIENTIFIC USE	13A NAME AND AD	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEI	/ED 13C	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPS	ED 14G.	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. 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.



rok 527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-00

na LINER	Funeral, date, time	FRI	2-11	10:
Type of Busic Campiner Church, Chapel Graveside		OODBOD	V	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day	or an entra c	bargered \$	*************
will be applied and billed to undersigned.		VA	V10 -	
ot 3 & 3 Grave Row	Section	Divis	sion/ Black	10
	RE- NEED			0
Additional spaces and care fund				0
Opening/Closing & Setup				00
Burial Container				0
Handling Fees				Ð
lower vases - Marker setting fee				
Recording and filing fee				A
Sales taxes				0
		otal Due		A
F	aid receipt number			
V		Balan	ce due	
hereby certify I am the		of the a	bove name	d decedent
and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizat	ation and I agree to hole	ve indicated.	I certify and	represent
hereby authorize the interment in lot I	X			
hold under deed.	X Signature			
Signature of recorded holder of deed	Address	mi	The same	
The state of the s	Telephone	Der	,	Zip Code
	Invoice #			
	10,000,000			
Work Order # E 15544	Acct. #			

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P.01 6195827740 E15544 SHIPSON Spin-day attracting the Sees they

= 15544

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)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
BETTY JANE			KIRSCH	KIRSCH 12/04/1916 02/07/2000			
5A. CITY OF DEATH			5B. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
SAN DIEGO		ENTER STATE	N DIEGO	OF INFORMANT CHARLES GILES: SON -			
DESCRIPTION OF THE PROPERTY OF	ORTUARY: 50	27 EL CAJON BLVI N DIEGO, CA 921	-	APPLICABLE	1550 GOLDFIELD STREET, APT. #19 SAN DIEGO, CA 92110 BA SIGNAPORE OF APPLICANT—PRISH DATE SEGNED		
ACKNOWLEDGMENT OF A		charmledge at applicant that the proposed 376 of the Health and Safety Sode, and was a			> Outer Me = 102/10/2000		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY CO- TY FOR THE DISPOSITION SPECIFI DIRECTOR DISPOSAL OUTSIDE OF CALFORN	\$7.00	VICTORIA 1	2002337		
NEWSCOOK AND ADDRESS OF THE PARTY OF THE PAR	9D ADDRESS OF RE IF DEATH DOCUME P.O. BOX	EGISTRAR OF DISTRICT OF DE	ATH- GE ADD		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA		
O. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY		
B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BUFILAL	3E	DDRESS OF CALIFORNIA CEME	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		TIC SIGNATURE OF PERSON IN CHARGE OF BURIAL		
	3751 MARKE	T STREET, SAN DE	IEGO, CA 92102	12110	hart I have		
GREMATION	12A. NAME AND AS	ODRESS OF CALIFORNIA CHEN	MATORY	12B. DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPI	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 IDE	REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND GA DIS	OTHER DESCRIPTION SUF- STRICT OF DISPOSITION	158. DATE OF DISPOSITION	15G. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSED —IF APPLICABLE		

COPY 2 IS RETAINED BY 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 2-9-00

or Olean &	pener		2-14 100
in a Vipe of Buriel Container	Funeral, date, the		2-17 1.00
Church, Chapel, Graveside		Ca Com	Mortuary.
All Funeral cars must arrive before 3:80 p will be applied and billed to undersigned.	1	day or an extra c	harge of \$ 150.0D
	Section		sion/Block 12
Grave space & Care Fund			0 13,00
Additional spaces and care fund			
Opening/Closing & Setup	PAID		3 /5.00
Burial Container		······	190,00
Handling Fees	FFB 10 200		[45.00
Planter than the land patting for			
Recording and filing fee	IT. HOPE CEME	IAMI	45.00
Sales taxes CI	IY OF SAN DIE		14.73
		Total Due	1664.73
P	ald receipt number .	52123	1644.73
+50	11	Balan	ce due
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authorizat any liability on account of said authorizat	ation and I agree to	above indicated.	bove named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signatury	1-220	Donnell
Signature of recorded holder of deed	City 8	1658- 5	2 /8 Trip Code
	Invoice #		
Work Order # E 15545	Acct. #		

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)	1B. MIDDLE	IC. LAST (FAMILY)	HILL		NTH DAY YEAR MONTH	OF DEATH A SEX
SAN DIEG	0		SAN DIEGO		OF INFOR	LATIONSHIP, FULL MAILING ADMANT ONNER-SON	ODRESS AND ZIP CODE
S880 EL C	CAJON BLVD.	W & BURIAL C , SAN DIEGO,	MAPEL	AUF LICENSE NUMBER IF APPLICABLE	164-22 JANAIC	O'DONNELL ROAL A, NY 11433 RE OF APPLICANT—Person LANG	
ACKNOWLEDGMENT OF A	THIS PERMIT IS ISSE	376 of the Health and Safety Code JED IN ACCORDANCE WI	and was authorized curriant to Section 7100 of ITH PROVI- GA. AMOUNT OF FEE	the Health and Safety Code	SSUED 9C.	SIGNATURE OF LOCAL REGI	THE REPORT OF THE PERSON NAMED IN COLUMN NAMED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	ORIGIT OF DEPOSITION	SPECIFIED 67 00	02/19/200 K. WALKE	00	2002903	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT DI IN CAMPORNIA ORDS - P. O. CA 92186-52	BOX 85322	DDRESS OF REGISTRAR (DISPOSITION IS TO OCCUP -			
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	USE ONLY
B. CREMATION		AINS OTHER	E TEMPORARY EN			L DISPOSITION PENDING (Name and Address)	-REMAINS LOCATED AT
BURIAL	HY. NAME AND A	HISTORY OF THE PARTY OF THE PAR	MARKET GEREET	2-14-00	1	IGNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNI	IA CREMATORY	12B. DATE CREMATE	12C. S	IGNATURE OF PERSON IN CO	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNI	IA FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13G. 8	IGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT TRANSIT		DRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE INE TO BE SHIPPED	14B. DATE SHIPPEI		ODRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		LINE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		IGNATURE OF PERSON IN HARGE 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.

IST BURNEL MT. HOPE CEMETERY MARY CATALAN INTERMENT ORDER

City of San Diego

Date 2-10-00

You are hereby authorized and instructed, s		ans, to their the remains
IN DOUBLE DEPTH	Funeral, date, time THUR	2-17 10:
Type of Buring Comfainer Church, Chapel, Graveside	EL CAS	Mortuary
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an exha	tharge of \$
will be applied and billed to undersigned.		
VLot 2164 Grave Row_	Section Di	vision/Block 10
Grave space & Care Fund PRE-	NEED E- 11087	0
Additional spaces and care fund		, –
Opening/Closing & Setup.		37500
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		_
Recording and filing fee		112 00
Sales taxes		2
	Total Due	112000
- Fall		nnce 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 above indicated	above named decedent i. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Signature X	
Signature of recorded holder of deed	Address	
	Cay	Zip Code
	Talophone	
	Invoice #	
Work Order # E 15546	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

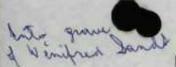
E15546

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

17	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	TC. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	James			Cataland)		~877o471912	02/10	2000	M
5/	Loma Linds			SB. COUNTY OF DEVENTER STATE		OF IN	, RELATIONSHP, FULL M FORMANT SZEDDE Catalo			IP CODE
TA	AARON Cres	nation & Bu	rial Services		IF APPLICABLE	Lon	71 Oakwood I na Linda, CA	92354		HYTOX
-	ACKNOWLEDGMENT OF A	T hereby a		304 aspection stated herein is one of as authorized pursuant to Section 7100 of	the dispositions authorized by	A. SIGN	OVIVLE CIT	erson taking p		4/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PORNIA HEALTH AND SAFETY OF FOR THE DISPOSITION SPEC	POVI- CODE OFFED \$7.00			90. SIGNATURE OF LO 9966081	CAL REGI	STRAR ISSUIN	IG PERMIT
A	COMMUNICATION OF THE PARTY OF T	351 N. Mt.		É	ADDRESS OF REGISTRAR CO BOX 85222 San Diego, CA	IN AN	OTHER DISTRICT IN CALIFOR	INIA		
36	. AUTHORIZED DISPO	OSITION(5) CHECK A	PPLICABLE ITEMS					ONER'S	USE ONLY	
The second second	B. CREMATION		AINS OTHER	E. TEMPORARY EN			I DISPOSITION (Mame and Ar		-REMAINS LO	DCATED AT
-	BURIAL	Mt. Hope	obress of California CE Cumetery et St. San Dies		2-17-00	-	C. SIGNATURE OF PERI	SON IN C	HARGE OF BI	
APPLICABLE ITEMS	CREMATION		DDRESS OF CALIFORNIA CR	THE PARTY OF THE P	12B, DATE CREMATE		C. SIGNATURE OF PER	MIN CH	MAGE OF CR	EMATION
ALL APPLICAE	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	19B, DATE RECEIVE	ED 130	C. SIGNATURE OF PERI	SON IN C	HARGE OF FA	ACILITY
COMPLETE A	TRANSIT	14A. NAME AND AE REMAINS OR I	DORESS IN RECEIVING STAT CREMATED REMAINS ARE T	E OR COUNTRY WHERE O BE SHIPPED	148. DATE SHIPPEI	140	C. ADDRESS AND SIGN. OF PLACING WITH TI			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAF	REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	ISB. DATE OF DISPOSITION	150	C. SIGNATURE OF PERI CHARGE OF DISPOS		150, DCENSE OF CREM I MADNS D I —IF APP	ISPOSER

COPY 2 IS RETAINED BY 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 2-10-00

You are hereby authorized and instruct	sted, subject to your rate and regulations, to it	w E D
The state of the s	Funeral, date, time AY D	3-1
Church, Chapel, Graveside	: Conrad	Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	ed,	
Lot 682 Grave Ro	ow Section\ Division/B	lock 8
Grave space & Care Fund	Bre-Neck	
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container	FEB 1.5.2000	55,00
Handling Fees	HOPE CEMETARY	60.00
Flower vases - Marker setting fee	OF SAN DIEGO: C	_
Recording and filing fee	OF SAN DIEGO. OF	45.00
		1
(To be buried with	Total Due	269.26
wini fred C. Sands)	Paid receipt number MC	269,26
	Balance due	-
I hereby certify I am the and this is your authority to make disp that I have the right to make this authority any liability on account of said authority	of the above reposition of remains as above indicated, I certification and I agree to hold Mt. Hope Cemeter zation and interment.	named decedent by and represent y harmless from
I hereby authorize the interment in lot hold under deed.	*Signature	Ud.
Einter right	TEALLBROOK I	4 9 202 Sip Conta
Work Order # E 15547	Invoice #	

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 WIRIFRED MARGARET			IG. LAST (FAMILY) MONROE	(V C T C T T T T T T T T T T T T T T T T			a. DATE	OF DEATH	4. SEX	
6/	LEMON GRO	VE		5B. COUNTY OF DEAT ENTER STATE SAN DIEG	A CONTRACTOR OF THE PARTY OF TH	OF MED	J. WADDEL	1 - E	RESS AND Z	
7A	CONRAD LE	MON GROVE N	M GROVE, CA 9194	5-1533	FAPPLICABLE FD941	FALLE	RECHE ROAD ROOK, CA 9	2028		E SIGNED
-	ACKNOWLEDGMENT OF A	Section 103	knowledge as applicant that the proposed di 176 of the Health and Selety Gode, and was aut	huriced purposet to Section 7100 of t	te Health and Salety Code	6000	une reenv	2	02/15/	Designation of the last of the
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI DRIVIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED INVESTOR OF CALFORNIA	\$7.00	GEWINE K. Co 02/16/200	NEEd 2	SIGNATURE OF LO	CAL REGIS	ITRAR ISSUIN	G PERMIT
11	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW FINAL DISPOSITION.	OF SAN DIE	GISTRAR OF DISTRICT OF DEA	RVICES	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			RNIA		•
10		OSITION(S) CHECK AF	PLICABLE ITEMS	E TEMPORARY ENV	AULTMENT		FOR COR		BEMAINS LO	
Second Lines of the Party	B CREMATION	OF CREMATED REMA	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA		(Name and A			
	BURIAL	3751 HARR	DRESS OF CALIFORNIA CEMET	ERY	3-1-00		SIGNATURE OF PER	SON IN CH	ARGE OF BL	IRIAL
ABLE ITEMS	CREMATION	PACIFIC O	DRESS OF CALIFORNIA CREMA REMATOR UN INC. WE STREET NORE, GA 92530	TORY	2-19-00	ED 12C	SIGNATURE OF PERI	W.	ANGE OF CHE	M
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. GAYE RECEIV	/ED 13G. S	SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		148 DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ON THE PLACE AND CA DIST		15B DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS D —IF APPL	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.

MANAGET STATES MT HOPE CEMETARY 3751 MARKET STATES SAN DIEGO, CA 92182-4527 619 527-1488

02/14/98

14:41:45

- 11

MRIL/PHONE

#2000AT NUMBER EXPL 4731201259707145 1200

TRAM CODE AUTH- REF 8 22 014566 001901

MIDUNT

\$ 420,38

Jose F- 15 5 46 Anternent

mill the ale

I AGREE TO PAY ABOVE TOTAL ANDUST COMMUNE TO CARD ISSUER AGREEMENT (REACHANT AGREEMENT IF CREDIT VOUCHER)

12 year th

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-00

50 M	Date_q -10
26	
You are hereby authorized and instructed, subject to you	r rules and regulations, to inter the remains
or Jannine Cook	
in a Funeral dat	te, time Drun 2-17 1:0
Church, Chapel, Graveside	20 hamoure Mortuary.
All Funeral cars must arrive before 3:80 p.m. of regular w	vork day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 87 Grave 11 Row Sec	etion a Division/Block
Lot o drave 1 now Sec	T F-LSSY -A
Grave space & Care Fund	Try [-633]
Additional spaces and care fund	
Opening/Closing & Setup	195.00
BAID	95.00
Handling Fees Flower vases – Marker setting FEB 10 2000	50.00
Handling Fees	-30.00
Flower vases - Marker setting #EB 10 2000	
Recording and filling fee	manufacture and a second
Sales laxes CITY OF SAN DIEGO, O	7.36
OII TO	Total Due 39236
m.14	ber MIC 392.36
Paid receipt num	
I haraby cartify I am the X Fa+ber	Balance due
I hereby certify I am the and this is your authority to make disposition of remains	of the above named decedent
that I have the right to make this authorization and I agree	e to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and intermed	nt.
I hereby authorize the interment in lot I	rand love
hold under deed.	35 BOKHOW OCH #+
Addison	OR HE
Signature of recorded holder of deed	an Diego Ca TCIIS
10	e9/264700a
Kinbur	264.5814
- ALLIA Invol	The state of the s
Work Order # E 15548 Acct.	
COMMUNICATION CONTRACTOR CONTRACT	

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

Jazmin		Labree	Cook				12/09/2000	V
SA. CITY OF DEATH			SB. COUNTY O	F DEATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILI	NG ADDRESS AND ZI	P CODE
San Diego			2111011-000	San Diego	Deon	e Hines - Not	ther	
7A TYPED NAME AND AI San Diego	Memorial C Traity Ave.	NA—FUNERAL DIRECTOR OR PI Trape 1	ERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE FD-1575	4025 Sam	Park Hayen C Diego, CA 921	f3*H	E SIGNED
ACKNOWLEDGMENT OF A	ydand I hardby	acknowledge as applicant that the prop. 1375 of the Health and Safety Code, and v			> Gay	By Stehno or	02/19	1/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	UED IN ACCORDANCE WITH F FORNIA MEALTH AND BAFETY TY FOR THE DISPOSITION SPE NO BILLY OF BEPOSAL OUTSIDE OF CALL	CODE CIFIED	PEE PAID BE DAYE PERMI	000	9C. SIGNATURE OF LOCAL ▶ 2003056	. REGISTRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	ed in California ords; P.O. Box , CA 92186-522	85222	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		HOT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		•
10. AUTHORIZED DISP	OSITION(B) CHECK	APPLICABLE ITEMS				FOR CORON	ER'S USE ONLY	,
B. CREMATION		IAINS OTHER	F. DISINTERME			L DISPOSITION PER (Name and Addre	NDING-REMAINS LC	CATED A
BURIAL	Mt Hope C	obress of California Commetery; 3351 1		2-17-0	1	SIGNATURE OF PERSON	IN CHARGE OF BU	IRIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CR	REMATORY	12B, DATE CREMA	TED 12C	SIGNATURE OF PERSON	IN CHARGE OF CH	MATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REM	AINS 138. DATE RECE	IVED 13C	SIGNATURE OF PERSON	N IN CHARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE		E 14B, DATE SHIPF	PED 14G	ADDRESS AND SIGNATU OF PLACING WITH THE		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON CHARGE OF DISPOSITIO		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.

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

MT. MOPE COMETERY INTERMENT ORDER

City of San Diego

Date 3-10-00

PATRICIA	11	10 11
na DoubLE DEPT	Talleton, adds, mine	19
Church Chapel Graveside	RAGSDALE	Mortuary
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge	at \$
vill be applied and billed to unders	signed.	
73 10		
ot 53 Grave 13	Row Section _ a Division/8	look_1d
Grave space & Care Fund		895.00
Additional spaces and care fund	o	_
Opening/Closing & Setup		375.0
Burial Container	PAID	380.00
Handling Fees		2 20 00
Flower vases - Marker setting fee	FEB 18 2000	-
Recording and filing fee	MT. HOPE CEMETARY	45.00
Sales taxes	ITY OF SAN DIEGO, CA	29 45
ORTUAN to	Total Due	2044.4:
AVECK	Paid receipt number R- 32144	2044.4
IN C CULLI	Balance due	8
hereby certify I am the +		named deceder
and this is your authority to make	disposition of remains as above indicated. I certiful uthorization and I agree to hold Mt. Hope Cemeter	v and represe
any liability on account of said aut	horization and interment.	y Harmiess iro
hereby authorize the interment in	Mari >	
hold under deed.	X Signature Voc 1	
	Address And Annal	X
Signature of recorded holder of deed	as This	Zip Go
	Talaphore	
	Invoice #	

O trinted on recycled paper

2-16-00 Cer Delie mortung to bring deck

\$95.00 \$95.00 \$95.00 \$95.00 \$95.00

E 15549

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

60

1A. NAME OF DECEDENT—FIRST (GIVENO B. MIDDLE P.			10	IC. LAST (FAMILY) SWAIN			2. DATE OF BIRTH 0570171939	3. DATE OF DEATH	4. SEX
A CITY OF DEATH	ego	Religion	58	COUNTY OF	DEATH-OUTSIDE CALIF.	OF IN	RELATIONSHIP, FULL I	AAILING ADDRESS AND Z	OP CODE
Anderson-R		rt.; 5050 Fe		G AS SUCH 7	GALF LICENSE NUMBER —IF APPLICABLE F—1329	san	Rexview Dr. Diego, CA	2114	3
ACKNOWLEDGMENT OF A	no stant I hereby a	character as applicant that t	The proposed disposition		of the dispositions sufferized by 00 of the Health and Safety Code.	BA. SIGN	elbe Wee	Person taking perint, ISB. DAT	4/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE NOTINIA HEALTH AND SA TY FOR THE DISPOSITION O HIGHT OF DISPOSAL OUTSIDE	N SPECIFIED	\$7.00	02/17/20		9C SIGNATURE OF LO	CAL REGISTRAR ISSUIN 20032	95
	Vital Recoi	edistrar of distriction of P.O. Bo	ox 85222	1	E ADDRESS OF REGISTRA IF DISPOSITION IS TO OC			ANA.	•
O. AUTHORIZED DISPI	And the second second						FOR COR	ONER'S USE ONLY	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	AINS OTHER OCHESS OF CALIFOR Cometery:	F. G. H.	SHIP IN TO C			(Name and A	PENDING REMAINS LO	
BURIAL		San Diego, (CA 92102		2-18.0		Sure 1	lima	
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORN	NIA CREMATORY		12B. DATE CREM	ATED 120	SIGNATURE OF PER	SOM IN CHANGE OF CR	Eksadn
LUMP	ISA. NAME AND AL	DDRESS OF CALIFORN	NIA FACILITY REC	EIVING REMAI	NS 13B. DATE RECE	EVED 130	. SIGNATURE OF PER	ISON IN CHARGE OF FA	ACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS			14B. DATE SHIP	PED 140	OF PLACING WITH	IATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AP					SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREW	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.

SEE E-12985 INTERMENT ORDER

City of San Diego

	bject to your rules and regulations, to inter the remains
of Nathan Smi	
Type of Burill Committee	Funeral, date, time Friday 2-17-00 11:00
Church, Chapel Graveside	: CA Burial Mortuary.
All Funeral cars must arrive before 3.00 p.m.	of regular work day or an extra charge of \$ 150.40
will be applied and billed to undersigned	
1	
Lot 50 Grave 4 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	AID
	27500
	B 18 2000 375.00
Burial Container	190.00
Handling Fees CITY OF	OPE CEMETARY 1 45.00 F SAN DIEGO, Cr
The contract of the contract o	
Recording and filing fee	45.00
Sales taxes 3-17-00	16 14.73 Total Due 1664.73
MORTUARY TO OUT	receipt number R-52143 1364.7
FECK PER GAR PAID	receipt number
	R-52143 Balance due 136417
I hereby certify I 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
any liability on account of said authorization	
I hereby authorize the interment in lot I	The state of the s
hold under deed.	X128 XU INCTUTO DE
	Address
Signature of recorded holder of deed	SAN DIFGO 92114
	× 264-30-12
	# was sale
Work Order # E 15550	Invoice #
Work Order # E 10000	Acct. #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

2-11-00 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Nathan Smith Funeral, date, time Friday 2-18-00 11:00 Church, Chapel Graveside Mortuary. All Funeral cars must arrive before 320 p.m. of regular work day or an extra charge of \$ /50.00 will be applied and billed to undersigned. Lot 50 Grave 4 Row Section 2 Division/Block 12 Grave space & Care Fund Additional spaces and care fund Handling Fees Flower vases - Marker setting fee Recording and filing fee 45.00 MORTUARY to GAR Paid receipt number_ Balance due I hereby authorize the Interment in lot I hold under deed. Signature of recorded holder of gaed Invoice # E 15550 Acct. #

O frinted on recycled paper

REA-104 (7-98)

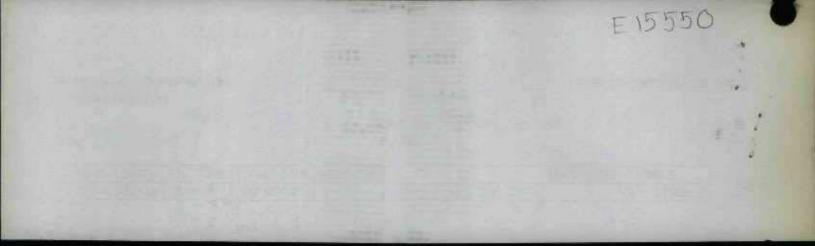
This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.0	NATHAN	NT-FIRST (GIVEN)	1B. MIDDLE	SMITH, SR		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
	NATIONAL			SAN DIEGO	- R	OF INFORMANT NATHAN SMITH, .	
7.4	CALIFORMI	A CREMATION AJON BLVD.,	SAN DIEGO, CA	92115 F-	1357		Ferson taking perint 68. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10	(76 of the Health and Saloty Code, and w	sed disposition stated herein is one of the an authorized pursuant to Section 71(8) of th	e Health and Safety Code.	Fire Walke	02/17/2000
A	PERMIT UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PI ORNIA HEALTH AND SAFETY (Y FOR THE DISPOSITION SPEC	DODE DEFED	02/17/200 K. WALKI	00	OCAL REGISTRAR ISSUING PERMIT
		the state of the s	GISTRAR OF DISTRICT OF	unum.		OF DISTRICT OF DISPOSITION-	
1	ON REQUIRES A NEW FERMIT TO SHOW FINAL	VITAL RECOR		1 #1		R IN ANOTHER DISTRICT IN CALIF	
10	. AUTHORIZED DISPI	OSITION(S) CHECK AF	PPLICABLE ITEMS		1 1 1 1 1	FOR COL	RONER'S USE ONLY
No. of Lot, House, Street, or other Persons and Street, or other Persons a	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNIA	L DISPOSITION (Name and)	N PENDING—REMAINS LOCATED AT Address)
	BURIAL	MT. HOPE O	DRESS OF CALIFORNIA CE EMETERY 3751 CA 92162	METERY MARKET STREET	118. DATE BURIED		RSON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CR	EMATORY	128. DATE CREMATI	ED 120, SIGNATURE OF PER	SECRI IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIV	PED 130. SIGNATURE OF PER	RSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	or other description sub- district of disposition	15B. DATE OF DISPOSITION	15G, SIGNATURE OF PEI CHARGE OF DISPO	

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.



D. I. P. MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2 - 14 - 00

time THUR 2-1	7 11:00
The second secon	ill Mortuary
k day Than extra charge	e of \$
n Division#	Blook 1
D-3298	
	375.00
	190.00
3)	145.00
1)	
	14.73
Total Due	169.73
R-25137	169.13
Balance du	ie
of the above above indicated. I cert	named decedent
o hold Mt. Hope Cemete	ery harmless from
	-
-	Zip Code
#	
100 may 1100 may 11 2000 may 1100 may 1	
	ole in alternative forma

O Printed on recycled paper

.

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)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 02/13/2000 F	
SA CITY OF DEATH			SB. COUNTY OF DEA	W. Carle Street, St. 1	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND 21P CODE OF INFORMANT Rose Bender, daughter-in-law	
			PERSON ACTING AS SUCH 7B. C.	ALIF. LICENSE NUMBER	9668 Bia Kenora Spring Valley, CA 91977	
eatheringill Mortuary 6322 El Cajon Blvd an Diego, CA 92115					A SIGNATURE OF APPLICANT—Parson taking pormit, 88. DATE SIGNED	
ACKNOWLEDGMENT OF A	berety berety		opused disposition statud herein is one of the was authorized partition to Section 7100 of	or dispositions authorized by	Su Judol or/14/200	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SI O RIGHT OF DEPOSAL OUTSIDE OF CO.	Y CODE PECIFIED	02/16/200 T. Truesda	0 2003265	
TION REQUIRES A NEW PERMIT TO SHOW FINAL		egistran of district of the caurounia 2 San Diego,			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF		L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
BURIAL	Mt. Hope C San Diego,	odress of California emetery 3751 CA 92102	CEMETERY Market ST.	Z-/7-06	1 /	
CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN			138. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN 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	PED 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 IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			16B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER —IF APPLICAME	

COPY 2 IS RETAINED BY 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 2-14-00

ina LINER	_ Funeral, date, time THUR 2	-17 11:00
Church Chapel Graveside	- CA BURIA	L Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge	
will be applied and billed to undersigned.		
Lot 129 Grave 10 Row_	Section Division/	Hock 12
Grave space & Care Fund		895.00
Additional spaces and care fund		" 277 20
Opening/Closing & Setup	LD.	3/5.00
Burial Container	2000	110.00
Handling Fees FtB 1 4	2000	145.00
Flower vases - Marker set MATRAOPE C	EMETARY	"
Recording and filing fee CITY OF SAN	DIEGO, Ce	45.00
Sales taxes		19:12
	Total Due	1669-13
Pa	id receipt number R-52126	1001.12
+0 1	Balance du	18
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization will be a supported by the support of said authorization than I have the support of said authorization	on of remains as above indicated. I cert	named decedent ify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Signatura 2000	ene st.
Signature of recorded hobbin of deed	X SAN DILAO Y LUI 97 262-77	27 zip Code
	Invoice #	

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 TA NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 1B. MIDDLE RISTE LOUISE PRATT SB COUNTY OF DEATH-OUTSIDE CALIF. II NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH AKRRODOONEGHTER SAN SHIEGO SAN DIEGO -HER'S OD 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 7B. CALF. LICENSE NUMBER CALIFORNIA CREMATION & BURLAL CHAPEL 2219 RALENE STREET SAN DIEGO, CA 92105 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF ARPLICANT-Person timing permit, 88. DATE SIGNED hereby administrated as applicant that the proposed disposition stated hereit is one of the dispositions authorized by 02/14/2000 ACKNOWLEDGMENT OF APPEICANT choo (0376 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 2/14/2000 IN THIS PERMIT AUTHORIZATION OF \$7.00 NOTE: THIS PERMIT GIVES NO RIGHT OF HISPOSAL OUTSIDE DV CALIFORNIA LOCAL REGISTRAR 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE CHTAT RECORDS - P. O. BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING-REMAINS LOC (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. TRANSET TO OUTSIDE OF CALIFORNIA A. NAME AND CORREST OF SALIFSTRY OF METERY 11C SIGNATURE OF PERSON IN CHARGE OF BUR 11B, DATE BURIED BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON 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 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 150 LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-CHARGE OF DISPOSITION DISPOSITION 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 2-14-00

You are hereby authorized and instructed, s	ubject to your rules and regulations, to	inter the remains
or M. GUEL GIL	Es Guadalu	ma
in a Double Death	Funeral, date, time FRI 3	3-00
Church, Chapel Graveside	10,0	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 51 Grave 13 Row_	Section Division#	Block 13
Grave space & Care Fund		815.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		380.00
Burial Container Handling Fees	AID	3 50.00
Flower vases - Marker setting fee	2 2 2000	17.00
riocording and ming reasonment.		All marginisms
Sales taxes	E CEMETARY	29.45
CITY OF S	SAN DIEGO, OF Total Due	2044 47
Paid	receipt number R-52129	1900.00
Y	Balance du	144.45
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 on of remains as above indicated. I can on and I agree to hold Mt. Hope Cemete	named departent
I hereby authorize the interment in lot I hold under deed.	Address	KE AVE #8
Signature of recorded healthir of sheet	X 59n 01090 0 VG19 281-4630	Zio Corte
Work Order # E 15553	Invoice #	

15553

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDE		1B. MIDDLE	IC. LAST (FAM)	ALA	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 03/01/1940 02/29/2000 M
MIG SA. CITY OF DEATH SAN	DIEGO	ANIONIO	68. COUNTY OF	EATH-OUTSIDE CALIF.	IN NAME, RELATIONS OF FULL MAILING ADDRESS AND ZIP CODE OF THE PROPERTY OF THE
		A-FUNERAL DIRECTOR OR PE DETUARY, 2601 IM		CALIF. LICENSE NUMBER —IF APPLICABLE	3344 VAN DYKE AVE APT#8 SAN DIEGO,CA,92105
SAN	DIEGO, CA, 9	The state of the s		PD-1425	8A. SIGNATURE OF APPLICANT Person taking person, 88. DATE SIGNED
ACKNOWLEDGMENT OF AF	Section 10	commission as applicant that the proposition of the Health and Safety Code, and w	us authorized pursuant to Section 710	G of the Health and Safety Code.	July (name)
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PO ORBITA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC DIRECT OF (IDPOSAL OUTSIDE OF CALL	\$7.00	JOSE CHA JOSE CHA 03/03/20	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECORRE	GISTRAR OF DISTRICT OF DIN CANFORNIA BYS. P.O. BOX 85 A,92186-5222			R OF DISTRICT OF DISPOSITION— CUIL IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		AMS OTHER	F. DISINTERMEN G. SHIP IN TO C. H. TRANSIT TO		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	MOUNT HOPE SAN DIEGO,	CEMETERY, 3751 CA, 92102	MARKET ST	3 3 0	
CREMATION SCIENTIFIC	12A NAME AND AS	ODRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMA	ATED 1 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
USE	13A. NAME AND AL	DRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	NS ISB DATE RECE	ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPP	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA		JF 158, DATE OF DISPOSITION	N CHARGE OF DISPOSITION 150 LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-15-00

oflo	RUCE	Nich				
ina Liner		Funeral, date, time	SAT	5-	19 3	:30
Church, Chapel, Graveside		: 0				tuani
	3:00					
All Funeral cars must arrive	p.m.q esoled e	of regular work da	y or an ext	ra charge	of \$ _/ 5	0.00
will be applied and billed to	undersigned.					
/					13	
Lot 3 (Grave \	2 Row	Section	9 1	Division/B	Heck 1	4
		THE REAL PROPERTY OF THE PERSON OF THE PERSO				00
Grave space & Care Fund	PA	T D		***********	0 10	
Additional spaces and care	fund				11.	1 (10)
Opening/Closing & Setup	PAL	D. fast.,		************	375	00.2
Burial Container					190	00
Handling Fees	FMT HOPE	DEMETAR			145	00
	CITY OF SAI	PREG -OV	ERTIN	10	600	.00
Flower vases - Marker 10	I. HUPE CEIV	CIMPI			112	00
Recording and filing fel T	Y OF SAN DI	EGO. C			" 12"	
Sales taxes					110	3
ER JEANETT			otal Due		2264	13
L BURIAL T	Q Paid	receipt number	-531	45	2264	.73
LING CHECK	1	rosopt nombet	4		-	7
^	0		ы	alance du	9	_
I hereby certify I am the and this is your authority to	make disposition	on of remains as ab	ove indicat	ed I certi	named ded fy and rep	resent
that I have the right to make any liability on account of s	e this authorization	on and I agree to ho	d Mt. Hope	Cemete	ry harmles	s from
any nabinty of account of a	saio autiorization	V C		>		
I hereby authorize the inter	rment in lot I	Signature	18	20	-	
hold under deed.		X				
ENG SC	TE	Affirms	8 4	C Ya	200	u A
Signature of recorded holder of deed.		Cay	0			Zip Code
		Selephone .	3	- 1 - 1	CA	1841
		6 0	14/	589	- 03	510
1		Invoice #				_
Work Order # E 15	554	Acct. #				
REA-104 (7-96)	This inform	nation is available	n altamati	in forma		

O Printed on recycled paper

JEANETTE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-15-00

BRUCI	F Niph
na Liner	Funeral, date, time SAT R - 19 2:30
Type of Burlet Container Church, Chapel Graveside	: CA Crementia Mortuary.
	3:00
All Funeral cars must arrive before	p.m. of regular work day or an extra charge of \$ 150.00
vill be applied and billed to undersig	ned. X
	17
ot 3 (Grave 12 F	RowSection
	095.00
	0 10.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
fandling Fees	145,00
Terres Markes entities for	SATURDAY OVERTIME 600,00
	110 00
	19,00
	5511 73
ER JEANETTE	Total Due daby (3
BURIAL	Paid receipt number
BURIAL to	Balance due
^	10
hereby certify I am the	of the above named decedent sposition of remains as above indicated. I certify and represent
hat I have the right to make this auth any liability on account of said autho	norization and I agree to hold Mt. Hope Cemetery harmless from
	x 5 Da
hereby authorize the interment in lo	ot 1 Signature
THE PROPERTY OF THE PARTY OF TH	Address
ENG SO T	E X4068 46 MST #A
	CA 9810
	Valuphons (1CL) + SILL DALIM
	617/589-05/0
	Invoice #

REA-104 (7-96)

This information 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

1.4	NAME OF DECEDE BRUCE	HT—FIRST (GIVEN) 18. MIDDLE	NIPH	HUN	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
SA	SAN DIEGO		SE COUNTY OF BEAT	-OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZP CODE OF INFORMANT ENG TE - WIFE
7A	CALIFORNI	A CREMATION & BURIAL CHAPEL AJON BLVD., SAN DIEGO, CA 92	2115 F-1	357 depositions authorized by	4068 46TH STREET #A SAN DIEGO, CA 92105 BA SIGNATURE OF APPLICANT—Person thring permt, 88. DATE SIGNED 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
L	PERMIT ITHORIZATION OF OCAL REGISTRAR IT CHANGE IN DISPOSI- BAILT TO BHOW FINAL	Section 10376 of the Results and Salety Care, and was attribute	\$7.00 96. ADI	82717720 K. WALKE	BSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R 2003303 OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNA
In The Party	A. BURIAL (INCL)		E. TEMPORARY ENVA F. DISWITERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	FOR CORONER'S USE ONLY I DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	MAT. HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102	ET STREET,	2 - 27-00	
12A. NAME AND ADDRESS OF CALIFORNIA CREMA			RY	12B. DATE CREMA	TED 12C. SIGNATURE OF BEASON IN CHARGE OF CREMATION
4					
TI WILLIAME	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
UNIFICETE ALL APPLICABLE	SELECTION OF THE PERSON OF THE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	COUNTRY WHERE	13B. DATE RECEI	

MT. HOCS CEMETERY INTERMENT ORDER

City of San Diego

Date 2-15-00

of marginer	a. usmer	
in a + S V but	Funeral, date, time 300 2-	18 1:30
Church Chapel, Graveside	: Razshale	Mortuary.
All Funeral cars must arrive before 3.5	D p.m. of regular work day or an extra charg	e of \$ 150,00
will be applied and billed to undersign	Section 11 annual contract to the section of the se	
1	16	
Lot 113 Grave Ro	ow Section Division	Block
Grave space & Care Fund		995,00
Additional spaces and care fund		
Opening/Closing & Setup	3:44	
Burial Container	PAID	250.00
Handling Fees		185.00
Flower vases - Marker setting fee		
Decording and filing fee		45.00
Sales taxes	MT. HOPE CEMETARY ITY OF SAN DIEGO, C	19.38
MORTUARY to	Total Due	1769.30
brino check	Paid receipt number R-32112	1769.38
X F.	Balance d	ue
I hereby certify I am the		named decedent
and this is your authority to make disp that I have the right to make this authori any liability on account of said authori	position of remains as above indicated. I ce orization and I agree to hold Mt. Hope Cernel ization and interment.	rtify and represent ery harmless from
Montrelia McCe	ZEE X MOGLETTEN	Mree
I hereby authorize the interment in lot hold under deed.	X 8519 PARADIS	SE WHIRT
	Address	91977
Synature of recorded holder of deed	(19) 296.851	15 zip Codh
	Invoice #	

2-16-00 per Debbie mothery to bring check

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. MEDDLE Margaret Ann			IC. LAST (FAMILY) Hothnes	HOLMES	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
6/	San Dieg	go		SAN Diego	CONTROL OF THE PROPERTY OF THE PARTY OF THE	6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HOLINES, SON
7.6	TYPED NAME AND A Anderson-F		A FUNERAL DIRECTOR OF Tt.; 5050 Fede Diego, CA 92	PERSON ACTING AS SUCH 7B. CA Eral Blvd. 2102	W-1320	4200 Gordon Way 4104 La Mesa, &A 91941 BA SIGNATURE OF APPLICANT—PHISIS DINING DETRIT, BE DATE SIGNED
	ACKNOWLEDGMENT OF A	OPERANT hereby a	chrowledge as applicant that the pro 176 of the Health and Safety Codo, an	oposed disposition stated benon is one of the d was authorized pursuant to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	selble Welcon 02/16/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH DRNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SP 0 WIGHT OF DISPUSAL OUTSIDE OF CO	\$7.00	20 827 16720	BOUND OF LOCAL REGISTRAR ISSUING PERMIT 2003266
- 1	NY CHANGE IN DISPOSI- ION REGURES A NEW REMIT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT OF DIR CAMPOSINA P.O. BOX	85222		OF DISTRICT OF DISPOSITION— II IN ANOTHER DISTRICT IN CALIFORNIA
The state of the state of the state of	A. BURIAL INCL. B. CREMATION			E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
-	BURIAL		Cemetery; 3/5		11B. DATE BURIE	11C. SIGNATURE OF PERSON IN CHARGE OF BU
BLE ITEMS	12A NAME AND ADDRESS OF CALIFORNIA CREMATOR			CREMATORY	12B, DATE CREMAT	ED 1 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCRENTIFIC USE 19A. NAME AND ADDRESS OF CALIFORNIA FACILITY R 14A. NAME AND ADDRESS IN RECEIVING STATE OF CO REMAINS OF CREMATED REMAINS ARE TO BE SH 15A. ADDRESS, NEAREST POINT ON SHORELINE, OF OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT THAN IN A CEMETERY			FACILITY RECEIVING REMAINS	ISB. DATE RECEI	VED 190. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
				14B. DATE SHIPPI	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
				ISB DATE OF DISPOSITION	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

Date 2-16-00

You are hereby authorized and instructed, so SEVENTY TOAS		regulations, to inter the remains
	Funeral, date, time	
Church, Chapel, Graveside	2 . 05	Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an extra charge of \$
will be applied and billed to undersigned.		
Lot Grave Y T Row	Section	Division/Bleck
Grave space & Care Fund		126.00
Additional spaces and care fund	0	
Opening/Closing & Setup	PAIP	165.00
Burial Container		50.00
Handling Fees	20-	
Flower vases - Marker setting fee	5	
Recording and filing fee		45.00
Sales taxes		
Sales taxes Tarry # 2000	Total	Due 386.00
Paid	receipt number	
		Balance due
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization	on and I agree to hold M	of the above named deceden indicated. I certify and represen t. 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 # 33	18170
Work Order # E 15556	Acct. #	00952

F15556

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

				STATE OF THE PERSON NAMED IN COLUMN 2 IN C	Mary Charles Street	Deliver to Mileston and American	The same of the sa
IA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)				ATE OF DEATH 4 SEX
SEVENTY		-	TOAST			TO SHARE THE PARTY OF THE PARTY	03/2000 M
SA. CITY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF., 6		RELATIONSHIP, FULL MAILING ORMANT	ADDRESS AND ZIP CODE
SAN DIE	30			EN DIEGO N		HOREB-DEPUTY I	MELIC GHARDIAN
FUNERAR	dress of California—funeral of CA AZTLAN RKET ST., SAN DIEG			F APPLICABLE	201-1 AN D	A RUFFIN RD. IEGO, CA 92123 ATUBE OF APPLICANT—Person lat	
ACKNOWLEDGMENT OF AF	PLEANT I bereby adetowledge an appl Section 10575 of the Health an	icant that the proposed disposed of Safety Code, and was authorize	tion stated herein is one of the ed purbonit to Section 7100 of th	dispositions authorized by a Health and Salety Gode.	1	ancre los	Z 02/15/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDING OF THE CALIFORNIA HEALTH AND IS THE AUTHORITY FOR THE DIS IN THIS PERMIT. HOTE: THE PLEMIT GRES NO RIGHT OF DOPOS	AND SAFETY CODE	9A. AMOUNT OF FEE P. \$ 7.00	NANCY LOP	EZ 0	2003129	EGISTRAR ISSUING PERMIT
TION BEQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF IF DEATH OCCURRED IN CAUFORN VITAL REXAMOS P.O. SAN DIESO, CA 921	BOX 85222	1 16 1	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
IO. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITE	Aris				FOR CORONE	I'S USE ONLY
B. CREMATION			E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFINIA		L DISPOSITION PENDI (Name and Address	NG REMAINS LOCATED AT
BURIAL	11A NAME AND ADDRESS OF OF THE HOPE CEMETER SAN DIEGO, CA 92	X, 3751 MAR		2 16 00	110	SIGNATURE OF PERSON II	CHARGE OF BURIAL
CREMATION	12A, NAME AND ADDRESS OF C	ALIFORNIA CREMATO	RY	12B. DATE CREMATE	120	SESTIMATURE OF PERSON-IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF C	CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	ED 130	SIGNATURE OF PERSON I	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RE REMAINS OR CREMATED RE			14B. DATE SHIPPED	140	ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT OF FICIENT TO IDENTIFY FINAL F			15B. DATE OF DISPOSITION	15C	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	190: LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER JF APPLICABLE

328170 02/18/00 000952 E-15556	100 072 100 072 100 072	03/20/00 CK 77181 000072 77182 000072 77183 000072	386.00 165.00 50.00 45.00	386.00 PAID IN FULL
	67007	77184	126.00	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-00

in a Type of Burror Companies Church Chape (Grave side) All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 10 5 Grave Row Section Division/Bleek Lot 10 5 Grave Row Section Division/Bleek Carse space & Care Fund Row Section Division/Bleek Grave space & Care Fund Row Section Division/Bleek Handling Fees Row Section Division/Bleek Handling Fees MT. HOPE CEMETAR: Flower vases - Marker setting fee CITY OF SAN DIFCO Recording and filing fee Sales taxes NORTUAR ROW Section DIVISION/Bleek I hereby certify I am the April 16 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and intermept I hereby authorize the interment in lot I hold under deed. Signature of recorded heider of deed Work Order # E 15557 Acct. # Work Order # E 15557	0 41	ted, subject to your rules and regulations, to inter the remains
Church Chape Graveside	ina TIS. Vault	Funetal, date, time 2 - 22 July 10:0
Will be applied and billed to undersigned. Lot 10 5 Grave		: lassable Mortuary.
Consider the control of the above named decedent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetry harmless from any liability on account of sald authorization and interment. Signature of recorded holder of deed Invoice #	All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Burial Container Handling Fees MT. HOPE CEMETAR Flower vases – Marker setting fee CITY OF SAN DIFCC Recording and filling fee Sales taxes NORTUARY Paid receipt number 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 Cemetery harmless from any liability on account of sald authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Invoice #	will be applied and billed to undersigned	nd.
Opening/Closing & Setup. Opening/Closing & Setup. Burial Container. Handling Fees. MT. HOPE CEMETAR\ Flower vases – Marker setting fee CITY OF SAN DIFCC Recording and filling fee Sales taxes. NORTUAR FOR Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify I am the All Paid Receipt number 1-52 NS 109 36 I hereby certify	Lot 10 5 Grave 9 Ro	w Section Division/Block
Opening/Closing & Setup	Grave space & Care Fund	845,00
Burial Container FEB 2 4114 SSignature of recorded molder of cosed MT. HOPE CEMETARY MT. HOPE CEMETARY MT. HOPE CEMETARY Flower vases - Marker setting fee CITY OF SAN DIFCO 45.00 45.00 45.00 45.00 Flower vases - Marker setting fee CITY OF SAN DIFCO Sales taxes Total Due T	Additional spaces and care fund	PAID
Handling Fees MT. HOPE CEMETAR Flower vases – Marker setting fee CITY OF SAN DIFC Recording and filing fee Sales taxes Paid receipt number Total Due 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 Cemetery harmless from any liability on account of sald authorization and intermept. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tetephane Invoice #	Opening/Closing & Setup	375.00
Recording and filling fee Sales taxes No RTUARI Paid receipt number Paid receipt number Balance due 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 sald authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of receited holder of deed Signature of receited holder of deed Invoice #	Burial Container	FEB 2 / 411/4 250.00
Recording and filling fee Sales taxes No RTUARI Paid receipt number Paid receipt number Balance due 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 sald authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of receited holder of deed Signature of receited holder of deed Invoice #	Handling Fees	\85.00
Recording and filling fee Sales taxes NORTUARY Paid receipt number Total Due 169.36 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 Cemetery harmless from any liability on account of said authorization and intermept. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of dead Total Due Paid receipt number Balance due Of the above named decedent and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and intermept. Additional DIEXO POILE Additional DIEXO POILE Total Due Paid receipt number Balance due Of the above named decedent and the represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and intermept. Additional DIEXO POILE Additio		
Paid receipt number 159.30 Balance due 59.30 I hereby certify I am the 25.51 15 0f the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and intermept. I hereby authorize the interment in lot I hold under deed. Signature of recented holder of deed Signature of recented holder of deed Invoice #		4500
Paid receipt number R-52/18 Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I hold under deed. Signature of recented holder of deed Signature of recented holder of deed Invoice #	Sales taxes	19.38
I hereby certify I am the solution of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Signature of recorded holder of deed Invoice #	MORTUARY TO	
I hereby certify I am the sour authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recented holder of deed Signature of recented holder of deed Invoice #	MITH & CHECK	Paid receipt number R-S&148 1769-30
Thereby certify I am the Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Signature of recorded holder of deed Advance DIETO 90114 Telephone Invoice #	VE	
Signature of recorded holder of doesd X Signature of recorded holder of recorded holder of recorded holder holder of recorded holder holder of recorded holder holde	and this is your authority to make disp that I have the right to make this autho	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from
Signature of recorded holder of deed X Son DIEsto 92114 Zup Code Yolephans Invoice #		X 5891 Old Memory W.
	Signature of recorded holder of doed	X 50 DIE 92114 Var 362-4915 Zip Code
Work Order # E 15557 Acct. #		Invoice #
	Work Order # E 15557	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	E BLACK INK ONLY	-MAKE NO ERASURES, V	VHITEOUTS OR O	THER A	LTERATIONS	43	
IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Anthony —		Ashley			2. DATE OF BIRTH	3. DATE OF DEATH MONTH DAY YEAR 02/14/2000	4. SEX		
5	A. CITY OF DEATH NO.	tional City	7		COUNTY OF DEATH-OUTSIDE CALF. 8. NAME. RELATIONSHIP, FULL MAILING OF INFORMANT HARTIN TORK, SEED-DE				IP CODE
74	Anderson-F		t.; 5050 Fede Lego, CA 9210:	PERSON ACTING AS SUCH 78 CA eral Blvd. 2	LIF. LICENSE NUMBER IF APPLICABLE -1329	San	Diego, CA 9		E SIGNED
	ACKNOWLEDGMENT OF A			opened dispusition stated terein is one of the diversianthography and the Section 7100 of t		Me	Hu Wel	Control of the Contro	7/2000
A	TION REGURES A NEW	SIONS OF THE CALIFI- AND IS THE AUTHORIT IN THIS PERMIT, MOTE: THIS PERMIT WAYS MO 90. ADDRESS OF RE	ED IN ACCORDANCE WITH GRINA HEALTH AND SAFET Y FOR THE DISPOSITION SP DIRECT OF DISPOSAL OUTSIDE OF C GISTRAR OF DISTRICT OF BURGAN FORMIAN BOT BURGAN FORMIAN BOT	Y CODE \$7.00	OZ/17/20 DORESS OF REGISTRAF	OF DISTE	9C SIGNATURE OF LO	CAL REGISTRAR ISSUE 2003326	NG PERMIT
	DISPOSITION.	SAT OSITION(S) CHECK AF	Diego, CA 92	2186-5222 -		IN T	L ron con	ONER'S USE ONL	
The latest of the same of	A BURIAL ONCLO	OF CREMATED REMA		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			10000 00000	PENDING-REMAINS L	
	BURIAL	Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102			118. DATE BURIE		SIGNATURE OF PER	SON IN CHARGE OF B	URIA
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 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			128. DATE CHEMA	TED 120	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE				13B, DATE RECE	VED 130	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
OMPLETEA	TRANSIT				14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN HE CARRIER	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		E, OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	OF CRE	NUMBER MATED RE- DISPOSER PUCABLE	

MT. HOPE CEMETERY

INTERMENT-ORDER

City of San Diego

Date 2-18-00

- Jimes	Funeral date time Tue 3 - 3	3 1:00
Type of Burni Continuer	Funeral, date, time	7 1100
Church Chapel Graveside	: Ca Durial	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of	1\$
will be applied and billed to undersigned		
Lot 200 Grave 4 Row	Section Division/Blo	ok 13
Grave space & Care Fund		0 12:00
Additional spaces and care fund	PAID	-7700
Opening/Closing & Setup		315,00
Burial Container	EB 1-8-2000	190.00
Handling Fees		145.00
Clause timene Marker cattion too	HOPE CEMETARY OF SAN DIEGO: CA	_
The state of the s	OF SAN DIEGO, GA	45.00
Sales taxes		14,73
	Total Due	1664.73
	Paid receipt number R-52138	1664-73
VI	Balance due	-0
I hereby certify I am the \ dau	of the above no	med decedent
that I have the right to make this authorize	Sition of remains as above indicated. I certify ration and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said authorizat	tion and interment.	
I hereby authorize the interment in lot I	all & Beverly J. Thos	mae
hold under deed.	2 X10947 Hyades	Way
Bignature of recorded tooder of deed	- X Can Diego PA	92/26
Signature of recursors recover or used	(858) 693-3646	Zip Code
	Tetuphone	
	Invoice #	1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14 NAME OF DECED		E NO ERASURES, W	THILDOID OIL OIL	EN ALTERATIONS		
GRACE	ENT—FIRST (GIVEN) 1B. MIDDLE C.	BRADLEY		2 DATE OF BIRTH MONTH DAY YEAR 02/17/1918	3. DATE OF BEATH MONTH, DAY, YEAR 02/16/2000	4 SEX
5A. CITY OF DEATH POWAY		58 COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MOOF INFORMANT BEVERLY THOMAS	AILING ADDRESS AND Z	PCODE
CALIFOR	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OF PERSON INIA CREMATION & BURIAL CHAPT	ACTING AS SUCH 78. CAL		10947 HYADES W. SAN DIEGO, CA	AY	
	CAJON BLVD., SAN DIEGO, CA			SIGNATURE OF APPLICANT	erson taking permit 88. DAT	E 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	9A. AMOUNT OF FEE P	THE RESERVE TO THE PERSON NAMED IN	SUED, 9C. SIGNATURE OF LO		EAST SEE
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT. HOTE THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSEC OF CALFORNIA.	\$7.00	K. WALKER			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 8 SAN DIEGO, CA 92186-5222	1 161		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFOR	ньи А	
10. AUTHORIZED DISF	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
X A BURIAL (INCL	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I DISPOSITION	PENDING-REMAINS LO	CATED AT
B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U		F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	HNIA	(Name and Ad		
C. DISPOSITION	EMETERY SE 11A NAME AND ADDRESS OF CALIFORNIA CEMETE MT. HOPE CEMETERY 3751 MAR	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	HNIA		ddress)	
C. DISPOSITION THAN IN A C D. SCIENTIFIC U	EMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETE	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS RY KKET STREET,	INNIA IDE OF CALIFORNIA I TIB DATE BURIED	☐ (Name and Ad	SON IN CHARGE OF BU	RIAL C
C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	ITA. NAME AND ADDRESS OF CALIFORNIA CEMETE MT. HOPE CEMETERY 3751 MAR SAN DIEGO, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY RKET STREET,	HNIA IDE OF CALIFORNIA I 118 DATE BURIED I 128 DATE CREMATED	(Name and Ad	SON IN CHARGE OF BU	RIAL C
C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	ITAL NAME AND ADDRESS OF CALIFORNIA CEMETE MT. HOPE CEMETERY 3751 MAR SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMAT	F DISINTERMENT G. SHIP IN TO CALIFO H TRANSIT TO OUTS RY KKET STREET, TORY Y RECEIVING REMAINS COUNTRY WHERE	HNIA IDE OF CALIFORNIA I 118 DATE BURIED I 128 DATE CREMATED	11C SIGNATURE OF PERS	SON IN CHARGE OF BL	MATION GILITY

COPY 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.

0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-00

You are hereby authorized and instructed, subje		he remains
of Organith Mer	3 3 3 3 5	Wind
Type of Burist Comment	meral, date, time WW 4-45	11.00
Church, Chapel Graveside	(Single Colonie)	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$	
will be applied and billed to undersigned		
Lot 40 Grave 6 Row	Section 16 Division/Black	7_
Grave space & Care Fund	re- Reed _	-0_
Additional spaces and care fund		
Opening/Closing & Setup.	3	75 DU
Burial Container		150.00
Burial Container PA	ם ו	95.00
Flower vases - Marker setting fee FEB 22	7000	-
Recording and filing fee	<u></u>	5,00
Sales taxes MT, HOPE C	EMETARY 1	1.30
CITY OF SAN	DIEGO Total Due	14.38
Paid re-	celpt number R-52147 8	74-38
v	Balance due	0
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	and I agree to hold Mt. Hope Cemetery had interment.	d represent rmless from
I hereby authorize the interment in lot I hold under deed.	X Calle D. Kala higasture X 2715 240125 D.	
Signature of recorded holder of doed	X JAH DIEGO CA Vojetopone 582-9561	22615 Zp Code
Work Order # E 15559	Invoice #	

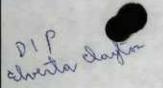
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) IC LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 18. MIDDLE 02/20/2000 07/20/1913 ELIZABETH KWECHTEL. s. 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE SAN DIEGO SAN DIEGO HARRON G. KNECHTEL - HUSBAND 4715 LUCILLE DR 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 175. CALIF LICENSE NUMBER LEWIS COLONIAL/BENBOUGH MORTUARY -IF APPLICABLE SAN DIEGO, CA 92115 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 FD-480 BA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I soreby acknowledge as applicant that the proposed dispersions stated herein a one of the dispersions authorized by Planette vale to 02/23/2000 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Salety Code, and was milharated purmont to Section /100 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 02/24/2000 2003673 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT Valentine LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. DE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA VITAL RECORDS ... PO BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSMON 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 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 BURKED LIC. SIGNATURE OF PERSON IN CHARGE OF BU MT HOPE CEMETERY, 3751 MARKET ST, BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 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 14B. DATE SHIPPED 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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-158 DATE OF 15C. SIGNATURE OF PERSON IN SCATTERING AT SEA 150. UCENSE NUMBER 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

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. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

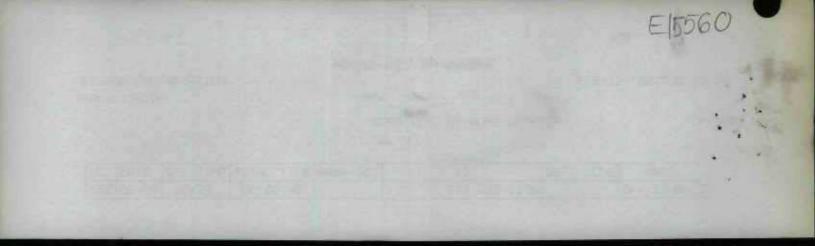
Date 3-22-00

ina LINER	Funeral, date, time THUR 2-24 9:00
Church, Chapel, Graveside DELIVE	LRY ONLY LEWIS COLONIAL MORNING
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 5 Grave 4 Row	Section 100 F Division/Block 34
Grave space & Care Fund	PRE-NEED D-3088 +
Opening/Closing & Setup	- 0
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes*	
	Total Due
P	aid receipt number
*	Balance due
I hereby certify I am the	of the above named deceder ition of remains as above indicated. I certify and represer ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	X Signature XX Address
Signature of recorded holder of dired	X a observation
	Invoice #

503 - 297-2646

FEB-22-100 TUE 10:27 TO:NT HOPE DESERTED TO: NO. E15560

PAR- NEED D-3088 49



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4 SEX 1A. NAME OF DEGEDENT-FIRST (GIVEN) 18. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH GLEN CLAYTON L. 6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE COUNTY OF DEATH-OUTSIDE CALIF. SA. CITY OF DEATH ENTER STATE MARREEL - DAUGHTER BEAVERTON 18240 SW AUGUSTA LANE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF. LICENSE NUMBER -IF APPLICABLE LEWIS COLONIAL/BENBOUGH MORTUARY ALOHA, OR 97006 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 FD-480 BA. SIGNATURE OF APPLICANT-Person being perint, 88. DATE SIGNED I hereby accountings an applicant that the proposed degraphin stated bersis is one of the disposition; sufficiency by Section 10376 of the Health and Safety Code, and way authorized parasint to Section 77,00 of the Health and Safety Code. Deant to Verly to 02/23/2000 ACKNOWLEDGMENT OF APPLICANT 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 BAFETY CODE 02/24/2000 2003605 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT Valentine HISTE: THIS PERMIT COVES HIS RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI-VITAL RECORDS ... PO BOX 85222 IF DEATH OCCURRED IN CALIFORNIA TION REGURES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS I. DISPOSITION PENDING-REMAINS LOCATED AT E TEMPORARY ENVAULTMENT A BURIAL (INCLUDES ENTOMBMENT) (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 , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL HT HOPE CEMETERY, 3751 MARKET ST, 11B DATE BURIED BURIAL SAN DIEGO, CA 92102 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 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 15C SIGNATURE OF PERSON IN 15D. LICENSE NUMBER 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158 DATE OF SCATTERING AT SEA OF CREMATED RE-CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MARKS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

29 L 14 W

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-00

le e	Funeral, date, time WED 2-	73 11:0
In a Type of Buriet Container		
Church, Chapel Graveside	SD MEMORI	
All Funeral cars must arrive before :	3:30 p.m. of regular work day or an extra charge	of\$
will be applied and billed to undersig	gned.	
Lot 1484 Grave	PAID Section Division/E	Hock 9
Grave space & Care Fund		100.00
Additional spaces and care fundF.	EB 2 Z ZUUU	
	HOPE CEMETARY	13600
	OF SAN DIEGO, C.	
Handling Fees		
Flower vases - Marker setting fee	emporary	31.50
Recording and filing fee		45.00
Sales taxes		
	Total Due	301.5
	Paid receipt number R-52146	301.55
	Balance du	10
I hereby certify I am the MC	THEP at the above	comed decadent
and this is your authority to make of that I have the right to make this auth any liability on account of said auth-	disposition of remains as above indicated. I cert thorization and I agree to hold Mt. Hope Cemete orization and interment.	lify and represent ery harmless from 19083
I hereby authorize the interment in I hold under deed.	Signature X & Adelande	ave _
	Address A	CONTRACTOR OF THE PARTY OF THE
Signature of recorded halder of dead	X San Diego	921/5 Zip Code
	2619 582 4603	
	Invoice #	
Work Order # E 15561	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

mot

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 BIRTH 3. DATE OF DEATH 4 SEX
-11	Victoria		D'Lorah	Coore		1176971999 0271872000 r
6/	CITY OF DEATH			5B COUNTY OF DEAT	H-OUTSIDE CALIF. 8.	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIC CODE OF INFORMANT
-	San Diego			ENTER STATE Sa	n Diego	Vicki Coore - Mother .
71	San Diego	Memorial Christopher Ave.		ERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER	O77 Adelaide 92115 Sign Diego, CA 92115 Signature of applicant page seem, BB. Date Signed
	ACKNOWLEDGMENT OF A	nocuease I berely a		oses disposition stated herein is one of the was authorized pursuant to Section 7100 of t		Aford Johnson of 22/cons
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORINA HEALTH AND BAFETY BY FOR THE DISPOSITION SPE O RIGHT OF DISPOSAL DITISEE OF CAL	CODE C##D	02/22/2000 J. Johnson	SUED SC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
103	OF CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D IN CALIFORNIA Drds; P.O. Box CA 92186-532	85222 #		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA
16	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
Children Spring	B CREMATION	SE	ODRESS OF CALIFORNIA C	F DISINTERMENT G, SHIP IN TO CALIF	ORNIA	I DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	Mt Hope Cer	netery; 3351 Ma	rket St.	7-23.00	- Kill F. limes -
E ITEMS	CHEMATION	12A. NAME AND A	ODRESS OF CALIFORNIA C	REMATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CHE
田田		The state of the s				
LL APPLICABLE MEMS	SCIENTIFIC USE	ISA. NAME AND AC	odress of California F	ACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
DOMPLETE ALL APPLICABL	The state of the s	14A, NAME AND AL	ODRESS OF CALIFORNIA F ODRESS IN RECEIVING STA CREMATED REMAINS ARE	TE OR COUNTRY WHERE	13B. DATE RECEIVED	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-00

of Kegina	James
in a +. S. Vault	Funeral, date, time FR 2-25 1100
Church, Chapel, Graveside	: CA Bucial Mortuary.
All Funeral cars must arrive before 3:00 p	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 240 Grave 9 Row	
Grave space & Care Fund	
Additional spaces and care fund	PAID
Opening/Closing & Setup	375.00
Burial Container, MA	R 0 1 Z000 350.00
Handling FeesMT-H	OPE CEMETARY 185.00
	F SAN DIEGO, C
Recording and filing fee	45,00
Sales taxes	19.38
Mortuary to	Total Due
bring check P	aid receipt number R - 52157 1769.38
3.1.3	Balance due
I hereby certify I am the	of the above named decedent tion 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.	Signature 333 JENNACT
Signature of recorded holder of deed	SD - CH 9211A ZID Code Telephone Telephone

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OF OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) TR. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 0271471966 02/17/2000 REGINA R. JAMES 5A CITY OF DEATH SB COUNTY OF DEATH-OUTSIDE CALIF. IL NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SEDEMANTANES - FATHER SARTETIE SAN DIEGO 74. TYPED NAME AND ADDRESS OF CAUFORNA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 233 JENNA COURT IE APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL SAN DIEGO, CA. 92114 5880 EL CAJON BLVD., SAN DIEGO, CA. 92115 BA. SIGNATURE OF APPLICANT—Firstn taking permit, 88. DATE SIGNED F-1357I hereby acknowledge as applicant that the proposed disposition stated haven in one of the dispositions authorized by 02/22/2000 Section 18376 of the Health and Safety Gude, and was millioneed ourseast to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE.

9A. AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE. PERMIT 02/23/2000 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT 2003549 \$7.00 K. WALKER MOTE: THIS PERMIT GIVES NO RIGHT OF DESPOSAL 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 DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA. 92186-5222 DISPOSITION 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 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 116. 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 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCHENTIFIC. 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 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 BE 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

FLORENCE SACASON MT. HOPE CENTERY INTERMENT ORDER

Date 7-22.00

You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
ina DOUBLE DEPTH	Funeral, date, time THUR 3-34 11:00
Church Chapel Graveside	: Razadule Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day or an extra charge of \$
will be applied and billed to undersigned	A CONTRACTOR OF THE PARTY OF TH
Lot 8 3 Grave 7 Row	Section 2 Division/Bleck 12
Grave space & Care Fund	M- Very E-6000 0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee FEB	24 000
Recording and filing fee	E CEMETAR
Sales taxes MT. HOP	SAN DIEGO
WOKLANKI	Total Due
brink check paid	receipt number R-52156 920100
y	Balance due
I hereby certify I am the SON 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 in 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.	X Bhillip Jackson X 3164 MARKET ST
Signature of recorded holder of deed	X San Diego 92102 Cor 238-0274 Zip Code
Mork Order # E 15563	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4. SEX 2. DATE OF BIRTH 3. DATE OF DEATH TA NAME OF DECEDENT-FIRST (BIVEN) 18. MIDDLE IC. LAST (FAMILY) ががするサギッダが Jackson Leon Varnon SB. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZW CODE SA. CITY OF DEATH San Diego Philip Jackson, Son San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER AND TRANSPORT OF APPLICABLE OF APPLICABLE 3164 Market St. San Diego, CA 92102 San Diego, CA 92102 F - 1329BA. SIGNATURE OF APPLICANT—From those permit. 8B. DATE SIGNED 02/21/2000 I hereby acknowledge as applicant that the proposed disposition stated lumin is one of the dispositions authorized by section \$1000 of the Health and Safety Code, and was authorized proposed to section \$100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- DA 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 PERMIT MOTE. THIS PERMET CIVES NO INCHT 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 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Victi Telestus "P": 0. Box 85222 TION REQUIRES'A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURBAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 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 D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE BURIED 11C. RIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 14-00 TEMB 12C. SIGNATURE OF PERSON IN CHANGE OF CREMA 12B. DATE CREMATED 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 138. DATE RECEIVED SCIENTIFIC USE COMPLETE ALL 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15D. LICENSE WUMBER 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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-12-00

You are hereby authori				and reg	ulations, to	inter the remains
or Mars	peret K	index	rew .			
in a	all and the same of the same o	Funer	ral, date, tim	е		
Church, Chapel, Grave			;_			Mortuary.
All Funeral cars must a	rrive before 3:30	p.m. of reg	gular work d	ay or an	extra charge	of \$
will be applied and bille	d to undersigned	1				
Lot 13 Grave	4 Row		_ Section _	7	_ Division/E	slock 5
Grave space & Care Fu	ind					
Additional spaces and						
Opening/Closing & Set	up	*				
Burial Container	400		Www. W	المرا		
Handling Fees	RA	do.	Pro			
Flower vases - Marker	setting fee				***************************************	
Recording and filing fe	, FEB 2	2.2000				45.00
Sales taxes	MT. HOPE	ENG				
	TY OF SAN	DIEGO.	(Y C) ot number_	Total Due	राप्	45.00
		and other second			Balance du	e
I hereby certify I am the and this is your author that I have the right to any liability on account	ity to make dispo make this author	ization and	I agree to hiterment.	bove indi old Mt. H	cated. I cert ope Cemete	ry harmless from
I hereby authorize the	interment in lot I	X	Sunahan	luic E	3pm 579	auel
hold under deed.		×	Address	,	574	-4426
Signature of recorded holder of de	ud	- ×	POB	ox b	43	Zip Code
			Telephone	sa, CA	91944	24 800
Hart Bar			Invoice #			
Work Order # E	15564		Acct. #			A SEL
REA-104 (7-96)	This is	nformation	is available	in altern	ative forma	ts upon request.

A frinted to respelled paper



CEMETERY SERVICES AGENCY

MAILING ADDRESS: P.O. BOX 643 LA MESA, CA. 91944-0643 TELEPHONE: 619-579-9456

OFFER TO PURCHASE

CEMETERY MOU	1 00	ROPERTY DESCRIPTION	
SPACE 5		LAWN DIVISION 5 SEC	7
CRYPT	TIER	LOCATION	
NICHE	TIER SINGLE D / DOUBLE D	LOCATION	
		220000000000000000000000000000000000000	
roperty Purchase Price	(Current Regular Cemetery Price \$	Less Brokers Discount \$	990.
ransfer Fee			s <u>45.</u>
A MANIE	WALLET DA IN THE OALLA	TOTAL	
ALL MAINTE	NANCE PAID (ENDOWA	NEWI CARE)	
District Programme			1035
	TOTAL PURCHASE)	150	ms 1035.
LESS CREDITS	CASH DOWN PAYMENT		
	ADDITIONAL DOWN PAY	YMENT \$ Due	
2) TOTAL DOWN	Control of the Contro		(2)5 /50.
3) UNPAID BALAI	NCE OF CASH PRICE AND	O/OR AMOUNT FINANCED (1) minus (2)	(3)\$ 885.
4) FINANCE CHAP	GE: 12 % ANNUAL PER	RCENTAGE RATE FOR 12 MONTHS.	(4)5 58.57
5) TOTAL OF PAY	MENTS (TIME BALANCE)	(3) plus (4)	(5)\$ 943.57
	MENT PRICE (1) plus (4)		(6)5 1093.57
or value received, I/we a	gree to pay jointly and severally to I		943.57
llows: 12	installments of \$ 78.63	the first installment being payable on APRIL IC	19 2000 and
I subsequent installment	s on the same day of each consecutive	ve MONTH until paid in full.	
	actural agreement is subject to accept for sale. If this contract is unaccepta	eptance by FREDRIC E. ZARSE, CEMETERY BROKER and contable for any reason or if the said property is no longer availant void	ble for sale, then Buyer's check of
erein still being available ash will be returned and	this agreement will become null and	nce charge in the event of prepayment is the Rule of 78's.	
erein still being available ash will be returned and The method of computin NOTICE TO THE BUYE in copy of this agreeme charge, if any, provided be furnished upon reque	this agreement will become null and the unearned portion of the finances. R: (1) Do not sign this agreement be not. (3) Under the law, you have the right for herein. (4) If you desire to pay of st. (5) You the Buyer may cancel this		re entitled to a completely filled n a partial refund of the finance d you are entitled to, if any, will of the 5th calendar day after the
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POWER OF ATTORNEY

RÖGER KNUDSEN	
The undersigned (jointly and severally if more than one), he FREDRIC E. ZARSE, a licensed and bonded cemetery be attorney for him and his name, place and stead and for his us matters pertaining to the sale, disposal, use, or to give buria parcel of cemetery property described as follows: MOUNT HOPE CEMETERS	roker in the State of California, his true and lawful se and benefit to perform and sign in his place in all
Division 5 SECTION T	
LOT 13 GRAVES 4\$5	THE RESERVE OF THE RE
GIVING AND GRANTING unto his said attorney full pound thing whatsoever requisite, necessary, or appropriate to and purposes as he might or could do if personally present, had or cause to be done by virtue of these presents. Wherever the context so requires, the masculine gender includes the plural.	be done in and about the premises as fully to all intents nereby ratifying all that his said attorney shall lawfully
A SECTION AND A	x Rodger I Kniedor
Signature .	Signature
ALL PURPOSE ACKNOW	TEDGEMENT
	D-3-
County of SPA	
State of California County of Ser On January 11 ,18 2000 before me, the personally appeared, Rodger L. Knudse	
	isfactory evidence), to be the person(x) whose owledged to me that he she/they executed the same their signature(x) on the instrument the person(x), or the
personally appeared. Rodger L. Knudge personally known to me (or proved to me on the basis of satisfame of is/ace subscribed to the within instrument and acknown his her/their authorized capacity(jes), and that by his her/their authorized capacity(jes), and that by his her/their tritity upon behalf of which the person(s) acted, executed the within the person with	isfactory evidence), to be the person(x) whose swiedged to me that he she/they executed the same hair signature(s) on the instrument the person(s), or the instrument. OFFICIAL SEAL WAYNE MONROE WAYNE MONROE COMM. NO. 1085970
personally appeared. Rodger L. Knudger personally known to me (or proved to me on the basis of satiname of is/ace subscribed to the within instrument and acknown his/her/their authorized capacity(jes), and that by his/her/their their authorized capacity(jes) acted, executed the within the person(s) acted, executed the within the person(s) acted, executed the within the person (s) acted, executed the within the person (s) acted.	isfactory evidence), to be the person(x) whose by

NUMBER OF PAGES_

TITLE OR TYPE OF DOCUMENT ___ Power Of Attorney__

SIGNER(S) OTHER THAN NAMED ABOVE

DATE OF DOCUMENT



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

7/17/1962

OWNERSHIP AND INTERMENT PRIVILEGES

ro Rodger L. Knudsen	for the sum of \$	250.00	(DOLLAR
LEGAL DESCRIPTION Lot 13 Craves	4 and 5 Section 7	Division 5	
AS DESCRIBED ON PURCHASE ORDER NUME	BER B-8727		

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Sagmond W. Rehne

Park and Recreation Director

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

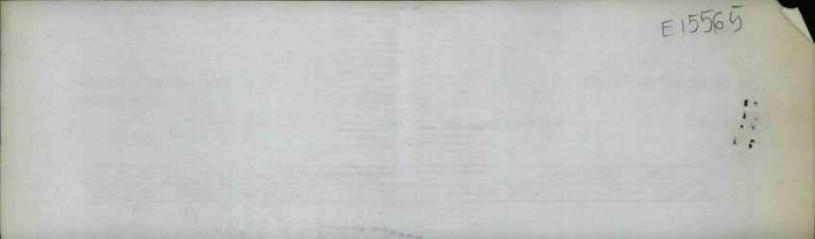
Date 2-22-00

1:-10	Funeral data time 11 2-25 1:00
Type of Busini Container	A O
Church Chapel, Graveside	: Ca William Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 13 Grave 4 Row_	Section 7 Division/Block 5
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	3 2 2 2000 145. 00
Flower vases - Marker setting fee	
Recording and filing fee CITY OF	PE CEMETARY 45.00 TY-73
	Total Due 769-73
Pa	aid receipt number R- 52150 769-73
v /	Balance due
I hereby certify I am the August and this is your authority to make disposit that I have the right to make this authorization will be a said authorization to the said authorization in the said authori	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
	XIMIA - A VA Now
hereby authorize the interment in lot I hold under deed.	× 526 Streamview H 12
Signature of recorded holder of deed	X SAN DIEGO, CA 9210 (699) 287-0940 Zip Cude
	Invoice #
Work Order # E 15565	And the second s

O Printed as recycled paper

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

10	CHARLOTTE	NT-FIRST (GIVEN)	1B. MIDDLE MARIE	IC. LAST (FAMILY) ROBINSON		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
54	EL CAJON			SAN DIEGO	H-OUTSIDE CALIF, 6	NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE
7A	5880 EL CA	JON BLVD.,	A-FUNERAL DIRECTOR OR PERE & BURIAL CHAPEL SAN DIEGO, CA	92115 F-1	357	SAN DIEGO, CA 92105 A. SIGNATURE OF ARPLICANT—THUM CHING DAMM, SR. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10:	376 of the Health and Salety Gode, and was	authorized pursuant to Section 7100 of fi	e Health and Salety Code.	For Where p2/24/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF O MIGHT OF DISPOSAL DITIBLE OF CALFOR	DOE STORY OF THE PROPERTY OF T	03/35/301	BSUED, BC. SKINATURE OF LOCAL REGISTRAR ISSUING PERMIT DO DENNY RESERVED MA
60	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL" RECO	EGISTRAR OF DISTRICT OF DE DELCAIPORNIA CA 92186-5222			OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CAUFORNIA
15	AUTHORIZED DISP	OSITION(S) CHECK AF	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
4	B. CREMATION		AINS OTHER	F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL		DERESS OF CALIFORNIA CEMI CEMETERY 3751 M , CA 92102	ARKET STREET,	2-25-00	1 / - 1
BLE ITEMS	CREMATION	12A NAME AND AD	DORESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATE	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
MULTER A	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED	14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR NITTY FINAL PLACE AND GA DI		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN 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.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-00

or greater arm	5 - 24 10 B	TOU
Type,ol-Build Confining	Funeral, date, time Door	1
Church Chapel Graveside	. Mayer Mortua	iry.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$	_
will be applied and billed to undersigned		-
Lot 95 Grave 10 Row	Section 2 Division/Black 12	00
Grave space & Care Fund	8131	
Additional spaces and care fund		_
Opening/Closing & Setup	AID 375.0	0
Burial Container	2 2 2000	0
Handling Fees FEB	2 2 2000	0
Flower vases - Marker setting MT. HO	PE GEMETARY	
	SAN DIEGO, CA 45.0	0
Sales taxes	14-72	3
	Total Due	13
F	Paid receipt number VISA 1664.	73
y Da	uchten Balance due —	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorizating liability on account of said authorization.	of the above named decedes sition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless into and interment.	ent
LISA JIMENEZ	× lin- 2	
I hereby authorize the interment in lot I hold under deed.	× 670 FST ×16	
Signature of recorded bolder of deed	- x Chila Vista Ca	94
	v(619) 425-9919 en	ode
	Vетерионя	
	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS, 949

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	TC: LABY (FAMILY)			2. DATE OF BIRTH	3 DATE OF DEATH	4, SEX
	Olivia		V.	Almeida		0	472274945"	0272172000	P
5A	San Die	go		58 COUNTY OF BEATT	THE RESERVE THE PARTY OF THE PA	OF INFO	RELATIONSHIP, FULL I DEMANT JIMBNEZ - 1	MAILING ADDRESS AND Z	PCODE
7.A				San Diego, CA FD	1 4 2 A	LOS A	, Masselin ngeles, CA	90035	a similar
-	ACKNOWLEDGMENT OF M	on unaser I besuty a	cknowledge as applicant that the	proposed disposition stated berein is use of the and was authorized parasent to Section 7100 of th	dispusitions authorized by	A. BHOMA	TUBE OF APPLICANT	Penagraking permit 88. DAT	3/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S D HIGHT OF DEPOSAL OUTSIDE OF	ETY CODE BPECIFIED 7_00	02/24/200 John Hayer	0 1	C. SIGNATURE OF LO 2003622	DCAL REGISTRAR ISSUIN	IG PERMIT
7	ON REQUIRES A NEW	P. O. SHAR CONT.	EGISTRAR OF DISTRICT 222CALIFORNIA CA 92186-522		DRESS OF REGISTRAR CORESONNO IS TO OCCUR				
10	AUTHORIZED DISPO						FOR COR	RONER'S USE ONLY	
	B. CREMATION	TOTAL STREET,	AINS OTHER	E. TEMPORARY ENVA	DRINIA		Olsposmon (Name and /	PENDING—REMAINS LO Address)	OCATED AT
	BURIAL	Mt. Hope	Cametery 23, CA 92102	ST Market ST.	1 11B. DATE BURIED	110	SIGNATURE OF PER	ISON IN CHARGE OF BI	URIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA	A CREMATORY	12B DATE CREMATE	D 12C.	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
ALL APPLICABL	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA	A FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C.	SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AF	BTATE OR COUNTRY WHERE	14B. DATE SHIPPED	140.	ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	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	150.	SIGNATURE OF PER CHARGE OF DISPO		AATED 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 2-23-00

ol_ Ida L	ee Hadsi	ns X	
in a assurant	Funeral, date, time	mandey	3-13-00
Church, Chapel, Graveside	- : 1	Rassocie	Mortuary.
All Funeral cars must arrive before 200 p	.m. of regular work day	or an extra charge	15 /50.00
will be applied and billed to undersigned.			
Lot 128 Grave 12 Row	Section	Division/Bi	ock
Grave space & Care Fund			
Additional spaces and care fund			
Opening/Closing & Setup	PAID		105.00
Burial Container			55.00
Handling Fees	1AR 1 3 ZUUU		60.00
Flower vases - Marker setting feeMT.	HOPE CEMETARY	y	
Recording and filing feeCITY.	OF SAN DIEGO, C	Α	45.00
Sales taxes			4.26
mortuery to		otal Due	
bring ash	aid receipt number	1-52215	2692
		Balance due	0
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	ation and I agree to hole	ve indicated. I certif	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Soso	Federal BI	
Signature of recorded holder of deed	Address 5. 7	263-3141	Z 10 \(\sum_{\text{zip Code}}\)
Work Order # E 15567	Invoice #		

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) 1B. MIDDLE IC. LAST (FAMILY) 3. DATE OF DEATH 4. SEX DATE OF BIRTH Ida Lee Hopkins 5A. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SB. COUNTY OF DEATH-OUTSIDE CALIF. San Diego OF INFORMANT San Diego Marsalette Hopkins, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. GALIF. LIGENSE NUMBER ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. GALIF. LIGENSE NUMBER —IF APPLICABLE 4630 Nogal St. Apt. C San Diego, CA 92102 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Person living permit, 88. DATE SIGNED hereby arknowledge at applicant that the proposed disposition stated layers in one of the propositions sufferined by Section 10376 of the Health and Safety Code, and was nethorized personnt to Section 7150 of the Health and Safety Code. 02/25/2000 ACKNOWN FEIGHENT OF APPLICANT DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. | DA. 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 THES PERMIT NOTE: THIS POINT GIVES 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 DISPOSE 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 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 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ITA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C GIGNATURE OF PERSON IN CHARGE OF CREMATION 128. DATE CREMATED Pacific Crematorium; 601 D Crane St. CREMATION APPLICABLE Lake Elsinore, CA 92500 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 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 MAINS DISPOSER DISPOSITION OTHER

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

THAN IN A CEMETERY

-IF APPLICABLE

1 at Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-00

ina DOUBLE DEPT	TH	Funeral date time	FRI 2-25	3:00
Church, Chapel, Graveside		3	The state of the s	Mortuary.
All Funeral cars must arrive befo	re 3:30 p.m.	of regular work day	RICK	
will be applied and billed to unde	ersigned			
Lot 1425 Grave	Row	Section	Division/Block	10
Grave space & Care Fund	8		E-11364	-0
Additional spaces and care fund	***************************************			
Opening/Closing & Setup		η	11	0
Burial Container		seed with the second		0
Handling Fees				0
Flower vases - Marker setting fe	BB			
Recording and filing fee	***************************************	11	11	+0
Sales taxes	Lance	11		0
- Ton hand	2.10		otal Due	0
3-3-00	Paid	receipt number		
			Balance due	
I hereby certify I am the and this is your authority to mak that I have the right to make this any liability on account of said a	authorization	n and I agree to No. and interment.	d Mt. Hope Cemetery har	d represent
I hereby authorize the interment hold under deed.	in lot I	X 3 G DL	Blench FALCON S DIEGO CAGO	7
Signature of recorded holder of deed		Selvy 293	-9374	Zip Code
Work Order # E 1556		Invoice #		

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 (DIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH		OF DEATH	4. SEX
R	ose		-	Blench		05	721/1923	02/2	3/2000	P
	an Diego			SE COUNTY OF DEATH	-OUTSIDE CALIF.		Blench, hu			P CODE
	estheringi an Diego,	Contract Con	y 6322 El Cajon Bl	vd. FD1	The state of the s	San Di	Falcon St. Lego, CA 92 URE OF APPLICANT-	-	mmit, 68. DAT	E SIGNED
15	ACKNOWLEDOMENT OF A	PPLICANT I hereby a Section 10	chrawledge as applicant that the proposed dispo 1776 of the Health and Salety Gode, and was author	actions about the rein in one of the und purposent to Section 7100 of th	dispositions sufficient by e Health and Safety Code.	Ske .	Jenedol	•	02/3	HXXX
ALIT	PERMIT HORIZATION OF	SIONS OF THE CALIF	DED IN ACCOMMANCE WITH PROVI- ORINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED	SA, AMOUNT OF PEE P	02/24/20	00 2	SIGNATURE OF LO	CAL REGIS	STRAR ISSUIN	G PERMIT
	CAL REGISTRAR	NOTE: THIS PERMIT GIVES IN	O HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	T/Truesda					
TIO	CHANGE IN DISPOSA IN REQUIRES A NEW AIT TO SHOW FINAL DISPOSITION.		Edistran of District of Death		DRESS OF REGISTRAR			RHIA		
10.	AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
KILLI	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA		I DISPOSITION (Name and A		-FEMAINS LC	DCATED AT
	BURIAL		DERESS OF CALIFORNIA CEMETER Cemetery 3751 Mark O, CA 92102	et St.,	2-25-0		SIGNATURE OF PER	SON IN CI	HARGE OF BU	JRIAL .
BLE ITEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMA	TED 12G. 1	SIGNATURE OF PERI	BOM IN CH	MIGE OF CR	EMATION
AL APPLICABL	SCIENTIFIC USE	13A, NAME AND AS	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 180. 1	SIGNATURE OF PER	SON IN C	HARGE OF FA	ACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
1	CATTERING AT SEA OR XISPOSITION OTHER HAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		150. UCENSE OF CREW 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.



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-23-00

The second transfer of	d, subject to your rules and regulations, to inter the remains
	Funeral, date, time Friday 2-25-6011
Church, Chapel Graveside	CA Burial Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 13 Grave 12 Row	Section Division/Block/_2
Grave space & Care Fund	W2000000
Additional spaces and care fund	
Opening/Closing & Setup	AID 375,00
Burial ContainerEED	23 2000 250.00
Handling Fees	185.00
Flower vases - Marker setting W. HOL	PE CEMETARY
Recording and filing fee	SAN DIEGO, Cr LyS. 60
Sales taxes	1938
	Total Due
P	Paid receipt number Crefit Card 1769.38
	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization I hereby authorize the interment in lot hold under deed. Signature of recorded boober of deed.	of the above named decedent sition of remains as above indicated. I certify and represent reation and I agree to hold Mt. Hope Cemetery harmless from thon and interment. Separate Sep
Work Order # E 15569	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

07-31-46 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

4. SEX TA NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE 0771371946 BOYKIN CHARLES 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... LOTTE BOYKIN-WIFE SAN DIEGO 3868 36TH STREET 74. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER CALIFORNIA CREMATION & BURIAL CHAPEL -- IF APPLICABLE SAN DIEGO. CA. 92104 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 BA. SIGNAPORE OF APPLICANT-Person taking armit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 02/24/2000 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Gods, 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, BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 02/24/2000 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$7,00 K. WALKER ▶ 2003685 LOCAL REGISTRAR NOTE: THIS PERIALT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9E. ADDRESS OF REDISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANCE IN DISPOSE IF DISPOSITION IS TO OCCUR IN AMOTHER DISTRICT IN CALIFORNIA THE RECORDS - P. O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 FOR CORONER'S USE ONL 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS 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 LLC. SIGNATURE OF PERSON IN CHARGE OF BU 118 DATE BURIED BURIAL SAN DIEGO, CA. 92102 120. 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 14B. DATE SHIPPED 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 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 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.

30 L 15 W 9 to #

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

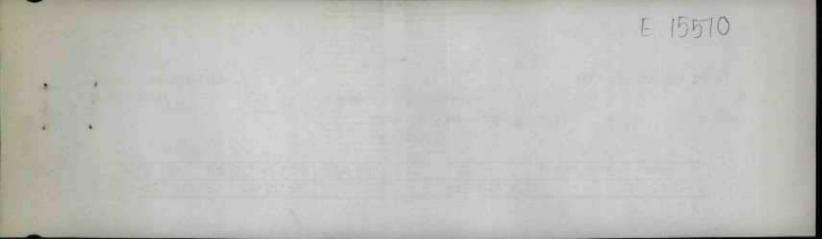
Date 2 - 23 - 00

na	Funeral, date, time THUR 2-6	24 11:0
Church, Chapel, Graveside	GUADALUPANI	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge o	1\$
will be applied and billed to undersigned.		
Lot 967 Grave Row	Section Division/849	mar 9
Grave space & Care Fund		100.00
Additional spaces and care fund	***************************************	
Opening/Closing & Setup		135,00
Burial Container		
Handling Fees	l-D	
Flower vases - Marker setting fee		
Tomer vases - marner setting ree		-
	2000	45.00
Recording and filling fee FEB 2.3	ZOOO	45.00
Recording and filling fee FEB 2.3	ZOOO	45.00 270.00 270.00
Recording and filling fee FEB 2.3	Z000	45.00 270.00 270.00
Sales taxes	EMETARY DIEGO, CA Paid receipt number Balance due of the above na sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery	270.00
Sales taxes	EMETARY DIEGO, CA Paid receipt number Balance due of the above na sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery	270.00
Sales taxes	EMETARY DIEGO, CA Paid receipt number Balance due of the above na sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery tion and interment.	270.00
Sales taxes	EMETARY DIEGO, CA Paid receipt number Balance due of the above na sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery iron and interment.	270.00

Jorge (619) 690-2506 Popa Juan Riviera IIa 3
Able 11-15-00 me contesti
una sensia me dijo que
No bibion hay Talbes estaban bibiendo en un

ABIE CON UNAFISTO SEA. AI 231.9351 EI NOU-16:2000 A IR II 15 MEDIJO QUE Iba a dejar un recado. EI NO BIDE recado. EI NO BIDE

JORGE (619) 690-2506 PAPA JUAN PSINTERA TIC (619) 231-9351 E15510 E15.570



=15570

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 9 MD

	USE BLACK INK ONLY-MAKE	NO ERASURES, V	VHITEOUTS OR OT	HER ALTERA	TIONS	FOUND
A. NAME OF DECEDE	The state of the s	10. LAST (FAMILY)	TODA			DATE OF DEATH 4. SEX
A. CITY OF DEATH	AN YSIDRO	SE COUNTY OF DEAT	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	8. NAME, RELATIO	The state of the s	NG ADDRESS AND ZIP CODE
G	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A MEDITORY, 2501 IMPE AN DIEGO, CA, 92186-5222	RIAL AVE -	F APPLICABLE	167 PEPP SAN YSID	ER DRIVE RO, CA, 921	73
ACKNOWLEDGMENT OF A	The same and the s	rison stated horsen is one of th	e dispositions authorized by	BA. SIGNATURE OF	APPLICANT FORSIO	takes pennil and DATE SIGNED 02/23/20
AUTHORIZATION OF			PAID , 9B. DATE PERMIT	AVEZ 2003	IATURE OF LOCAL 565	POSTRAR ISSUING PERMI
THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	1 16	DORESS OF REGISTRAR DISPOSITION IS TO OCCU			
A BURIAL (INCLL		E TEMPORARY ENV F DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	Managara and American and Ameri			ER'S USE ONLY NDING-REMAINS LOCATED RESS
BURIAL	MOUNT HOPE CEMETERY, 3751 MAR SAN DIEGO, CA, 92102	KET ST	Z-Z4-00	1 1/	TURE OF PERSON	N CHARGE OF BURN
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMAT	ED 12C SIGNA	TURE OF PERSON	IN COURGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C. SIGNA	TURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR S REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPI		SS AND SIGNATU ACING WITH THE	IRE OF PERSON IN CHARGE CARRIER
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	ER DESCRIPTION SUF- T OF DISPOSITION	158. DATE OF DISPOSITION		TURE OF PERSON SE OF DISPOSITIO	

COPY 2

HARGE 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

Brital

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 - 25-00

ina	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before 3:36	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	native -
Lot 102 Grave 7 d 9 Ros	wSection
Grave space & Care Fund	895 Jt 2 1790.0
Additional spaces and care fund	
Opening/Closing & Setup	PAID
Burial Container	
Handling FeesFE	B 2.5 2000
	OPE CEMETARY
	F SAN DIEGO
Sales taxes	
	Paid receipt number R-52158 1790.0
	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	of the above named deceden position of remains as above indicated. I certify and represen- prization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	V6.8110 8.10
any liability on account of said authoriz I hereby authorize the interment in lot I hold under deed.	VA 51.1 6 A.10
I hereby authorize the interment in lot I	VA 51.1 6 A.10
I hereby authorize the interment in lot I hold under deed.	VA 51.1 6 A.10

Pre-red tit - trust

MT. HOPE CEMETERY

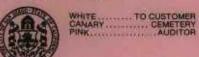
INTERMENT ORDER

City of San Diego-

Date 10 - 11 - 9 9

You are hereby authorized and instructed			to inter the remains
or Hermys M.	Country		
Church, Chapel, Graveside	Funeral, date, tir		Mortuary.
All Funeral cars must arrive before 3:30			
		day or an extra cha	ige of \$
will be applied and billed to undersigned			
Lot Grave 6 Rov	/Section	2 _ Divisio	n /Block- 12
Grave space & Care Fund			895.00
Additional spaces and care fund			
Opening/Closing & Setup	10		375.00
Burial Container	11-97		380.00
Handling Fees	- 11		320.00
Flower vases - Marker setting fee			- M - A
Recording and filling fee			11200
-35-00 X pus	Allowed and the second	Total Due	2069.23
and was in	Paid receipt number _	5 F11 F	2069.23
In hour		Balance	due
I hereby certify I am the			ve named decedent
and this is your authority to make disport that I have the right to make this authori	zation and I agree to I	bove indicated. I c hold Mt. Hope Cem	etily and represent etery harmless from
any liability on account of said authoriza	ation and inferment.		
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of doed	City		Zip Code
	Telephone		
	Invoice #		
Work Order # E 15572	_ Acat, # _		

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

51605 E 15572

		Date: 10-11	1999	
From HENNYE M. AN	LEUS Address: 8/2 ELIZAR	BETH ST	Stabigo 93	2113
Two- THUSAND.	· SIXEY - WING & 23/100	Dollars (5 2,069.23	
In CHECK Payment of	10 LAWOR CRYPT		770	
Lot # 9 Grave	- 6 D/D Row - 3 So	ction 2	Division / 2	
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184	17700	
Acct. No.	PAID	80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -	325 00	
W.OBALANCE DUE .	OCT 1 1 1999	Buriel 100 Containers 77182-	360 00	
	MT. HOPE CEMETERY	Handling Fee 77185 - 100 Misc. Fees 77183 - 10333	(808 BE 00	Pik
Pre-Need Lot At Need On Acct	R Xa hille	Rts, bleed 63033 Trust 9022- Sales Tax 60101 78390	3/ 23	
AC-212 (Rev. 5-90) 5-5 7	8 ISSUED BY	TOTAL PAID \$	2069 23	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2 - 25 - 00

You are hereby authorized and inst	Steam or committee	V-1	e and regi	ulations, to inter	the remains
ina + 5. Vault	John	Funeral, date, Jin	ne . J	105 26	19 2:0
Church, Chapel Graveside		· A	Mai	eringell	_ Mortuary
All Funeral cars must arrive before	3:30 p.m.	of regular work of	day or an e	xtra charge of	B
will be applied and billed to undersi	gned				
Lot 99 Grave 5	Row	Section	3	Division/Block	. 12
Grave space & Care Fund	Pre	- Need	E-13	505	0
Additional spaces and care fund					
Opening/Closing & Setup		11	/1		-0-
Burial Container		11	11		0
Handling Fees		/1	11		-0
Flower vases - Marker setting fee .					
Recording and filing fee					0
Sales taxes	NAM.				0
interfect Trend	Paid	receipt number _	Total Due		0
3-3	o			Balance due	
I hereby certify I am the and this is your authority to make I that I have the right to make this au any liability on account of said authority.	thorizatio	n and I agree to b	bove indic	the above name ated. I certify a ppe Cemetery h	and represent
I hereby authorize the interment in hold under deed.	lot I	X Address	362	AULOV ON	02:22
Signature of securded hobier of deed		City SS8 Telephone	- 453	-6185	92122 2000da
Work Order # E 15573		Acct. # _			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

8	0	
HTH YEAR	3. DATE OF DEATH MONTH DAY, YEAR	4. SEX

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
Margan	ret	Ellen	Letcher			12/23/1911	02/23	72000	F
San D:	iego		SE COUNTY OF DEATH	Comment of the	OF IN	RELATIONSHP, FULL M FORMANT Stookey, so		DRESS AND ZI	P CODE
	ill Mortuar	ry 6322 El Cajor	RSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER F APPLICABLE	4362 San	Pavlov Ave.	2122	ent 86. DAT	E SIGNED
ACKNOWLEDGMENT OF AN			sed disposition stated herein to one of the as authorized pursuant to Section 7700 of th	w Health and Salety Code	re	the and Leep	W	02/25	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPRIES HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIES OF CALFE	900€ IFIED \$7.00	02/25/2000 C. Maggard	0 0	9C. SIGNATURE 6F10 2003772 •	CAL REGIS	STRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSE	# DEATH OCCURRE	2, San Diego, C	1 1	DRESS OF REGISTRAR DISPOSITION IS TO OCCU		RICT OF DISPOSITION— OTHER DISTRICT IN CAUPOL	RNIA		•
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVI	DRNIA		Olame and A		-REMAINS LO	CATED AT
BURIAL	Mt. Hope	Cemetery, 3751 , CA 92102		2-29-00	1000	SIGNATURE OF PER	SON IN C	HARGE OF BI	JRIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	ED 120	SIGNATURE OF PERS	OPPIN CH	ABOVE OF CR	
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B. DATE RECEN	/ED 130	SIGNATURE OF PER	SON IN C	HARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATI CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 140	OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND GA		15B. DATE OF DISPOSITION	150	CHARGE OF DISPOS		150. LICENSÉ OF CREM MAINS D —IF APP	AATED 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 2 - 28 - 00

You are hereby authorized and instruct	led, subject to your ru	les and regu	ilations, to inte	or the remains
or thany byelow	U 24	_	2-1	10101
ina all traull	Funeral, date, I	The second second	2 3 - 6	10,00
Church, Chapel, Graveside \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mead Only?	TealNe	ungill	Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work	day or an e	xtra charge of	\$
will be applied and billed to undersigne	d			
Lot 1538 Grave Ro	w Section	1	Division/Bloo	* 8
Grave space & Care Fund	Pre-Nu	J B-	The state of the s	-0-
Additional spaces and care fund				
Opening/Closing & Setup	AID		***************************************	105.00
Burial Container	2000			35.00
Handling Fees FEB 2	2 8 2000			60.00
Flower vases - Marker sewing ippope	CEMETARY			_
Recording and filling fee CITY OF S	AN DIEGO, C+			45.00
Sales taxes	***************************************			4-26
inity to recuit		Total Due		269 26
ING Wares	Paid receipt number	R-5	2160	269.26
Y			Balance due	-0
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 authorize	rization and Lagree to	above indic	ated. I certify	med decedent and represent harmless from
	× ·		200	
I hereby authorize the interment in lot I hold under deed.	X 44	41 Me	No Ave	#11
Signature of recorded holder of devil	Address Address Cor GA Talephore	Diego - 28/-8	1707	92115
	Invoice #			
Work Order # E 15574	Acct. #			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

-		all and the same of the same o	ISE BLACK INK ONLY-	MAKE NO ERASURES,	WHITEOUTS OR O	OTHER ALTERATIONS
17570	The second second	ENT-FIRST (GIVEN)		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
R	iarry		William	Bieber		06/04/1927 02/27/2000 H
5A.	CITY OF DEATH			5B. COUNTY OF DE	ATH-OUTSIDE CALIF.	6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND 2IP CODE OF INFORMANT
	an Diego			San Dieg	je e	Louise A. Cross, sister
7	eathering:	ill Mortun	NIA FUNERAL DIRECTOR OR PE	ERSON ACTING AS SUCH 78.	CALIF. LICENSE NUMBER IF APPLICABLE	4461 Menlo f11 San Diego, CA 92115
8	ian Diego.	CA 92115			FD1083	BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED
	ACKNOWLEDGMENT OF A		acknowledge as applicant that the propo- 18376 of the Health and Safety Code, and a			De Secreto lo cabriba
	PERMIT THORIZATION OF CAL REGISTRAN	SIONS OF THE CAL AND IS THE AUTHOR IN THIS PERMIT, NOTE: THIS PERMIT ONES	SUED IN ACCORDANCE WITH P SPORNIA HEALTH AND SAFETY SITY FOR THE DISPOSITION SPEC NO MAINT OF DISPOSAL OUTSEE OF CALL	CODE DIFFIED \$7.00	98. DATE PERMI 02/29/20 T. Truesda	22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
tic	CHANGE IN DISPOSI- IN REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF 1 PO BOX 852 92186-522	REGISTRAR OF DISTRICT OF BID IN CAUFOURIA 22 San Diego, C	DEATH— BE		R OF DISTRICT OF DISPOSITION—
10.	AUTHORIZED DISP	OSITION(S) CHECK	APPLICABLE ITEMS			FOR CORONER'S USE ONLY
SELLI	B. CREMATION			F. DISINTERMENT G. SHIP IN TO CALI		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
	BURIAL	The state of the s	ADDRESS OF CALIFORNIA CE Cametery 3751 M	MEJERY St.	3-6-00	1 / - 1
ABLE HEMS	CREMATION	Pacifée Cr	ADDRESS OF CALIFORNIA OF COMMETORY 601 D (NOTE, CA 92500		3-1-00	0.11
LL APPLIC	SCIENTIFIC USE	13A, NAME AND A	ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEI	IVED ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE	TRANSIT	14A, NAME AND A REMAINS OR	ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE T	TE OR COUNTRY WHERE	148. DATE SHIPP	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
1	SCATTERING AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY		AREST POINT ON SHORELINE, JENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF 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 2-28-00

M-	mes +	>0 5'A
n d Type of Burial Curtainer	Funeral, date, time2	-27 218
Church, Chapel, Graveside	Greenwood.	Mortuary,
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charg	e of \$
will be applied and billed to undersigned	d,	100000
ot Grave A Row	MUSLIM vSectionDivision/	Block
Opening/Closing & Setup	PAID	125.00
Burial Container	ъ	
	В 29 год	
Flower vases - Marker setting feMT. H	IOPE CEMETARY	TE 00
Recording and filing fee	F SAN DIEGO	43.00
Sales taxes		770 60
	Total Due	
	Paid receipt number R 5264	210.00
X /-	A Balance d	
I hereby certify I am the and this is your authority to make dispit that I have the right to make this author any liability on account of said authorize	of the above indicated. I ce ization and I agree to hold Mt. Hope Cemet ation and interment.	e named decedent tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	X Signal AND	yes
Total article acou.	X 47/0 H-7+ STA	all at 2
		- 02115
Signature of excorded helder of deed	1619) 583. 2	040 20 Code
Bignature of eccordad holder of deed	199 583 - 2 Invoice #	\$ 40 Ze Code

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

DAYS USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) IB MIDDLE IC. LAST (FAMILY) HOLMES SHANGAZZA TAJIRI 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALF ... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE SAN DIEGO B. HOLNES - FATHER SAN DIEGO 4710 ART STREET #3 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1.7B. CALIF LICENSE NUMBER GREENWOOD MORTUARY - IF APPLICABLE SAN DIEGO, CA 92115 FD-843 I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 BA. SIGNATURE OF APPLICANT-Person thing parmit, BB. DATE SIGNED I hereby accommender as applicant that the proposed desposition stated herein is one of the depositions authorized by Septide 1003% of the Health and Salety Code, and was apphorated pursuest to Seption 7100 of the Health and Salety Code. 02/26/2000 ADDROWLEDOMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SECOND 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT PERMIT ISSUED 9C. SIGNATURE TO SEE PAID 19B. DATE PERMIT SEE PERMIT SEE PERMIT SEE PERMIT SEE PERMIT SEE PERMIT SEE PERMIT S ATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT VICTORIA MEZA AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 **AUTHORIZATION OF** IN THIS PERIMIT. 02/28/2000 NOTE: THIS PERMIT LIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA O. BOX 85222 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 1 L 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 MOUNT HOP PORES OF CAMPTERY STREET DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION CABLE 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 14B. DATE SHIPPED 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15B DATE OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 150 LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-DISPOSITION CHARGE OF 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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-00

in a Vine of Burial Container	_ Funeral, date, time	w 3-2	(0;0)
Church Graveside	Nept	une	Mortuary.
All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.		extra charge of	18
Lot 553 Grave Row	Section	_ Division/610	OR 10
Grave space & Care Fund	Mr- Rud	P-2402	
Additional spaces and care fund PA Opening/Closing & Setup	1 2000		14500
Recording and filing fee	NDIEGO, C		45:00
I hereby certify I am the and this is your authority to make of sposi	aid receipt number R-50	Balance due of the above na licated. I certify	769.73
that I have the right to make this authoriza any liability on account of said authorizati I hereby authorize the interment in lot I	on and interment.	GA	co.
hold under deed. Signature of recorded holder of deed	X Donors (619 WA CA 9	76/C/CS 91902 ZyCoda
Work Order # E 15576	Invoice #		

OFFICIAL RECEIPT



FORM AC-212

WHITE TO CUSTOMER BLUE CEMETERY PINK AUDITOR YELLOW RETAIN CITY OF SAN DIEGO. CALIFORNIA PUBLIC WORKS DEPARTMENT

Nº 21869

MOUNT HOPE CEMETERY

FROM W. E. MCax	Lec ADDRESS 1230 7	Paringo.	-25	1001	24
one hundre	By-need &	DOLLA	RS (\$ Z	180.	2
LOT 553 GRAVE	ROW SECT	ION	DIN 306	VISION	0
	PAID	SALES CARE HALF SALES OF LOTS	951 — 100 7784 —	9.0	00
w.o. D-5205	NOV 2 5 1974	OPENINGS BOXES	7781 — 100 7782 —	-	
UNPAID BALANCE AFTER THIS PAYMENT	ISSUED BY DORully	FOUNDATIONS TOTAL PAID \$	7783	180	10



PY-984

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

E15516

DEED

7698

11/25/1974

TO W. E. McAfee	for the sum of \$ 180.00	(DOLLARS)
LEGAL DESCRIPTION Lot 553		
AS DESCRIBED ON PURCHASE ORDER	NUMBER	
held for burial privileges only with end hereafter be adopted, including the right Cemetery. The rights hereby conveyed for of the Cemetery Authority in each and even It is expressly understood however, that repairs to any monument, head stone, val- after be erected or placed on said lot or of plot. In no case will the Cemetery D natural causes of deterioration, but rese- ment of the Cemetery. The following type	The state of the s	ations now in force or may care and operation of the ished without the consent of Mount Hope Cemetery. ake or agree to make any at is already, or may here- l owner or representatives as mischief, vandalism and
Regulati	on flush type marker only.	
A. W. Weline 100	W.L. W.	K
Cemetery Manager		reportane
WW.484	rroperty	Director



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101 Property Department Business hours 8 a.m. to 4 p.m. 264-3151 Monday thru Friday • Gates open daily

QUITCLAIM DEED

+D- L 7: 000 + 1
In consideration of thirty - Five Dollars transfer
fee .
INVE W. E. Misofee
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Jean Grace
all that Cemetery property situated in Mount Hope Cemetery, in said City of
San Diego, County of San Diego, State of California, described as follows:
Lot 553 Grave Row Section Division/Block 10
TO MAVE AND TO HOLD the above-described quitclaimed property unto the said
WITNESS my/our hand this 3rd day of agric 1991
EXECUTED IN THE PRESENCE OF X W. L. MISTAGLE THE FOLLOWING WITNESSES:
Gernal Robinson -
notary Public -
Chortan Co, Oulskona
Comm Expires 11-1293

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 4. SEX 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH MONTH DAY, YEAR MONTH, DAY, YEAR ALTCE JEAN GRACE 08/29/1928 02/27/2000 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE OF INFORMANT San Diago San Diego Terri Chase, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -- FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 75. CALIF. LICENSE NUMBER 5619 Watercrest Drive -IF APPLICABLE Neptune Society Bonita, CA 91902 14065 Hwy 8 Bus. El Cajon, cA 92021 FD 1352 BA. SIGNATURE OF APPLICANT—Person taking permit. 88. DATE SIGNED I hereby actionalcage as applicant that the proposed disputation whilst herein is one of the dispositions suffering by Section 10376 of the Health and Spirity Code, and was authorized present to Section 7100 of the Health and Salety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERM PERMIT SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2004007 03/01/2000 AUTHORIZATION OF IN THIS PERMIT \$7.00 R. Kerrigan MOTE. THIS PERMIT CIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 90 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 P.O.BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, cA 92186-5222 10. AUTHORIZED DISPOSITIONIS) 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 Mt. Hope Cemetery BURIAL 3-2-00 3751 Market Street; San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CRE CREMATION TAL 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-168 DATE OF 16C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED WE 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-00

You are hereby authorized and instructed, subject CARLOS E	ject to your rules and regulations, to inter the remain	ns
	uneral, date, time Then 3-6 9:0	0
Church Chape Graveside	: La Buriel Mortuar	у.
All Funeral cars must arrive before 3:30 p.m. of	f regular work day or an extra charge of \$	
will be applied and billed to undersigned	CONTRACTOR OF THE STATE OF THE	_
Lot 152 Grave 4 Row	Section Q Division/Block 12	-
Grave space & Care Fund	875,0	0
Additional spaces and care fundament)	_
Opening/Closing & Setup	315.0	0
Burial Container FEB 2 9 200	250,6	70
Handling Fees		_
Flower vases - Marker sMTgHOPE CEME	GO. CA	W.
Recording and filing fee CITY OF SAN DIEC	45.00	A CO
Sales taxes	17-38	5
	Total Due	7
Paid re	ocelpt number M/C 1/61-36	_
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 I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed	Balance due ZLENA ESPANTOI the above named decede of remains as above indicated. I certify and represe and I agree to hold Mt. Hope Cemetery harmless fro nd interment. X 1766 NILO 0449 Asstras X 20 0A 92137 Zip Cov (GI9) 475-1261	ent
Work Order # E 15577	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASDRES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 4. SEX 3. DATE OF DEATH 1C LAST (FAMILY) 2. DATE OF BIRTH 1B. MIDDLE 8272772086 0470471906 CARLOS ESPANTO SA CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SB. COUNTY OF DEATH-OUTSIDE CALIF., SAMPEN PINES CHULA VISTA ADORACTON ESPANTO-SPOUSE TA TYPED NAME AND ADDRESS DE CALIFORNIA. FUNERAL DIRECTOR OF PERSON ACTING AS SUCH, 7B. CALIF LICENSE NUMBER 2786 LANDSCAPE DRIVE -IF APPLICABLE 92139 SAN DIEGO, CA 5880 EL CAJON BLVD. SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF APPLICANT-Brown taking permit, 88, DATE SIGNED 03/01/2000 I hereby acknowledge as applicant that the properties dispersions stated herein in one of the dependions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized persoont to Section 7100 of the Health and Safety Code DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PARMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA. AMOUNT OF FEE PAID PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED MITCHELL. AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL CHITSIDE OF CALRIDAMA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOS IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITALITHRECORDS CREEKING BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. 10 AUTHORIZED DISPOSITIONIST CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING-REMAINS LOC E TEMPOWARY 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 HISE H TRANSIT TO OUTSIDE OF CALIFORNIA LIC. SIGNATURE OF PERSON IN CHARGE OF BUILD CALIFORNIA CEMETERY 11B. DATE BURIED WEAR ARRES BURIAL SAN DIEGO, CA 92103 3751 MARKET ST. 12C. SIGNATURE OF PERSON INJURIANGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 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 HILMBER SCATTERING AT SEA DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION 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.

Bre-rud Lat a trust

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-00

In a T. S. Vault	Funeral, date, time		
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p. will be applied and billed to undersigned.			
Lot 3672 Grave Row_	Section	Division/Dissik	10
Grave space & Care Fund		<u>1</u>	75.00
Additional spaces and care fund		······ =	
Opening/Closing & Setup	DAID	<u>3</u>	15.00
Burial Container	raib	<u> </u>	30.00
Handling Fees	OR OB ZUUU	<u> 18</u>	,2'6D
Flower vases - Marker setting fee			
Recording and filing fee	IOPE CEMETAR) OF SAN DIEGO	1	5.00
Sales taxes	T-1-1	Due\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	69.30
	ild receipt number V	5 A S	00.0
Pa	ild receipt number 1	Balance due 13	69.3
I hereby certify I am the	ion of remains as above tion and I agree to hold M on and interment.	of the above name indicated it offiny to those demetery tar	d decedent d represent Mess from
I hereby authorize the interment in lot I hold under deed.	Signature * 10 42	Grand A	UE
Bignature of recorded holder of deed	X Notice	272 26	3400

& Printed on recycled paper

This information is available in alternative formats upon request.

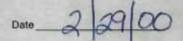
1369.38 P-52282

AL HOME COSTS

8710

INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
or Jovanka	
in a TS	Funeral, date, time Fri 3-3-00 10:00
Church, Chaper, Graveside	: Merkley - Mitchel Mortuary.
All Funeral cars must arrive before 300 p.n	n. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	
Lot 8) Grave 3 Row_	Section 2 Division/Block 12
Grave space & Care Fund	_89S.cc
Additional spaces and care fund	PAID
Opening/Closing & Setup	375.00
Burial Container	FEB 2 9 2000 250.00
Handling Fees	MT. HOPE CEMETARY 185.00
Flower vases – Marker setting fee	ITY OF SAN DIEGO. CA
Recording and filing fee	W//4=1,900
Sales taxes	19.38
	Total Due
Pai	d receipt number R-52166
	Balance due
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Staff Views
Signature of recorded holder of deed	Address 58-21 L. J BIVL Cay 58-8-4-59-1129 Zap Code Telephone
Work Order # E 15579	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

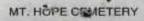
RO USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 19728719TB 0272872050 VIHROV JOVANKA 5A CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE LA JOLLA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER LA JOLLA BLVD. MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., JOLLA, CA 92037 SAN DIEGO, CA 92103 SA BIGNATURE OF APPLICANT—PHOUS DAVID DETRIT, SB DATE SIGNED I leartly acknowledge as applicant that the proposed disposition stated because in one of the dispositions authorized by 03/02/2000 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Sade 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 2004151 03/02/2000 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT TC MITCHELL 7.00 HOTE: THIS PERMIT GIVES NO INSULT OF DISPOSAL OUTSIDE OF CALIFCRIMA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE .O. BOX 85222, SAN DIEGO, CA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION 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 , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 118. DATE BURSED MOUNT HOPE CEMETERY, 3751 MARKET ST., BURIAL 3-3-00 SAN DIEGO, CA 92102 TEMS 12C SIGNATURE OF PERSONAIN CHANGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED CREMATION APPLICABLE 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE AL 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 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 DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

V59 (R. (91)

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





INTERMENT ORDER

City of San Diego

Date 2-29-00

of	Syv	1110	Yvetta	Willia	ms
ina Li	NER		Funeral, date, ti	me Flider	3-3-00 11:00
Church Chapel,	Graveside			Ragsdo	le Mortuary.
All Funeral cars	nust arrive be	ore 3:30 p.	m. of regular work	day or an extra cl	narge of \$
will be applied an	nd billed to und	dersigned.			
Lot 129	Grave 5	Row_	Section	Divis	sion/Block_//L
Grave space & C	are Fund				895.00
Additional space	s and care fun	d	AID		
Opening/Closing	& Setup				_375.∞
Burial Container		MAF	2 0 6 2000		190.0
Handling Fees		MT HO	PE CEMETAF	(¥	145.00
Flower vases - N	Marker setting	CITY OF	SAN DIEGO,	Cr	
Recording and fi	ling fee				45.00
Sales taxes					
The second of	cleck	Pa	id receipt number	R- 5217	1664.73 1664.73
	,			Balanc	ce due
that I have the rig	authority to ma ght to make thi	s authorizat	ion of remains as ion and I agree to n and interment.	above indicated. I	cove named decedent certify and represent metery harmless from
I hereby authoriz hold under deed.		nt in lot I	Septidire P.O.	do Will Box 1911	du
Signature of recorded ho	lder of deed		Constitution (Constitution Constitution Cons	978-307	17-PgR ZpCode
	1 1 5 5 6	00	Invoice #		
Work Order #	1558	30	Acct. # _		



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

48

	3	Syvilla Yvetta Williams		Marian -		0971471951A	2727720	do F
LOS AT	ngeles		6B COUNTY OF CENTER STATE		OF INF	RELATIONSHIP, FULL MAI FORMANT TOO WILLIAMS		
Anderson-		a-FUNERAL DIRECTOR OF Brt.; 5050 F Diego, CA 9	PERSON ACTING AS SUCH 78 ederal Blvd.	PD1220	Lemon	Box 1411 n Grove, CA S	son taking permit, Bi	
ACKNOWLEDGMENT OF N			proposed disposition stated leaven is one and was authorized pursuant to Section 710		Rk	the weeks	0	3/01/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI ORINIA HEALTH AND SAF TY FOR THE DISPOSITION DIBERT OF DEPOSAL OUTSIDE O	SPECIFIED \$7.00	03/02/20		-	AL REGISTRAR	ISSUING PERM
TION REQUIRES A NEW PERMIT TO SHOW FINAL	313"N. Fig			ADDRESS OF REGISTRAR OF PERCENTION AS TO OCCUP.	IN AND	THER DISTRICT IN CAUPORS	ila	1.5
DISPOSITION.	Los Aggele	s, CA 90012		San Diego, CA	92186		NER'S USE	-
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CO					
D. SCIENTIFIC U	SE			OUTSIDE OF CALIFORNIA	110	SIGNATURE OF PERSO	-/	
BURIAL	Menantappe		H. TRANSIT TO	OUTSIDE OF CALIFORNIA		SIGNATURE OF PERSO	from	yes .
BURIAL	1 Mc NAME AND AT	San Di	H. TRANSIT TO	11B. DATE BURNED	D 12C	the 1	ON THABISE	OF CREMATIO
BURIAL CREMATION SCIENTIFIC	12A. NAME AND AC	San Di	M. TRANSIT TO COUNTRY WHERE	11B. DATE BURNED	ED 120	SIGNATURE OF PERSO	ON IN CHARGE	OF CREMATION



COPY 2 IS RETAINED BY 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 2 29 00

OF MARGIE R. GRUN	DY	
	neral, date, time FRI-	3-3-00 1:0
Church, Chapel, Graveside	Rags	dale Mortuary,
All Funeral cars must arrive before 6.29 p.m. of will be applied and billed to undersigned.	regular work day or an ext	ra charge of \$
Lot 43 Grave 9 Row	Section	Division/Block 12
Grave space & Care Fund		895.40
Additional spaces and care fund		
Opening/Closing & Setup		375.00
AND AND AND AND ADDRESS AND AD	PAID	190.00
Handling Fees FE	D 2 n 2000	145.00
Flower vases – Marker setting fee	D Z 9 Z000	
Recording and filing fee	OPE CEMETARY	45.00
Sales taxes	F SAN DIEGO, C	14.73
	Total Due	
Paid rec	elpt number Crash	card 1664.73
	Ba	lance 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 are any liability on account of said authorization and	remains as above indicated a lagree to hold Mt. Hope	e above named decedent ed. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 10117 G	AMINO ELENA
Signature of recorded holder of deed	(760) 749	0, CA 92024 -6650
Work Order # E 15581	Invoice #	

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

2. DATE OF DEATH | 4. SEX

	argie	NT—FIRST (GIVEN) TB. MIGGLE	Grundy		10/27/1918 02/27/2000 F
5A. CITY	OF DEATH	1 City	SE COUNTY OF BEATH		N. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DESIGNANT Paul Grundy, Son
7A. And	D NAME AND AT TETSON—H	oness of California - Funeral Disector of Person agsdale Mort.; 5050 Federal San Diego, CA 92102	ATTEND TO THE REAL PROPERTY.	1320	10117 Camino Elena Escondido, CA 92026 BA. SIGNATURE OF APPLICANT—Person baing permit, 88. PATE SIGNED
ACRINO	DWLEDGMENT DE A	PLICANT I hereby acknowledge as applicant that the proprised drap Section 18076 of the Health and Safety Gode, and was author	oation stated herein is one of the rized persuant to Section 7100 of the	dispositions authorized by Health and Safety Code	Dette Whelian 3/03/200
AUTHOR	ERMIT EZATION OF REGISTRAR	THIS PERMIT IS ISSUED IN ADCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THES PERMIT. MOTE: THE PERMIT CIVES NO INCHES OF DEPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	03/02/200	ISSUED BC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004118
TION REG	NGE IN DISPOSI- QUIRES A NEW O SHOW FINAL POSITION.	Vital Records; P.O. Box 852 San Diego, CA 92186	222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA
IG. AUTH	AORKZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
	CREMATION DISPOSITION THAN IN A CE SCIENTIFIC US BURIAL		rket St.		1 //
LM .	EMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128 DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
S S S S S S S S S S S S S S S S S S S	DENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	PED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE	RANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CHEMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
DISPO	TERING AT SEA OR DISTRION OTHER IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O'S FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. 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.

INTERMENT ORDER

City of San Diego

Date 3-2-00

	ia La New	-
	_ Funeral, date, time _ Friday 3-	-3-00
Church Chanel, Graveside Graveside	veside: 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 264/2 Grave Row	Section Division/Block	10
Lot 2646 Grave Row	Prensed D-763	0
		0-
		0
		0
Handling Fees	Prenad 10 462	0
	<u> </u>	
Recording and filing fee		0
	_	0
interferent som	Total Due	0
3-7-00	Paid receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizative liability on account of said authorizative.	of the above name sition of remains as above indicated. I certify an zation and I agree to hold Mt. Hope Cemetery ha tion and interment.	d represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	City	Zip Corte
	Telephone	
F 15582	Invoice #	

€ E 15582

President Javas

MT, HORE-CEMETERY INTERMENT ORDER

City of San Diego

Date 11-17-92

	Funeral, date, time		
Vaul/Linu			
Church, Chapel, Graveside			
All Funeral cars must arrive before 3:30 and billed to undersigned. War time ver		ay or an extra cha	rge will be applied
Lot 2046 Grave Row_	Section	Oivision/	18 Sook 10
Grave space & Care Fund	******		
Additional spaces and care fund			
Opening/Closing & Setup		***********	350
Burial Container	********		225
Handling Fees	************	*******	185 -
Flower vases - Marker setting fee			
Recording and filing fee			
Sales taxes			
		of Due	822
	Paid receipt number	13005	822
		Balance	due -C
			s as mad decader
and this is your authority to make dispo	zation and I sgree to hol	of the abov ove indicated, I ce d Mt. Hope Ceme	rtify and represer
and this is your authority to make dispo that I have the right to make this authori any liability on account of said authorize hereby authorize the interment in lot I	zation and I agree to hol ation and interment.	we indicated, I ce	rtify and represer
and this is your authority to make dispondent I have the right to make this authorisery liability on account of said authorize the interment in lot I hold under deed.	zation and I agree to hol ation and interment.	we indicated, I ce	rtify and represer
and this is your authority to make dispondent I have the right to make this authorism liability on account of said authorize the interment in lot I hold under deed.	zation and I agree to hol ation and interment.	we indicated, I ce	rtify and represer tery harmless from
and this is your authority to make dispo that I have the right to make this authori any liability on account of said authorize hereby authorize the interment in lot I hold under deed.	zation and I agree to hol ation and interment. Signature	we indicated, I ce	rtify and represer tery harmless fron
hereby certify I am the and this is your authority to make disposed that I have the right to make this authority any liability on account of said authorization in the latest authorization in the lat	zation and i sgree to hol stion and interment. Signature Address	we indicated, I ce	rtify and represen

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) TC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE 67731 97965° Ophelia La New SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT El Cajon Grey Brown, PA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 5201-A Ruffin Rd. -IF APPLICABLE San Diego, CA 92123 Mayer Mortuary 2859 Adams Av. San Diago, CA FD 1424 BA. SIGNATURE OF APPLICANT—Februs Daving Definit, BB. DATE SIGNED MAN NIE I bestly acknowledge as applicant that the proposed deposition stated herein is one of the depositions authorized by 03/02/2000 ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE SA 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 2004113 7.00 AUTHORIZATION OF IN THIS PERMIT John Mayer NOTE: THIS PERMET GIVES NO NIGHT 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 OCCUPRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL INCLUDES ENTONBMEND E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) E. 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 BIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cametery, 3751 Market St. BURIAL 3-3-00 San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. 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 F 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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 DISPOSITION OF CREMATED RE CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER OF 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

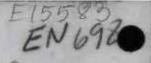
Date 3-2-00

You are hereby authorized and instruct	ed, subject to your rules and regulations, to inter the remains
or Feiima, Ma	.(4)
ina ash Vault	Funeral date, time Hondoy -6200 10:00
Church, Chapel, Graveside	Sent Family Mortuary.
All Funeral cars must arrive before 3:86	p.m. of regular work day or an extra charge of \$ 150
will be applied and billed to undersigned	1 Daily 2 Egma
Lot 995/ Grave Rov	Section Division/Bleek _/O
Grave space & Care Fund	
Additional spaces and care fund	1000
Opening/Closing & Setup	
Burial Container	PAID 55.0
Handling Fees	MAD 0 2 2000
Flower vases - Marker setting fee	MAR U Z 2000
Recording and filing fee	MT. HOPE CEMETARY 45 C
Sales taxes	CITY OF SAN DIEGO, CA
	Total Due # 261 - 4
	Paid receipt number K-53111 20120
	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 decedent osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I	Philip & Egina
hold under deed.	11234 Pinestone CT
Signature of recorded notifier of deed	- Dan Diego CA 92128
	City 558 487-3270 ZpCode
	Invoice #
Work Order # E 15583	Acct.#
REA-104 (7-98) This is	nformation is available in alternative formats upon request,

& Printed on respelat paper

76627

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



	USE BLACK INK ONLY-MAKE	NO ERASURES,	WHITEOUTS OR C	THER ALT	ERATIONS	80		
NAME OF DECEDE	ENT—FIRST (GIVEN) 18 MIDDLE	IC. LAST GAMEY			DATE OF BIRTH	3. DATE OF MONTH PA 02/28/		4 SEX
SAN DIEGO		58. COUNTY OF DE	SAN DIEGO	PERE	- AMILES S	SON	SS AND ZI	POODE
LEWIS COL	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ON TAL BENBOUGH MORTUARY		IF APPLICABLE		PIMESTONE IEGO, CA 9			\$
ACKNOWLEDGMENT OF A	CAJON BLVD, SAN DIEGO, CA 921 (hereby acknowledge as applicant that the proposed disposed proposed disposed in the specific of the feeth and Safety Code, and was author as the specific of	sation stated herein is one of		BA. SIGNATU	IRE OF APPLICANT—	Person toking permit		E SIGNED 1/200
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT DIVES NO RIGHT OF DEPOSAL DUTING OF CALFORNIA.	SAME OF THE REAL PROPERTY.	98 DATE PERMI 03/02/2 P Valent	000	NOTE OF LO	CAL REGISTRA	AR ISSUIN	G PERMIT
OF CHANGE IN DISPOSI- ION REQUIRES A NEW REMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VIAL RECORDS. PO BOX 852 SAN DIEGO, CA 92186-5222		ADDRESS OF REGISTRAF # DISPOSITION IS TO OCC			AIMB		
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OL			OISPOSITION (Name and A	PENDING—RE ddress)	MAINS LO	ICATED A
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY, 3751 MAI SAN DIEGO, CA 92102	KET ST,	11B. DATE BURIE	D 11C. S	IGNATURE OF PER	SON IN CHAR	GE OF BU	JRIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY, 30 AVE, SAN DIEGO, CA 92113	953 IMPERIA	12B DATE CREMA	TED TEC S	IGNATURE OF PER	SON IN CHARG	E OF CRE	EMA
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13G S	GNATURE OF PER	SON IN CHAR	GE OF FA	CILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPE		DDRESS AND SIGN F PLACING WITH T		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRI	HER DESCRIPTION SUF	158, DATE OF DISPOSITION		IGNATURE OF PER HARGE OF DISPOS		OF CREM	AATED HE-

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.

THAN IN A CEMETERY

INTERMENT ORDER

Lot KuD City of San Diego

Preneed trust

Date 3-2-00

of Evelyn	Fassell	
ina TS Vault	Funeral, date, time	
Church, Chapel, Graveside	100-100	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an	extra charge of \$
will be applied and billed to undersigned.		
Lot 2/03 Grave Row	Section	Division/Block/O
Grave space & Care Fund		000
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Buriel Container		250.00
Handling Fees	IAR O Z ZUUU	185.00
Flower vases - Marker setting feeMT. I	HODE CEMETADY	
Recording and filing fee	OF SAN DIEGO G	45.00
Sales taxes		
	Total Da	J869.38
Pa	aid receipt number 521	73 186938
		Balance due
I hereby certify I am the 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 inc tion and I agree to hold Mt. I	Hope Cemetery harmless from
I hereby authorize the interment in fot I hold under deed.	Address Address	e astenda
Signature of recorded holder of deed	Gily	Zip Code
	Telephone	
	tanakan W	
Work Order # E 15584	Invoice #	
		rnative formats upon request.

@ Printed on recycled paper

INTERMENT ORDER

City of San Diego

Date_3-9-00

of the warren	Walker	*		1 010
In a Type of Burial Contagner	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	The second secon	1ex 3-	1 4.0
Church, Chapel, Graveside	o mento	My: Rag	shale	Mortuary.
All Funeral cars must arrive bef	ore 3:30 p.m. of reg	gular Jork day or a	n extra charge of	\$
will be applied and billed to und	ersigned			
Lot 2097 Grave	Row	_ Section	Division/Blee	10
Grave space & Care Fund				995.00
Additional spaces and care fun	DAL	D		-
Opening/Closing & Setup	1 7.1			375.00
Burial Container	MAR 0 3 2	000		190,00
Handling Fees				145.00
Flower vases - Marker setting	AT. HOPE CEN			
Recording and filing fee	March Hills and the Control of the C			45.00
Sales taxes				14.73
in Pre-New		Total D	lue\	764.73
E-142) 2		pt number		200 20
	K-	49980 -	Balance due	590,00
I hereby certify I am the and this is your authority to ma that I have the right to make this any liability on account of said a	ke disposition of re authorization and	emains as above in I tigree to hold Mt.	of the boxe nar dicated T certify a Hope Cemetery b	and represent
I hereby authorize the interment hold under deed.	t in lot 1	Charles Signature 5347	E. Cly	DR.
Signature of recorded hubbar of deed	- +	Address S&H City 264- Telephone	0045	A 92/14
		Invoice #		

FOR CORONER'S USE ONLY

(Name and Address)

I DISPOSITION PENDING-REMAINS LOCATED AT

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) 3 DATE OF DEATH 18. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 16272872000 0970671913 Walter Watkins Winn 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF. OF NEORMAND. Tillis, Sister Marshall THE STATE 7A TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DISCOUR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA -FUNERAL DISCOURCE PROPERTY OF APPLICABLE 36115 166st St. East Llano, CA 93544 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT-Person triong permit. BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated becomes one of the dispositions authorized by Section 10376 of the Health and Ealety Code, and was authorized parament to Section 7100 of the Health and Safety Code. 03/06/2000 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SA AMOUNT OF FEE PAID SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9C. SIGNATURE OF LOCAL REGI PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT. Welliams NOTE: THIS PERMY GIVES NO RIGHT OF GISPOSAL OUTSIDE OF CALFORNA. 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 CAUSORNIA A-DESCRIPTING SECOND NAMED AND BROKE BROKE BROKE BROKE BROKE BROKE BROKE TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION.

TEMPORARY ENVAULTMENT

DISINTERMENT

THAN IN A CE			
BURIAL	MtN.Mdbe、Cemetery+1975年期更Ret St. San Diego, CA 92102	3.7-00	TIC. SIGNATURE OF PERSON IN CHARGE OF BUE
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	128, DATE CREMATED	12C. SIGNATURE OF PERSON'N CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	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.

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

DISPOSITION OF OPENATED DEMANS OTHE

A. BURIAL (INCLUDES ENTOMBMENT)

B. CREMATION

Bu-rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



Date 3-3-00

- wwwyra	wey			
in a Type of Burial Container	Funeral, date	s, time		- 1
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before	ore 3:30 p.m. of regular w	ork day or an	extra charge	of \$
vill be applied and billed to und	ersigned.			
a 613 ann	_ Row Sec		Divinion	10
Grave space & Care Fund				995.00
		Marie Control		
Additional spaces and care fund Opening/Closing & Setup	Charles to the second s			
Burial Container NOV	2 2 2002			
Recording and filing FeV. OF S	SAN DIFOC			
Recording and filing FeV. OF S	SANDIFOC	Total Du	ie	592 01
Recording and filing FeV. OF S	SAN DIFOC	Total Du	ie	993.00
Flower vases - Mark MP PHOS Recording and filing GeV. OF S Sales taxes	Paid receipt numb	Total Du	2177 Balance due	995.00 248.00 747.00
Recording and filing the OF. Sales taxes	Paid receipt number of remains authorization and I agree authorization and interment	Total Due R - 5	Balance due	995.00 248.00 747.00
hereby certify I am the and this is your authority to make this any liability on account of said a hereby authorize the intermental under deed.	Paid receipt number of remains a authorization and interment tin lot I	Total Due R - 5 as above independent of the second Mt. H	Balance due of the above received. I certifope Cemeter	995.00 248.00 747.00 named deceden ly and represent y harmless from
hereby certify I am the and this is your authority to make this any liability on account of sald a hereby authorize the interment	Paid receipt number of remains a authorization and interment tin lot I	Total Dieger R-5	Balance due of the above nicated. I certifope Cemeter	995.00 248.00 747.00 named deceden ly and represent y harmless from

31,00

-31.00

+ 3100

IVEY, D	WAYNE S. 5797 Tooley St., Sa	in Diego 92114 2	04-72	1200	BIT		CRED	IT	BA	ALANO	E
03-03-00	Opened Pre-need Lot.							9			
	Lot 613, Division 10				995.	00				995	.00
03-03-00	Receipt 52177					1	24	8.00	20	76	no
5-8-00	R- 52405 Con	vem #1	199	.00	12	2,	3	. 00	U	7110	1,00
6-12-00	R- 52555	# 3	THE PERSON NAMED IN	000	80	1	13	100	W	685	00
1-20-00	R-50689	#3					13	N FORM		650	400
8-24-00	R- \$2798	4						00		62	3.00
9-21-00	R- 52897	5					3	1.00	y		.00
10-25 00	R- 5300a	6					3	1.00	100		1.00
1-22-00	R- 53078	7						100	•	56	0.00
12-27-00	R-53186	8						1.00		49	9.00
1-31-01	R-53298	9						1.00			8,00
3-2-01	VISA	10					THE RESERVE OF	.00			7,00
4-4-01	VISA	11						1.00			6.00
4-18-01	R-	12					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00			5,00
5-22-01	VISA						and the same of the same of	50.		1	1,00
7-25-01	R-53956 (NO CO)	in Submitted)			1		-3				
20 40	ULC A	The second second					138	1 000		10.11	3,00

E-15586

Pre-need Lot

NISA

visa

VISA

IVEY, DWAYNE

10-22-01

12-4-01

		DEBIT	CREDIT	BALANCE
	Balance Forwarded			20 00
1/23/02	Paid by mys Visa		- 31 00	18900
0-02	Pard by cheek 1707		-3/00	158 00
5/91/02	Paid By MIE VISA for Feb)		-3100	127.00
5-21-02	PAID BY VISA FOR MARCH		-31.00	96.00
11-35-05	Balance Forwarded Paid by Mys VISA Paid by Cheeke 1707 Paid by Meeke 1707 Paid by WISA (for MARCH) VISA VISA VISA		94 00	1
-				
				1111
	COLUMN TO THE PARTY OF THE PART			
IVEY	DwayNe E-15586 Pre-1	need Cot		

ACCOUNT No. Pre-Need Lot E-15586 Dwayne Ivey 5797 Tooley St.

San Diego, CA 92114

Lot 613 Division 10

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

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

4

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

\$.

NAME Delay Se Tivey
ADDRESS 5797 TOO/ey 57CITYS ON DEC 90 STATE 2 ZIP 92 119

☐ check (/) if this is new address

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

ACCOUNT No. Pre-Need Lot E-15586

Dwayne Ivey

5797 Tooley St.

FEB	MAR		JUN 10						DEC	JAN
	nt due ite abo	paid on	or beli	OFH.		> 5	3	1.0	0	
	nt due i		an_	_da	Aa)	5			Z.	1
						s				

CITY San Drago ZIP 92 619 sheck (/) if this is new address

ACCOUNT No. Pre-Need Lot E-15586

Dwayne Ivey 5797 Tooley St.

San Diego, CA 92114

Lot 613 Division 10 Month and Day Due Indicated Below

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

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

Amount due if paid more than after due date above.

NAME DWAYNE S. IVEY ADDRESS 5797 Tooley 57

CITY SEN DIEGO STATECA ZIP91114

check (/) if this is new address

Sand or bring one swapen with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-15586

Dwayne Ivey

5797 Tooley St.

San Diego, CA 92114 Lot 613 Division 10

Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAIL EG

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

31,00

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

Amount Received

NAME

ADDRESS

CITY STATE check (/) if this is new address

STATE

check (/) if this is new address

ZIP

CITY

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3 - 3 - 00

	Funeral, date, time TUE 3-7 1	00
In a Type of Burgal Congainer	7 0 1	00
Church, Chapel, Graveside	: La Burlet Mon	tuary.
All Funeral cars must arrive before 3:30 p	a.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
Lot 223 Grave 4 Row	Section 2 Division/Block 12	
Grave space & Care Fund	875	.00
Additional spaces and care fund		
Opening/Closing & Setup	375.	00
Burial Container	PAID 190.	00
Handley Fore	145.	00
Flower vases Marker setting fee	MAR 0 6 ZUUU	
	T. HOPE CEMETARY Y 5. t	70
	Y OF SAN DIEGO . 19-7	3
	Total Due	73
P	aid receipt number	
* .1	Balance due 832	70
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization of said authorization.	of the above named decition of remains as above indicated, I certify and repration and I agree to hold Mt. Hope Cemetery harmless ion and interment.	resent
I hereby authorize the interment in lot I hold under deed.	X Indrea of hon X 140 Maryone de J	-
Signature of recorded holder of deed:	X Sun Kuley Ca tolly Velophone X Telophone	Zo Code
Signature of recorded holder of deed:	v 843-5098	Zh Code

3-6-00 marker Setting the Paid.
By Debores Hawkins MIC

GIAR

SINGLE TO SIAM

COTTO SINCOIED

F15587

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-	MAKE NO ERASURES	, WHITEOUTS OR C	THER AL	TERATIONS \\	
NATA	ENT-FIRST (QUVEN)	STARVON	FULCHER	9	0	DATE OF BIRTH 3.0	MO DAY, YEAR 01/2000 F
SAN DIEGO			SAN DIEG	EATH—OUTSIDE CALIF.,	ANDRE	RELATIONSHIP FULL MAILING STANDING-MOTHER	ADDRESS AND ZIP CODE
CALIFORNIA	CREMATION	& BURIAL CHAPE SAN DIEGO, CA	T :	CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	SAN D	AJORIE DRIVE IEGO, CA 9211	A BB DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby . Section 16	cknowledge as applicant that the proper 376 of the Health and Salety Code, and w	ed disposition stated herein is une of a sufficient pursuant to Section 7100	of the Hesith and Safety Code.	Ma	- f 11. t. (.)	03/06/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE WITH PA FORMA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPEC NO BIGHT OF DISPOSAL OUTSIDE OF CALF	\$7.00 FED \$7.00	03/06/20 M. MITCHE	000	C. SIGNATURE OF LOCAL P 2004318	EGISTRAR ISSUING PERMIT
REPOYEE UP SUITABLE LIGHT	VITAL RECO	EGISTRAR OF DISTRICT OF BOX 85 CA 92186-5222	Market Line Co.	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		CT OF DISPOSITION—	
B. CREMATION	UDES ENTOMBMENT) DF CREMATED NEW EMETERY		F. DISINTERMENT G. SHIP IN TO CA				R'S USE ONLY
BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CE CEMETERY ET ST. SAN DIEG		3 7 00	ED 110	SIGNATURE OF PERSON	N CHARGE OF BUR
CREMATION	12A NAME AND A	DORESS OF CALIFORNIA CR	EMATORY	128. DATE CREM	ATED 120	SIGNATURE OF PERSON II	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	IS ISB. DATE RECE	EVED 13C	SIGNATURE OF PERSON	N CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		148. DATE SHIP	PED 140	ADDRESS AND SIGNATUR OF PLAGING WITH THE C	
SCATTERING AT SEA OR DISPOSITION OTHER	FIGIENT TO ID	AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		IF- 15B. DATE OF DISPOSITIO		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.

THAN IN A CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-00

ina LINER	Funeral, date, time TUE 3-7 11', 0
Church Chapel Graveside	: b.b. hemmind Mortuary.
All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.	.m. of regular work day or an exita charge of \$
Lot 65 Grave 11 Row	PRE-NEED E-5810 -0
Additional spaces and care fund Opening/Closing & Setup	PAID 375.00
Handling Fees	MAR 0 7 2000 190.00
Plower veses – Marker setting fee	HOPE CEMETARY 45.00 OF SAN DIEGO, CA 14.73
DRTUARY to	Total Due
I hereby certify I am the 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 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.	X Signature X Address
Signature of recorded holder of deed	X City Zip Code VTelephone
Work Order # E 15588	Invaice #

& Printed on recycled paper

FIEA-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

A NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DAY, YEAR 4. SEX
Frederick		-	Sanford		1		1/2000 M
A. CITY OF DEATH			5B. COUNTY OF DEAT	THDUTSIDE CALIF.	OF INFO	ELATIONSHIP, FULL MAILING AT	DORESS AND ZIP CODE
National Ci			Sai		Isiah	Sanford - Fath	er
San Diego h 2441 Univer San Diego,	iemorial Ch			IF APPLICABLE	Chula	Wista, CA 9191	-
San Diego,		ACCES		2010		URE OF APPLICANT—Person taking	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF AN			exposed disposition states herein is one of the end was authorized pursuant to Soction 7100 of		19/1	exploraros	103/03/200
LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT SECOND	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE ITY FOR THE DISPOSITION S OF STREET OF DISTRICT OF	PECIFIED CAMERINIAL \$7.00	03/06/200 J. Johnson	00	2004261	STRAR IŠSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec		85222			HE DISTRICT IN CALIFORNIA	
O. AUTHORIZED DISPO	OSITION(S) CHECK AF	PPLICABLE ITEMS				FOR CORONER'S	USE ON
B. CREMATION		AINS OTHER	F DISINTERMENT G SHIP IN TO CALIF			(Name and Address)	-REMAINS LOCATED A
b. scientific of							
BURIAL 1		obness of California metery; 3351 M CA 92102		3 7 00	110.	SIGNATURE OF PERSON IN C	HARGE OF
CREMATION	12A, NAME AND AD	ODRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATE	D 12C	SIGNATURE OF PERSON IN CO	HARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	ISE. DATE RECEIVE	ED 13C	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING ST CREMATED REMAINS ARI	TATE OR COUNTRY WHERE E TO BE SHIPPED	146. DATE SHIPPEI		ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAL FICIENT TO IDE	REST POINT ON SHORELIN NTIFY FINAL PLACE AND	IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	168. DATE OF DISPOSITION		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	.3	6	00
Date	_		

in a	Funeral, date, time 100 - 3-8 10:00
Type of Burgal Container Church Chapel, Graveside	: Guadalupana 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	
	1
Lot Grave Rew_	SectionPiyislon/Block
Grave space & Care Fund	100
Additional spaces and care fund	
Opening/Closing & Setup	U 15
Burial Container	1 18 00
Handling Fees) 70, 0
Flower vases - Marker setting fee	(0)
Recording and filing fee	de, k
Sales taxes	
	Total Due
Pai	d receipt number
Pai	
I hereby certify I am the	d receipt numberBalance due of the above named decedent
I hereby certify I am the and this is your authority to make dispositi	Balance due of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati	Balance due of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
I hereby certify I am the and this is your authority to make dispositions that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Balance due of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment.
I hereby certify I am the and this is your authority to make dispositions that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Balance due of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment. Signature
I hereby certify I am the and this is your authority to make dispositions that I have the right to make this authorization in the said authorization in the said authorization is the said authorization in the said authorization	Balance due of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment. Signature
I hereby certify I am the and this is your authority to make dispositions 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 due

offer of the

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-00

You are hereby authorized and instructed, of ASA DOUAPERS	subject to your rules and regulations, to inter the remains
ina	Funeral, date, time TUE 3-7 2',00
Type of flurial Container Church, Chapel, Graveside	GREEN WOOD Mortuary.
All Funeral cars must arrive before 3:30 p.s	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 93 Grave Row_	MUSLIM Division/Block
Grave space & Care Fund	ID
Additional spaces and care fund	
Opening/Closing & Setup	445.00
Burial Container	CEMETAR
Handling FeesCITY OF SAI	N DIEGC .
Recording and filing fee	45.00
Sales taxes	1170.00
Pa	id receipt number R- Sal 89 470.00
	Balance due
I hereby certify I am the Alexand this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Signature Pe Box 13352
Signature of recorded hulder of deed	Tenephone (853) 450-4649 Invoice #
Work Order # E 15590	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	Daniel Committee	IC. LAST (FAMILY)	TA	2 DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
5.A	CITY OF DEATH		SB. COUNTY OF DEATH ENTER STATE	management was territory	6. NAME, RELATIONSHIP, FULL M OF INFORMANT AFSHEEN GARDOUN	
7A	GREENWOOD 1	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON MORTUARY — I—805 & VENUE, SAN DIEGO, CA 92102 PLEANT 1 hereby acknowledge as applicable that the proposed dire	FD-	F. LIGENSE NUMBER APPLICABLE 843 aspections sufferied by	P.O. BOX 13252 LA JOLLA, CA 92 BA. SIGNATURE OF APPLICANT—	039 - wash lake permit, 8B. DATE SIGNED 03/07/2000
	The second secon	Section (0375 of the Health and Safety Gode, and was suff THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MITE THIS PERMIT GWES NO BIRRY OF DEPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE PA	VICTORIA 1	16ZA; 2004391 00 ►	CAL REGISTRAR ISSUING PERMIT
PE	Y CHANGE IN DISPOSH ON REQUIRES A NEW RIMIT TO SHOW FRIAL DISPOSITION.	DADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCUMED IN CALFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 DISTRICTOR'S) CHECK APPLICABLE ITEMS			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFOR	ONER'S USE ONLY
I	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E TEMPORARY ENVAL	RNIA T	L DISPOSITION (Name and A	PENDING REMAINS LOCATED AT ddress)
-26	BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DI		3 7 0C	/	SON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMAT	ED 12C SIGNATURE OF PERS	SON IN CHARGE OF CREMATION
A APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEP	/ED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
MPLETE AL	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	D 14C. ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN CHARGE HE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR C FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DIST</u>	THER DESCRIPTION SUF- RICT OF DISPOSITION	15B. DATE OF DISPOSITION	16C 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.





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-6-00

ina LINER	Funeral, date, time Friday 3-10-00
Church, Chapel Graveside	: MAYER Mortuan
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	signed
Lot 47 Grave 7	RowSection
Grave space & Care Fund	895.0
	375.00
	\90.00
Handling Fees	145.00
Flower vases - Marker setting fe	·
Recording and filing fee	45.00
Sales taxes	14.73
ORTURRY to	Total Due
ring effeck	Paid receipt number R-5R213 1664-7
	Balance due
I hereby certify I am the and this is your authority to mak that I have the right to make this any liability on account of said at	of the above named decede e disposition of remains as above indicated. I certify and represe authorization and I agree to hold Mt. Hope Cemetery harmless fro thorization and interment.
I hereby authorize the interment hold under deed.	in lot 1 X Signature Sel
Signature of recorded holder of doed	City Market Zip Co

TESTINE OUF PRATICI

S-'88 WED 15:05

TERM TO THE CENTERY

E-99

TO THE REST THE RESERVE	10	DEFT CODE	#PSS
576 12-08 1590 80 00'4	281 7587		0K- 1 NG- 0

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) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY YEAR 05/16/1913 Waalcag Mary 5A CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF... OF INFORMANT ENTER STATE San Diego San Diego Greg Brown, PA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 5201-A Ruffin ED IF APPLICABLE San Diego, CA 92123 Mayer Mortuary 2859 Adams AV. San Diego, CA FD 1424 BA. SIGNATURE OF APPLICANT—Ferrin taking count, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the disposition 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 PROVE SA AMOUNT OF FEE PAID. BB. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRATI ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/08/2000 2004481 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT 7.00 John Mayer NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIES OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE P.O. BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REGUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION San Diego, CA 92186-5222 10. 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 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 ITEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREA CREMATION APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ALL COMPLETE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. 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 FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

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

CHARGE OF DISPOSING OF THE CREMATED REMAINS

375.00 190.00 195.00

SON

Dogwing Crowny & Settle

MOSHE DRING

F.R. Cham's 801 RAINTINE SANTA MANIA CA 53454 805-9373060

and the second second second

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-00

of 1o	Stephe	a Bouty, Pin# 12	90351
ina Dou		_Funeral, date, time MON - 13	00:11:00
Church Chapel	Graveside	: CA Crentio	Mortuary.
All Funeral cars n	nust arrive before 3:30 p	.m. of regular work day or an extra charge	of \$
will be applied an	d billed to undersigned.		
Lot 67 0	Grave Row	Section 2 Division/E	Block 12
Grave space & Co	are Fund	***************************************	875.0
Additional spaces	and care fund		
Opening/Closing	& Setup	1 4 75	750.00
Burial Container	MAR 0 9	71#11#	380.00
Handling Fees		2000	32000
Flower vased - M	larker self HOPE C	EMETAR)	125.00
Recording and fill	ng fee	DIEGO. C. 45,00	90.00
Sales taxes		·····	29-45
	Pı	Total Due	2589.45
		Balance du	
that I have the rig	uthority to make disposi	ition of remains as above indicated. I cert ation and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
I hereby authorize hold under deed.	e the interment in lot I	Egnyture 487 U TAh S	+
Signature of recorded hox	der of deed.	SAN DIEGO CA City 284-0051 Telephone	72116 Zip Code
	15500	Invoice #	

E15592

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 BIFTH 3. DATE OF DEATH 06727/1916 STEPHEN A. BOUTY 6A CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO SANTERTHE BOUTY-WIFE DOJED WALK AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 7B. CALIF LICENSE MANBER 4487 UTAH STREET -IF APPLICABLE SAN DIEGO, CALIFORNIA 5880 EL CAJON BLVD. SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF APPRICANT—Peper billing parent. SB. DATE SIGNED 03/90/2000 besety acknowledge as applicant that the proposed disposition stated forwar is one of the dispositions withinstead by ACKNOWLEDGMENT OF APPLICANT tion 10378 of the Health and Salety Code, and was authorized purasuet to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE.

10 / 2000 | 10 / 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | PERMIT 03/10/2000 2004676 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT 'M. MITCHELL NOTE: THIS PORMET GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-RE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITALA RECORDS P.O. BOX 85222 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 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 11B. DATE BURIED 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURNAL 20 3751 MARKET ST. SAN DIEGO, CA 92101 128: DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED SCIENTIFIC USE ALL 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 15D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER HE 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.

Pre- heel trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 3-6-00

of some sheet	for
In a Type of Build Container	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	1.
Lot 49 Grave 18 Aov	v Section
Grave space & Care Fund	PAID
Additional spaces and care fund	
Opening/Closing & Setup	MAR 0 6 2000 Los. 00
	T. HOPE CEMETARY SS.00
Handling FeesCIT	Y OF SAN DIEGO, C
	125.0 (
Recording and filling fee	55,03
Sales taxes	4.26
	Paid receipt number R - 521 87 404 29
	Balance due
I hereby certify I am the and this is your authority to make disport that I have the right to make this authori any liability on account of said authorize	of the above named decedent sition of remains as above indicated. I certify and represent station and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	P. D. D. D. 2436
Signature of recorded holder of deed	ABdiese 2 4 9 6 9 6 9 1 2 p Code (190 9) 970 - 6311 2 p Code (190 p) 970 - 6311
Work Order # E 15593	Invoice #
	nformation is available in alternative formats upon request.

A Printed on recycled paper

PRE-NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3 - 7 - 00

You are hereby authorized and instructed,	subject to your rules and regulations, to inter	the remains
ina DOURLE DEPTH	_Funeral, date, time	
Type of Burist Container Church, Chapel, Graveside		Mortuary.
William Control of the Control of th	m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
Lot 3 Grave 7 Row_	Section MAS Division/Block	Q
	Pre-Need	
Opening/Closing & Setup	at 375.00	130.00
Handling Fees	3	20.00
	D 45.00	90.00
Sales taxes	2003	29.45
1/02/-00	total Due	569.45
MT. HOPE A	DIEGO, CA Balance due	392.00
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	of the above name tion of remains as above indicated. I certify a stion and I agree to hold Mt. Hope Cemetery has and interment.	nd represent
I hereby authorize the interment in lot I hold under deed.	X Signature M. Some X 5407 Central A.	ve.
Signature of recorded halder of deed	* 5407 (e-1740/ A) * 5407 (e-1740/ A) * 56001ta , (A 91 (619) 479-3673	90 2 Zip Code
Work Order # E 15594	Acct. #	
REA-104 (7-96) This infor	rmation is available in alternative formats up	pon request.

O Printed on recycled paper

DEMING,	ROBERT	&	ESTHER	5405	Central	Ave.,	Bonita	91902	479-3873	
									DEBIT	

District, in		DI	EBIT	CREDIT I	BALANCE
03-07-00	Opened Pre-need Trust. Trust includes				
	2 Openings/closings, Double Depth Crypt Handling Fee, 2 Recording Fees, Tax on	erypt	1569.45		1569.45
00 07 60	(Lot 3, Grave 7, MAS, Div Q			392.00	1177.45
4-4-00	R-5227 coupon!	10 X	16	49,00	1130,45
5-16-00	R- 52437 2	all In	1	49,00	1079,45
6-21-00		(Kully)		149,00	1030,45
7-20-00	R- 52693			49.00	981.85
10-12:00	R-52971 5 x 6			98.00	68345
12-5-60	R-53115 7			49.00	834 45
01-03-01	R-53203 8			49,00	785-45
03-12-01	R-53457 9	PA	LIP .	49.00	736.45
5-92-01	R- 53712 10		0000	19.00	687.45
11-30-01	R- 54404 0 11	AUG Z	R 2003	60 64	238,45
7-10-2	R- 55199 12	MT. HOPE O	EMETARY	19.00	589.45
3-1 03	R 55045 11?	CITY OF SAN		4900	540 45
8-90 03	Mailod delinquent notice				
808 03	MC			54042	10
11					
	DEMING, ROBERT & ESTHER	Pre-Need 7	Crust		
	DEMING, RUBERT & ESTRER	- I dideu			



MOUNT HOPE CEMETERY

	527-3400	6-21	00
From Robert Dening	Address: PO Roy 97 B	Date: 91908	49.00
Lot 3 Grave	7 Row S	ection MAS	Division Q
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	OREDIT 87007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - 8urisi 100 Containers 77182 - Handling Fee 77185 - Recording & 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY A MALAULTA	Misc. Feet 77183 — Pre-Need 53033 Trust 9022 — Sales Tax 60101 78380 — TOTAL PAID \$	49 00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

Row.

Address: 5 40 5

1	Date: 5-	onte	9190	30
*				
Se	ction MAS	,	Division (Q
	CREDIT 20% Sales Care 80% Sales Care 80% Sales 61 Lots Opening/ Glosing Suris/ Containers Handling Fes Recording & Misc. Fees Pre-Need Trust	87007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 835033 9022 —	49	00
	Sales Tax TOTAL PAID	60101 78390 —	49	00

Payment of Lot Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPER PAID! IN THIS SPACE Invoice No. Acct. No. 1679.45 BALANCE DUE

Pre-Need Lot At Need

Pre-need Trust A Cash

AC-212 (Rev. 5-94)

ISSUED BY

On Acct

Check



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Robert Deming Venety Eight - In part Payment of	Address: PO Box 92 Date:	Bonta 919	98,00
Lot 3 Grave	Row Se	ection_MAS	Division Q
Invoice No. Acct. No. W.O. E - 15599 BALANCE DUE 883145 Pre-Need Lot At Need On Acct O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 29% Sales Care 77184 60% Sales 100 of Lots 77164 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185 Recording 5 100 Misc. Fees 77183 Pre-Need 83033	9800
Pre-need Trust Cash Check Check	ISSUED BY D Miller	Trust 9022- Sales Tax 60101 78390 TOTAL PAID \$	9800

WHITE TO CUSTOMER CANARY CEMETERY PINK ALDITOR

CITY OF SAN DIEGO, CALIFORNIA

53115

MOUNT HOPE CEMETERY (619) 527-3400

FORTY - NINE an	Address: 5405 CENTRAL	Dollars	2002, Bonita, C	4 9190
Lot 3 Grave _	7 Row — se	ection MAS	Division	Q
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67907 20% Sales Care 77184		
Acct. No. = 15594	PAID	80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181		
BALANCE DUE 834, 45	DEC 0.5 2000	Burial 100 Containers 77182 100 Handling Fee 77185		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ❤ Cash ☐ Check ☒	MT. HOPE CEMETARY CITY OF SAN DIEGO. C.	Recording 8 100	49	00
AC-212 (Rev. 5-94) # 2866	ISSUED BY SERVE TUTUES	TOTAL PAID \$	49.	00

53203

MOUNT HOPE CEMETERY (619) 527-3400

From Robert M. DEM	NG Address 5405 CENTRA	January 3	3rd , 2001
FORTY-NINE	and NO/100 PRE-NEED TRUST	Dollars (\$	49.8x
	OR: ROBERT & ESTHER		Division
Lot Grave _	Row S	ection_MAS	Blook_
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE A I D	CREDIT 67007 20% Sales Care 77184 – 80% Sales 100 of Lots 77184 – Opening/ 100	
W.O. E-15594 BALANCE DUE 785.45	JAN 0 3 2001	Closing 77181 - 8urtal 100 100	
Pre-Need Lot At Need On Acct		Recording & 100 Misc. Fees 77183 - Pre-Need 63033 7rust 9022 -	49 00
Pre-need Trust X Cash Check X	ISSUED BY Sense Delines	Sales Tex 60101 78390 - TOTAL PAID \$	49 00

TO CUSTOMER
CEMETERY
AUDITOR

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

ion MASO	ONIC	Division Block	Q
CREDIT	67007		
20% Sales Care 80% Sales	77184	-	
of Lots	77184 -		_
Opening/	100		
Closing	77181 —		
Burial Containers	77182		
Containers	100		
Handling Fee	77185 -	_	
Recording &	100		
Misc. Fees	77183 —	1	0 00
Pre-Need Trust	63033 9022 —	_	9
Sales Tax	60101		
Odies 18X	78390		17.4
	W. Sanak	1	100

Date: March 12

Forty-Nine and	
In Payment of	7
Acct. No. E - 15594 Apon#9	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.
BALANCE DUE 736.45	MAR 1 2 2001
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94) # 2 930	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

2730

D.1 + - 8-41 --

CITY OF SAN DIEGO, CALIFORNIA

56045

OFFICIAL RECEIPT



Lot

Invoice No. Acct. No.

TO CUSTOMER PINK AUDITOR

Payment of

Grave

MOUNT HOPE CEMETERY (619) 527-3400

lais go	nd tu	118	Dollars (\$ 49.0)
77 11	Row	Section	Q	Division M	asor
MAI MT. HO	R 17 2003 PE CEMETARY SAN DIEGO.	CREDIT 20% Sales 0 80% Sales of Lots Opening/ Closing Buriel Containers	100 77184 - 100 77181 - 100 77182 -	U91 491	(D)

W.O. BALANCE DUE 540 Pre-Need Lot At Need On Acct Pre-need Trust X Check, Cash AC-212 (Rev. 10-02) This information is available in alternative formats upon request. 00-00099

MT. HO	PE CEMETERY	R	
00	of San Diego	Date 3 - 7-	00
You are hereby authorized and instructed, su	A # 200		nter the remains
in a DOUBLE DEPTH	Funeral, date, time	NED 3-8	1:00
Church, Chapel, Graveside DELIVERY	ONLY	AZTLAN	Mortuary.
All Funeral cars must arrive before 3:30 p.m. will be applied and billed to undersigned.	Lancas and Control of the Land		of \$
Lot 3 Grave 1 B Row_	Section	Division#9	13
Grave space & Care Fund			196.00
Additional spaces and care fund	10		
Opening/Closing & Setup	YV S)	165.00
Burial Container	17-00		50.00
Handling Fees			
Flower vases - Marker setting fee			
Recording and filing fee			45.00
Sales taxes			
MARCO DE LA TOBA	Tota	al Due	386.00
		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.	n and I agree to hold	e indicated. I certif	named decedent ly and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		
Signature of recorded holder of dead	Address		
	City		Zip Code
	Telephone *	328945	
Work Order # E 15595	Acct. #	00957	
Work Order # - TOOOO	ACCL #	0013	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ME 00-000

15C SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

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 4. SEX 1B. MIDDLE 1C. LAST (FAMILY) ANDARTH, CHAY, YEAR MONTH GAY, YEAR JOHN DOE /10/2000 CHIKNOWN SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE SAULA VISTA SAN DIEGO MARCO DE LA TOBA-DEPUTY PUBLICGUA 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5201-A RUFFIN RD. -IF APPLICABLE FUNERARIA AZTIAN SAN DIEGO, CA 92123 2436 MARKET ST., SAN DIEGO, CA 92102 FD-1658 BA. SIGNATURE OF APPLICANT -- Passon taking permit, 88, DATE SIGNED hereby acknowledge as applicable that the proposed disposition stated bursin is site of the dispositions unfiltering by 93/98/2009 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- BA. 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 AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO RIGHT OF INSPOSAL OUTSIDE OF CALIFORNIA. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-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 E TEMPORARY ENVAULTMENT L DISPOSITION PENDING REMAINS LOCATED AT A BURIAL UNCLUDES 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 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MIT HOPE CEMETERY, 3751 MARKET ST. BURIAL 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 LISE 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 THANSIT

COPY 2 IS RETAINED BY 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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-00

of EU	la Lee Thompson
in a Type of Buriat Container	Funeral, date, time FR 3-17-00 11.00
Church, Chapel, Graveside	: Ragsdale Mortuary.
All Funeral cars must arrive bet	ore 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to und	ersigned.
Lot 106 Grave 3	Row Section Division/Block
Grave space & Care Fund	
Additional spaces and care fun	PAID
Opening/Closing & Setup	375.00
Burial Container	MAR 10 2000 25000
Handling Fees	MT. HOPE CEMETARY 185.00
Flower vases - Marker setting	CITY OF SAN DIEGO C
Recording and filing fee	45.00
Sales taxes	19.38
	Total Due
	Paid receipt number 8-52211 166938
	Balance due
I hereby certify I am the and this is your authority to ma that I have the right to make thi any liability on account of said	of the above named decedent the disposition of remains as above indicated. I certify and represent a authorization and I agree to hold Mt. Hope Cemetery harmless from authorization and interment.
I hereby authorize the intermer hold under deed.	Hintor Street Thompson
Eignature of recorded holder of deed	(6A) 4177-0946
	Telephone

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1C. LAST (FAMILY) 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) DATE OF BIRTH IR MIDDLE 0370771916 Eula Thompson Lee II. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH—OUTSIDE CALIF. 5A CITY OF DEATH Ether L. Thompson. Sister Chula Vista San Mego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER AND ACTION ACTI 1827 Wilson Ave. National City, CA 91950 San Diego, CA 92102 F-1329 BA SIGNATURE OF APPLICANT—Person being person, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 03/13/2000 ACKNOWLEDGMENT OF APPLICANT Section 10076 of the Health and Safety Code, and was cultionzed pursuant to Section 7100 of the Health and Safety Gode SWILLIGUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS FERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND BAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF INSPOSAL CUITIDE OF CALFORNIA. 8D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUP IN ANOTHER DISTRICT IN CAUPORNIA Vital Records "F.O. Bux 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED (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 . 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11EL DAYE BURNED BURIAL San Diego, CA 92102 ITEMS 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 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 148. 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 18C. SIGNATURE OF PERSON IN 15D. DOENSE NUMBER 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 THAN IN A CEMETERY

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,

D. I.P. IST BURIAL RALPH CRAMPTON

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-00

of EDITH CRI	Funeral, date, time MON	3-20 10:0
Type of Dunal Conjulner	FEATHERIN	
Church, Chapel, Graveside	ED	
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra ci	narge of \$
will be applied and billed to undersigned	od	
Lot 48 Grave 6 Ro	wSection17 Divis	ion/ Bloc k 7
Grave space & Care Fund	PRE- WEED D-625	2 -0-
Additional spaces and care fund	- A 1 - C	
Opening/Closing & Setup	PAID	375.00
Burial Container	44B 2 A 2000	190.00
Handling Fees	1AR 20 2000	145.00
Flower vases - Marker setting feeMI	HOPE CEMETAR	_
Recording and filing fee CITY	OF SAN DIEGO, C.	45.00
Sales taxes		14.73
	Jotal Due	769.73
ING CHECK	Paid receipt number R-52231	71.9.73
ING CITECIA		-
>	Balanc	e due
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized any liability on account of said authorized	osition of remains as above indicated. I rization and I agree to hold Mt. Hope Ce	pove named decedent certify and represent metery harmless from
I hereby authorize the interment in lot hold under deed.	X foberta Co	6
	Antipod KAINSON	ALC.
Bignature of recorded holder of deed	X 1646 R4, 5000 Androped X Cong 400 NC	ESYSY Zip Code
	\(\(\frac{4\pi V}{\text{Telephone}}\)	
	Invoice #	
Work Order # E 15597		



E15597

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME C	OF DECEDE	NT-FIRST (GIVEN)	IB MIDDLE	1	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF		4. SEX
Edith	h		Igen	e !	Crampton			06/08/1912	03/09/	CONTRACTOR OF THE PARTY OF THE	F
SA. CITY OF	F DEATH			1	SB. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL M	AILING ADDRES	SB AND ZI	PCODE
El Ca	ajon				San Die	RO	- Contract (1975)	rt Crampton	son		
7A. TYPED N	AME AND AD	DRESS OF CALIFORN	IA-FUNERAL DIRECTOR	R OR PERSON ACT		LIF. LICENSE NUMBER F APPLICABLE		Rainbow Ave			
Feati	hering	ill Mortua	ry 6322 El	Caton Bly	rd. !	F APPLICABLE	Sewa	rd, NB 6843	•		W. 111 1115
		. CA 92116			1 4	FD1083	BA SIGNA	YTURE OF APPLICANT—H	schul donne feering	88 DATE	E SIGNED
ACKNOWLE	EDOMENT DE AP	PLICANT hersby a Section 10	chrowledge as applicant that 376 at the Health and Safety Ca	the proposed dispositionale, and was authorized	n stated herem is one of the pursuant to Section 7100 of th	dispositions authorized by the Health and Safety Code.	> (and an	y :	03/10	0/2000
PERM	MIT	THIS PERMIT IS 1890		WITH PROVI 9			IT ISSUED 1	OC SIGNATURE OF LO	CAL REGISTRA	AR ISSUIN	G PERMIT
AUTHORIZA LOCAL REC	TION OF	AND IS THE AUTHORIT IN THIS PERMIT.	TY FOR THE DISPOSITION OF DISPOSAL CHISSES	ON SPECIFIED	\$7.00	2004666 C. Magga	CONTRACTOR OF THE PARTY OF THE	2004666			
ANY CHANGE JION REQUE PERMIT TO SH DISPOSIT	IN DISPOSI RES A NEW HOW FISHAL	IF DEATH OCCURRE	22, San Die					ICT OF DISPOSITION— THER DISTRICT IN CAUPOR	ENNA :	•	
10. AUTHOR	RIZED DISPO	OSITION(S) CHECK A	THE RESERVE OF THE PARTY OF THE				-	FOR COR	ONER'S US	E ONLY	
C. DIS	REMATION BPOSITION (IAN IN A CE CENTIFIC US		AINS OTHER		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS			(Name and A	ddress)		
BUF	RIAL	Mt. Hope	Cometery 37: c, CA 92102	51 Harket	St.	118. DATE BURB	1	SIGNATURE OF PER	SON IN CHAR	GE OF BL	JRIAL
CREM.	EATION	12A NAME AND A	DDRESS OF CALIFOR	INIA CREMATOR	Y	128, DATE CREMA	ATED 126	DIGNATURE OF PERI	SON IN CHARLO	SE OF CI	ON
Z US	NTIFIG SE	13A. NAME AND A	DORESS OF CALIFOR	RNIA FACILITY R	ECEIVING REMAINS	13B. DATE RECE	EIVED 13C	SIGNATURE OF PER	SON IN CHAR	IGE OF FA	CILITY
TRAI TRAI	NSIT		DDRESS IN RECEIVIN CREMATED REMAINS			14B. DATE SHIP	PED 14C	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE
SCATTER	RING AT SEA OR TION OTHER A CEMETERY		REST POINT ON SHOP ENTIFY FINAL PLACE A			158 DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS D 	KATED 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 3-10-80

You are hereby authorized and instruct		AND THE RESIDENCE OF THE PARTY	r the remains
of laty no	A Swaffer	d	
Type of Burnal Container	Funeral, date, tir	ne Tuesday 3-	3-001.0
Church, Chapel, Graveside		SD Mamarial	Mortuary.
All 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 <u>4182</u> Grave Ros			
Grave space & Care Fund			100.00
Additional spaces and care fund			
Opening/Closing & Setup			135.00
Burial Container	MAR 1.0 200	U	
Handling Fees	MT HOPE CELIES	<u> </u>	
Flower vases - Marker setting fee	TY OF SAN DIEG	ARY	
Recording and filing fee		0, 0,	45.00
Sales laxes			-120
		Total Due	270.00
	Paid receipt number	\$2289	270.00
		Balance due _	0-
I hereby certily 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	ization and I agree to I	of the above nan above indicated. I certify a hold Mt. Hope Cemetery h	and represent
I hereby authorize the interment in lot I hold under deed.	253	ORbando # 1	#N_
Signature of recorded holder of deed	Address SLC Cuy Cuy Teleghane	593 9638	9202/ Zp Code
Work Order # E 15598	Invoice #		

6 Printed on recycled super

HEA-104 (7-96)

This information is available in alternative formats upon request.

E15598

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Tatyana	ENT—FIRST (GIVEN) 18 MIDDLE Anise	IC. LAST GAMLY) Swafford		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 03/07/2000 93/07/2000 F
San Diego		ENTER STATE S	an Diego	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sonji Swafford - Mother
San Diego		F	D-1575	253 Orlando St. #N San Diego, CA 92021 A SIGNATURE OF APPLICANT—Penne tune paren, 88. DATE SIGNED
ACKNOWLEDGMENT OF A		that the proposed disposition stated terms is not of the Code, and was pull-brized pursuant is Section 7100 of		Apple 43 formson 103/124/00
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANG SIONS OF THE CALIFORNIA HEALTH AN AND IS THE AUTHORITY FOR THE DISPOSIN THIS PERMIT. NOTE: THIS PERMIT GRES NO NEXT OF DISPOSAL OUT.	HTION SPECIFIED \$7.00	98 DATE PERMIT PAID 98 DATE	00
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD ADDRESS OF REGISTRAR OF DIS Vital Records; P.O. San Diego, CA 9218	Box 85222		DE DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT OF CAUFORNIA
IO. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
8. CHEMATION	9E		FORNIA ISIDE OF CALIFORNIA	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	Mt Hope Cemetery; 3: San Diego, CA 92102		118. DATE BURIED	11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIF	ORNIA CREMATORY	128. DATE CREMATE	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIF	ORNIA FACILITY RECEIVING REMAINS	13B, DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVE REMAINS OR CREMATED REMAIN		14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		HORELINE, OR OTHER DESCRIPTION SUF- E AND CA <u>DISTRICT</u> OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CHEMATIC REMAINS DISPOSER IF APPLICABLE

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





MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3- /0-00

OI TOWNS TO A	A. S.	wasford	dell'illes	
in a Type of Swill Clininger	Fi	ineral, date, tim	o Tuesda	w 340 1:00
Church, Chapel, Graveside		***	SDMano	Mortuary.
All Funeral cars must arrive befo		- 0		
		regular work o	ay or an extra c	naige of a
will be applied and billed to under	rsigned.			
4101				0
Lot 101 Grave	_ Row	Section	_ i _ Divis	sion/Block
Grave space & Care Fund				100,00
Grave space & Care Fund Additional spaces and care fund	P	AID		
Opening/Closing & Setup Burial Container	MAR	7 () 2000		
Handling Fees				
Flower vases - Marker setting fe				
Recording and filing fee				45.00
Sales taxes				
			Total Due	278.00
	Paid re	coint number	52209	270,00
		ceibr names -		
		colpt number _	Balan	e due
I hereby certify I am the		Colpt Halliber _		NATIONAL PROPERTY OF THE ABOVE
and this is your authority to mak that I have the right to make this	e disposition o	of remains as al	of the a	bove named decedent I certify and represent metery harmless from
and this is your authority to mak that I have the right to make this	e disposition o	of remains as al	of the a	bove named decedent I certify and represent
and this is your authority to mak that I have the right to make this any liability on account of said a I hereby authorize the interment	e disposition o authorization a uthorization an	of remains as al	of the above indicated.	bove named decedent I certify and represent metery harmless from
and this is your authority to mak that I have the right to make this any liability on account of said a I hereby authorize the interment	e disposition o authorization a uthorization an	of remains as all and I agree to h	of the a	bove named decedent I certify and represent metery harmless from Renaid Sw
and this is your authority to mak that I have the right to make this any liability on account of said a I hereby authorize the interment hold under deed.	e disposition o authorization a uthorization an	of remains as all and I agree to hid interment.	of the above indicated.	pove named decedent I certify and represent metery harmless from Renaid Say
and this is your authority to mak that I have the right to make this any liability on account of said a I hereby authorize the interment hold under deed.	e disposition o authorization a uthorization an	of remains as all and I agree to had interment.	of the above indicated.	bove named decedent I certify and represent metery harmless from Renaid Sw
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 at I hereby authorize the interment hold under deed. Signature of recorded holder of deed	e disposition o authorization a uthorization an	of remains as all and I agree to had interment. Signature City Telephone	of the above indicated.	pove named decedent certify and represent metery harmless from Renaid Say

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DAI IA. NAME OF DECEDENT-FIRST (GIVEN) TR MIDDLE 1C LAST (FAMILY) 4. SEX 2. DATE OF BIRTH 3 DATE OF DEATH Anthony Swafford Tayon SA CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME RELATIONSHIP, FULL MAILING ADDRESS ENTER STATE San Diego OF INFORMANT San Diego Sonji Swafford - Mother 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 253 Orlando St. # # N. HF APPLICABLE San Diego Memorial Chapel San Diego, CA 92021 2441 University BA. SIGNATURE DE APPLICANT-Person taking permit, BB. DATE SIGNED FD-1575 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10176 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-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 03/14/2000 AUTHORIZATION OF IN THIS PERMIT. \$7.00 J. Johnson ▶ 2004805 HOTE: THIS PERSON GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE Vital 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 A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. 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 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED LLC. SIGNATURE OF PERSON IN CHARGE OF BUILD MY Hope Cemetery; 3351 Market St. BURIAL San Diego, CA 92102 ITEMS 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE COMPLETE ALL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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 150. LICENSE HUMBER SIGNATURE OF PERSON IN 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



MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-13-00

of LESSIE	Di vil	7 11 -0
in a LINEP	Funeral, date, time FR1 3-1	1 1.00
Church, Chapel Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3.90 p	.m. of regular work day or an extra charge of	1\$ 150.00
will be applied and billed to undersigned.	+ A, S	
Lot 70 Grave 12 Row	Section Division/Blo	The same of the sa
Grave space & Care Fund		895.00
Additional spaces and care fund	PAID	-
Opening/Closing & Setup	PAIP	375.00
Burial Container	MAR 1-7-2000	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	AT. HOPE CEMETARY	
Recording and filing fee	TY OF SAN DIEGO. C	45.00
Sales taxes		14-13
ORTURN TO	Total Due	1664-7
	aid receipt number R-52232	1664.73
L 2	Balance due	-6
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization illustration account of said authorization.	gon of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	> I slen) he > 304 Ledge ur	man and
Signature of recorded holder of doed	X 50N D, ego C City 619-475-873	A 92/19 31 Zp Code
	Invoice #	
Work Order # E 15600	Acct. #	



15600

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

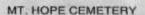
66

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Lessie	Beatrice	Cook			9/2000 F
SA CITY OF DEATH Natio	nal City	5B COUNTY OF DEATH ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING AT OF INFORMANT Helen Sherman, Daugi	
Anderson-	DIRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC Regedale Mort.; 5050 Federal San Diego, CA 92102	Blvd.	APPLICABLE	304 Ledgewood Lane San Diego, CA 92114 8A SIGNATURE OF APPLICANT—Person tuning	1
ACKNOWLEDGMENT OF A	PLICANT hereby achieved as applicant that the proposed disposit Section 10076 of the Health and Salvin Cade, and was authorize			Helfuldellen-	03/15/200
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. HOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	03/15/20	ISSUED 9C. SIGNATURE OF LOCAL REG	ISTRAR ISSUMS PERMIT 2004945
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- DEATH OCCURRED IN CAMPORNIA Vital Records; 7.0. Box 85222 San Diego, CA 92186			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS		30.	FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL		et St.		1/ /	CHARGE OF BURI
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATOR	IY	126. DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CO	RARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C, SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE SI	OUNTRY WHERE	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT	R DESCRIPTION SUF- OF DISPOSITION	15B. DATE OF DISPOSITION	15C 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.





INTERMENT ORDER

City of San Diego

Date 3-13-00

of Javed	Parvez		
in a			
			Mortuary.
All Funeral cars must arrive before 3:3			ge of \$
will be applied and billed to undersigne	d		
Lot <u>96 - 99</u> Grave Ro	w Section M	osl: Division	/Block 🌥
Grave space & Care Fund	PAID		
Opening/Closing & Setup	MAR 1 3 ZUUU		
Burial Container			nin
Handling FeesMI	HOPE CEMETAHY		
Flower vases - Marker setting fee	OF SAN DIEGO, G	h 	
Recording and filing fee			
Sales taxes			
	т	otal Due	2200,
	Paid receipt number _ R	252218	2200.00
	r and receipt manipot	Balance o	-
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	lad at some I been anitori	ve indicated. I ce	tone barratage trans
hereby authorize the interment in lot i hold under deed.	Signature (D.S.	To the second se	EIN HAY
Signature of recorded harder of deed			0, CA 9212 210 Code 0 -1566
Work Order # E 15601	Invoice #		

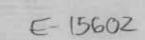
MT. HOPE CEMETERY

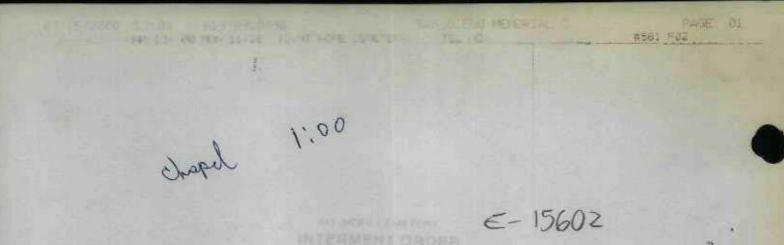
INTERME ORDER

City of San Diego

Date 3-13-00

of LEO EVAN	Funeral, date, time FRi 3	-17 1:0
Church Chapel Graveside	SAN DIEGO	MEMO BOLIAN
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra cha	rge of \$ 150.00
will be applied and billed to undersigne		
Lot 13 1 Grave 11 Ro	w Section Divisio	nellock 12
Grave space & Care Fund		895.00
Additional spaces and care fund	PAID	
Opening/Closing & Setup		375.00
Burial Container	MAR 1 7 ZUUU	190.00
Handling Fees	MT. HOPE CEMETARY	145.00
Flower vases - Marker setting fee	CITY OF SAN DIEGO, CA	
		45.00
Sales laxes		14.73
DRTUARY to	Total Due	1664.73
ING CHECK	Paid receipt number R-5223	1664-73
	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	osition of remains as above indicated. I crization and I agree to hold Mt. Hope Ceme	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	N
noid dilder deed.	X _{Address}	Je -
Signature of recorded holder of deed	- x - 2000	Zip Code
	X Tengmone	
	Invoice #	
Work Order # E 15602	Acct. #	





THE WALL STATE

Print Liber | Marke Street and

MORTURAL TO

BRING WIECK

E-15602

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK IN	K ONLY-MAKE	E NO ERASUI	RES, WHITEOUTS OR	OTHER A	LTERATIONS	6	
1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH			
Leo	Leo -		Evans			07/30/1932	MONTH, DAY, YEAR N		
SA CITY OF DEATH National City			ENTER STATE		OF IN	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT			
THE RESERVE AND ADDRESS OF THE PARTY OF THE	Memorial	Chanel	ECTOR OR PERSON	ACTING AS SUCH	San Diego 7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1575	San	Evans - So Balboa Vis Diego, CA	2105 ·	ATE SIGNED
ACKNOWLEDGMENT OF A	appropriate Liter	eby actinivietge as applica-			one of the dispositions authorized by n 7100 of the feeath and Safety Code.	Jel.	Jery Bah	sto 103/11	1/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE C AND IS THE AUTH IN THIS PERMIT NOTE: THIS PERMIT GO	ISSUED IN ACCORDA ALIFORNIA HEALTH A ORITY FOR THE DISPO WIS NO BIGHT OF DISPOSAL F REGISTRAR OF D	AND SAFETY CODE OSITION SPECIFIED OUTSIDE OF CALIFORNIA.	\$7.00	98. DATE PERM 03/16/2 J. Johns 98. ADDRESS OF REGISTRA	000 on	▶ 2004984	CAL REGISTRAR ISSU	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital R	urred in California acords; P. (go, CA 921)	0. Box 852				OTHER DISTRICT IN CAUSE	KNAA	
B. CREMATION				F. DISINTERN G. SHIP IN TO	RY ENVAULTMENT HENT O CALIFORNIA TO OUTSIDE OF CALIFORNI	A	(Name and A	PENDING—REMAINS ddress)	LUGATED AT
BURIAL	Mt Hope (Ceneatery 3	3351 Marke		3-17-0	STATE OF THE STATE OF	SIGNATURE OF PER	SON IN CHARGE OF	0
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY			128 DATE CREM	IATED 120	SIGNATURE OF PER	SED IN CHARGE OF C	REMATION	
SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			MAINS 13B, DATE REC	EIVED 130	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE 14B, DATE SHIP	PED 140	OF PLACING WITH T		N CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION					CHARGE OF DISPOS	STION OF CE	SE NUMBER EMATED RE- I 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.

DISPOSITION OTHER THAN IN A CEMETERY E-15603 is not included in this spinale

E-15600 _ E-15699

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

eral, date, time THUR 3-16 11:00 ONLY: Fecture Mortuary. egular work day or an extra charge of \$
Section Division/Block 13
Section Division/Block \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
126.00
126.00
165.00
165.00
50.00
50.00
-17-00
TIP -A
45.00
50/ 50/
Total Due
eipt number
Balance due
of the above named decedent remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from interment.
Separature Rebecca Ross
City Public Administrator
Temphone Invoice # 329273
Acct. # 000952
rid

E-15604

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 ALBIN AARNE MIELONEN 09/22/1909 03/05/2000 58 COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH ENTER STATE OF INFORMANT El Cajon San Diego Rebecca Barr, PA 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 5201 A Ruffin Rd. -IF APPLICABLE Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92123 8A. SIGNATURE OF APPLICANT-Person taking permit, 88. DATE, SIGNED 92115 San Diego, CA FD 1083 I hereby actrovatedge as applicant that the proposed deposition stated herein is one of the disposition authorize by Section 10576 of the Health and Sofety Code, and was authorized pursuant to Section 7100 of the Health and Sefety Orde ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SA, AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 03/13/2000 2004713 AUTHORIZATION OF IN THIS PERMIT \$ 7.00 NOTE: THIS PERMIT GIVES NO REGIT OF DISPOSAL OUTSIDE OF CALIFORNIA. C. Maggard 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 CAUFORNIA # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222, San Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 FOR CORONER'S USE ONL 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 C. DISPOSITION THAN IN A CI D. SCIENTIFIC U				
BURIAL	Mt. Hope Cametery 3751 Market St. San Diego, CA 92102	118. DATE BURIED	11C SIGNATURE OF PERSON IN C	CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	120. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	148. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —# APPLICABLE

COPY 2 IS RETAINED BY 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 CEMÉTERY

INTERMENT ORDER

City of San Diego

Date 3-15 -00

The second secon	nd instructed, subject to your rules and regulation	s, to inter the remains
of IRENE 3		
in a LINER	Funeral, date, time Mandy,	3-20-00 /
Church, Chapel, Graveside	MAYER	Mortuary.
All Funeral cars must arrive b	pefore 3:30 p.m. of regular work day or an extra cl	harge of \$
will be applied and billed to ur	ndersigned.	
Lot 78 Grave 3	Row Section Divis	ion/ Block 1a
Grave space & Care Fund		895.00
Additional spaces and care fu	PAID	
Opening/Clasina & Catus		
Burial Container	MAR 2 0 2000	190.00
Handling Fees	MT. HOPE CEMETARY	145.00
Flower vases - Marker setting	EITY OF SAN DIEGO. CA	
Recording and filing fee		45.00
Sales taxes		The second second second second
LENE PRENTICE	Total Due	1664.73
1x 694-3987	Paid receipt number R-5273	5 1669.7
-	Balanc	2574
that I have the right to make the	of the at make disposition of remains as above indicated. I his authorization and I agree to hold Mt. Hope Ce d authorization and interment.	pove named decedent certify and represent metery harmless from
I hereby authorize the interme	ent in lot I	
hold under deed.	X Address	
Signature of recorded holder of dised	X on others	≥o Code
	V Fuluphanu	
	Invoice #	STREET,
Work Order # E 15	6605 Acct. #	
REA-104 (7-96)	This information is available in alternative to	rmats upon request.

C Printed on recycled paper

00-316 281-7055 10041 31041 78 T 38 LL 001518 GIAT Bo. 25 E 300081 BUT BANG 135.60 MILHOPE CEMETARY COTY OF SAM DEGGO CO. 19.5F E STATE Christ Hand 1276- Per 309

INTERMENT ORDER

City of San Diego

Date 3-15-00

IN 8 LINER	Funeral, date, time		
Church, Chapel, Graveside	MAYE	Mortuary.	
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an e	rtra charge of \$	
will be applied and billed to undersigned.			
Lot 78 Grave 3 Row_	Section 1	Division/ stock _13	
Grave space & Care Fund	1	895.00	
Additional spaces and care fund	and the second s	BUT VICE NO.	
Opening/Clasing & Setup		375.00	
Burial Container	· · · · · · · · · · · · · · · · · · ·	190.00	
Handling Fees	i	145.00	
Flower vases - Marker setting fee			
Recording and filing fee		45.00	
Sales Jakes	F	14.73	
ENE PRENTICE	Total Due,	1664.73	
PERSON & ESTA nereby certify I am the property to make disposition and the state of	on of remains as above indice on and I agree to hold Mt. Hop	alarce due lie spove namen decedent ded. I certify and represent se Cemetery harmless from	
person a ESTA nereby certify I am the and this is your authority to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	on of remains as above indices on and I agree to hold Mr. Hop and interment UBLIC ADI	alarce due he soove namer decedent ded. I certify and represent e Cemetery harmless from MINISTRATOR/GUARDIAN STATE OF IRENE JA	10085
person a ESTA nereby certify I am the send 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 I	on of remains as above indices on and I agree to hold Mr. Hope and interment UBLIC ADI PERSON & E Signeway Pub	blance due he spove namen decedent ded. I certify and represent e Cemetery harmless from MINISTRATOR/GUARDIAN STATE OF IRENE JA Commission of the comm	085
PERSON & ESTA nereby certify I am the person set and this is your authority to make disposition that I have the right to make this authorization lability on account of said authorization hereby authorize the interment in lot I hold under deed.	on of remains as above indices on and I agree to hold Mt. Hop and interment PUBLIC ADI PERSON & E Signer BY Access Pub Signer BY Access Pub 520	alarce due the spove namer decedent ded. I certify and represent se Cometery harmless from MINISTRATOR/GUARDIAN ISTATE OF IRENE TA INCAMINISTRATOR INCOME TA INCOME TO THE TA INCOME THE TAILOR INDIAN GUARDIAN	6/00

CK# 207228 Amp

E- 15605

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		1	MONTH, DAY, YEAR MO	NATE OF DEATH	4. SEX
5/	Escondido	Value and the same		5B. COUNTY OF DI ENTER STATE		B. NAME, F	ELATIONSHIP, FULL MAILIN DRMANT	ADDRESS AND	UP CODE
7.0	. TYPED NAME AND AL	DDRESS OF CALIFORN	Adams AV. San Di		—IF APPLICABLE	5201- San	Prentice - I -A Ruffin Rd. Dieus. CA 9210 TURE OF APPLICANY—FERRIN	12	TE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT 1 hereby a Section 10	acknowledge as applicant that the proposed of 1576 of the Health and Gafery Code, and was no	isposition stated herein is one of theread pursuant to Section 7100	The dispositions authorized by at the Health and Safety Code.	> 18	this Mayo	03/	15/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD ITY FOR THE DISPOSITION SPECIFIE KI RIGHT OF DISPOSAL OUTSIDE OF CALFORM	7.00	03/15/20 John May	000	C. SIGNATURE OF LOCAL 2004954	REGISTRAR ISSUI	NG PERMIT
P	IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITIONA	P.O. BOD	85222	TH- 9E.	ADDRESS OF REGISTRAR IF DISPOSITION IS 10 OCCU				
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONL	Y
	B. CREMATION		AINS OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O	ANNO NAME.		L DISPOSITION PENI (Name and Addres		OCATES AT
i		11A. NAME AND A	DDRESS OF CALIFORNIA CEMET	ERY	118. DATE BURIED) 11C.	SIGNATURE OF PERSON	IN CHARGE OF E	URIAL
	BURIAL	San Diego	Cametery, 3751 N		3-20-00		Ky F	home	
HE ILEMS	CREMATION	12A, NAME AND A	DÖRESS OF CALIFORNIA CREM/	TORY	128. DATE CREMATI	ED 12C.	SIGNATURE OF PERSON I	N CHARGE OF CE	REMATION
LL APPLICA	SCIENTIFIC USE	ISA, NAME AND A	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	3 138. DATE RECEIV	(ED) 13G.	SIGNATURE OF PERSON	N CHARGE OF F	ACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO E		14B. DATE SHIPPE		ADDRESS AND SIGNATUR OF PLACING WITH THE C		CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR CHIEFY FINAL PLACE AND CA DIST		158. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	OF CRE	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.



INTERMENT ORDER

City of San Diego

Date 3-15-00

or YOUNG NAM	d, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time THUR 3-16 2:00
Church, Chapel Graveside	: CA MORTUARY Mortuary.
All Funeral cars must arrive before 3:30 will be applied and billed to undersigned	p.m. of regular work day or an extra charge of \$
Lot 117 Grave 3 Row	Section 2 Division/Block 12
Grave space & Care Fund	PAID
Opening/Closing & Setup	
Machine Transport	OPE CEMETARY 145.00
Recording and filing fee	48.00
Sales taxes	14./3
a 622-9393	Paid receipt number R-32223 1664.73
and this is your authority to make dispos	of the above named decedent ation and I agree to hold Mt. Hope Cernetery harmless from the and interment.
I hereby authorize the interment in lot I hold under deed.	Signature 4/04 52 nd St. #15
Signature of recorded textiler of deod	City (6/9) 584 4457
Work Order # E 15606	Invoice #

E- 15606

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

t/A	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	YOUNG	NAM	LEE	03/05/1948 03/14/2000 M
5.A	SAN D	TEGO	68 COUNTY OF DEATH—OUTSILE ENTER STATE	OF INFORMANT
A	Calife	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Ornia Mortuary Lakewood Blvd. CA 90240		SE NUMBER 4104 52nd St. #15 . San Diego CA 92105 .
	ACKNOWLEDGMENT OF AP	T TEXA DE LOS DISERSES DE LOS DE MANOR DE	exition stated weren is one of the dispositions	simiros by \$2 30 50000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE GALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GREEN NO ISSUED OF DISPOSAL OUTSDE OF CRUFORNIA.		116/2000 Mark Same
1	IV CHANGE IN DISPOSI- ION RECURRES A NEW EEMIT TO SHOW FINAL DISPOSITION.	PD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA P.O.Box 85222 San Diego CA 92186-5222		F REGISTRAR OF DISTRICT OF DISPOSITION— IN 15 TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISP	DSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
	B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF C	(Name and Address)
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE Mount Hope Cemetery 3751 Market St. San Dieg		DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
OFF HEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY 128. D	DATE CREMATED 12C. SIGNATURE OF PERSON IN CHANGE OF CREMON
The street	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B. I	DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
The Later of	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE 14B. [DATE SHIPPED 14G. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER	15A ADDRESS, NEAREST POINT ON SHORELINE, OR O'S FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		DATE OF 15C. SIGNATURE OF PERSON IN OF CREMATES REMAINS DISPOSITION OF CREMATES REMAINS DISPOSER APPLICABLE APPLICABLE

COPY 2 IS RETAINED BY 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

MEMORIAL SERVICE ONLY

City of San Diego

Date_3-15-00

FOR BRIAN		20 110
Type of Burel Container	Funeral, date, time FR 3 -	a4 11.0
hurch, Chapel, Graveside		Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra char	ge of \$
ill be applied and billed to undersigned		
ot 21 Grave 14 Row_	Section Division	/Block_3_
rave space & Care Fund		
dditional spaces and care fund	RAED	50.00
urial Container M.S.	R 5. % X 2000	
lower vases – Marker setting feeMT. H ecording and filing fee	F SAN DIEGO, C	
ales taxes	Total Due	50.00
DLLY CANTU	receipt number Credit cald	****
7 306 - 6349 Paid	Balance o	2
hereby certify I am the MATICA 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 thereby authorize the interment in lot I and under deed.	of the above of the above of remains as above indicated. I can and I agree to hold Mt. Hope Ceme and interment.	e named decedent citify and represent tery harmless from Halterness-
granue of recorded holder of deed	Address (8 407) 292-	32835-0
Vork Order # E 15607	Invoice #	

Floride ID H 436-541-43-791-0

GIAS

THE HOPE CEMETAR

an Sale and a second

A HOLL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

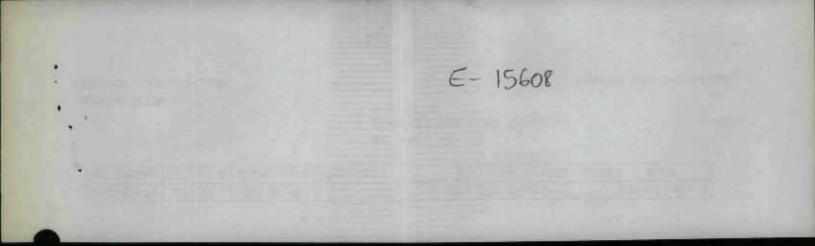
Date 03-16-00

of Gerlen	e Nichols
ina liner	Funeral, date, time Fi. day 3-17-00 1:00
Church Change Graveside	: CA Crember Mortuary.
All Funeral cars must arrive before 200 p.m.	of regular work day or an extra charge of \$ 150-20
will be applied and billed to undersigned	
Lot 136 Grave 7 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	AID 375.00
Opening/Closing & Setup	
	17.7000 190.00
Handling Fees	OF OF LETTER
Flower vases - Marker setting fee CITY OF	SAN DIFGO
Recording and filing fee	95.00
Sales taxes	19.73 Total Due 1664.73
Mortway to bring check Paids	
bring Check Paids	receipt number 1
	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 and I agree to fiold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	950 47th St
Signature of recorded holder of deed	SD CA 92102 Zip Code
	(619) 2 62-4635 Telephone

the Printed un recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



E-15608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.6	JERELENE	NT—FIRST (GIVEN) 18. MIDDLE	IC LAST (FAMILY) NICHOLS			PL DAY, YEAR M	DATE OF DEATH 4. S	EX
	SAN DIEGO		SANTE STATE		GI.OFREARW	OORE-DAUGT		E
7A	5880 EL CA	CREMATION & BURIAL CHAPEL JON BLVD. SAN DIEGO, CA 9211	5 F-1	357	SAN DIE		257	
	ACKNOWLEDGMENT OF A	Section 1037% of the Health and Salety Code, and was nothing	nd parasent to Section 7100 of the	Health and Solely Code	Ma-	of Middle		
	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. NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	03/16/200	Barbara and the second	14996	L REGISTRAR ISSUING PER	EMIT
7	ON REQUIRES A NEW TRAIT TO SHOW FINAL	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- WITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222		RESS OF REGISTRAR ISPOSITION IS TO OCCU				
10	B. GREMATION		E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNA	71		IER'S USE ONLY NDING REMAINS LOCATE ass)	D AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY AT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO	, CA 92102	11B. DATE BURIE	110. 810	NATURE OF PERSON	N IN CHARGE OF BURIAL	•
BLE ITEMS	CREMATION .	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMAT	ED 12C. SIG	NATURE OF PERSON	ILCHARGE OF CREMATI	ON
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIG	NATURE OF PERSON	N IN CHARGE OF FACILIT	Y
OMPLETE A	TRANSIT .	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B, DATE SHIPPI		PLACING WITH THE	JRE OF PERSON IN CHAP CARRIER	RGE
ō	SCATTERING AT SEA OR DISPOSITION OTHER- THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICKENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION		NATURE OF PERSONARGE OF DISPOSITION		師

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

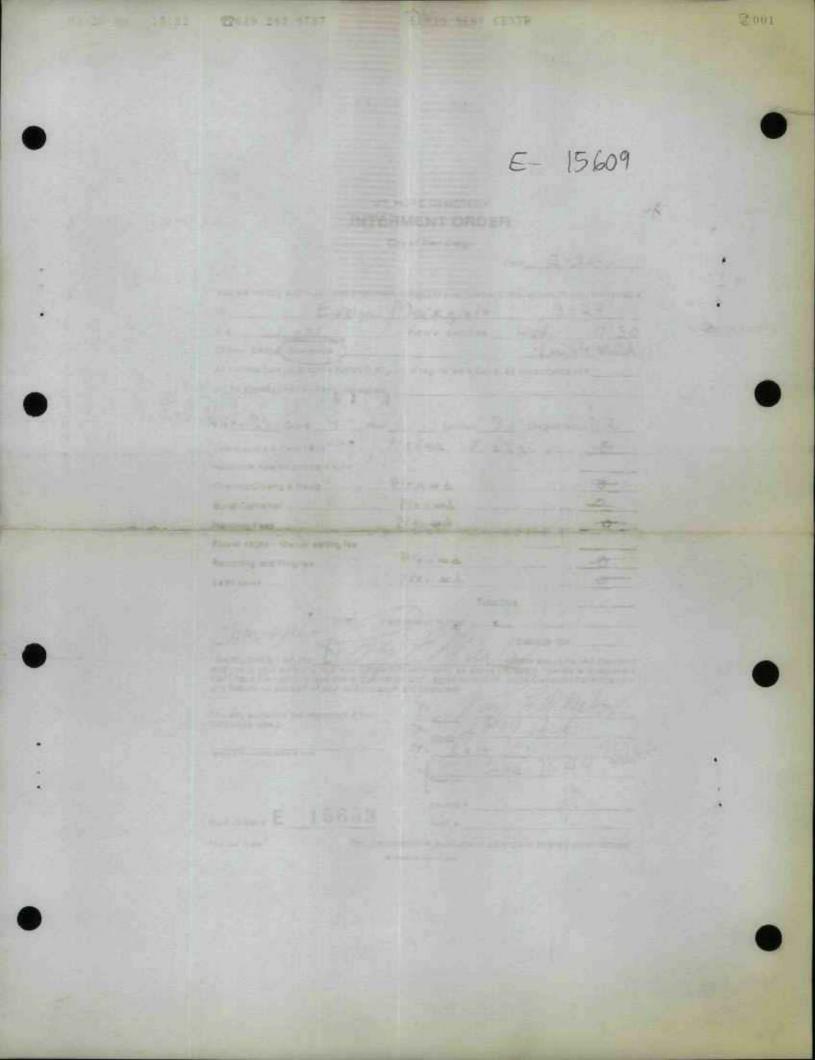


INTERMENT ORDER

City of San Diego

Date 3-20-

of Exelye	Mackgraft	3-3	13
ina line	Funeral, date, time	wed	11:30
Church, Chapel, Graveside	1,21	-Lasis 4	Mortualy.
All Funeral cars must arrive before 3	3:30 p.m. of regular work day or	an extra charge of	s
will be applied and billed to undersig	gned		
Lot35_ Grave1	Row Section3	The second secon	
Grave space & Care Fund	Prenad E2	3.5	-0
Additional spaces and care fund			
Opening/Closing & Setup	Prensed		-0-
Burial Container	Prenced		0
Handling Fees	Prened		-0
Flower vases - Marker setting fee			
Recording and filing fee	Prensed		0
Sales taxes*	prensed		-0-
		Due	
	Paid receipt number		1
*		Balance due _	
I hereby certify I am the	horization and I agree to hold Mt	of the above nam ndicated. I certify a . Hope Cemetery h	nd represent
I hereby authorize the interment in lo hold under deed.	ot I Signature Address	بعو	
Signature of recorded holder of dead	Coty 0	thechel	Zip Code
Work Order # E 1560	9 Acct. #		



E- 15609

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	10. LAST	FAMILY)			TE OF DEATH 4. SEX
EVELYN		S	MARI	GRAF		DATE OF THE PROPERTY OF THE PR	/17/2000 F
SA. CITY OF DEATH			58. COUNTY	OF DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
SAN DIEGO			i enten	SAN DIEGO	200000000000000000000000000000000000000	E. MARKGRAF -	SON
LEWIS COLO	ONIAL/BENBO	UGH MORTUARY SAN DIEGO, C	pro- de como de como de como esta	7B CAUF LICENSE NUMBER —IF APPLICABLE FD—480	LIH	4 AUKOI ST UE, HI 96766 ATURE OF APPLICANT—Person take	g pemil, 88. DATE SIGNED
ACKNOWLEDGMENT OF A				is one of the dispositions authorized by tion 7100 of the Health and Salvey Code.	D 16	wellt vale to	03/20/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT FORNIA HEALTH AND SAFI TY FOR THE DISPOSITION IN BIGHT OF DISPOSAL OUTSIDE OF	SPECIFIED \$7.0	03/21/	2000	9C SIGNATURE OF LOCAL RE	GISTRAR IŞSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FEVAL DISPOSITION.	VITAL RE	EGISTHAR OF DISTRICT TO IN CALIFORNIA CORDSPO B	OX 85222	9E ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		OTHER DISTRICT IN CALFORNIA	
10. AUTHORIZED DISP			JACK.			FOR CORONER	'S USE ONLY
B. CREMATION	SE	AINS OTHER	F, DISINTER G, SHIP IN H, TRANSIT	ARY ENVAULTMENT MENT TO CALIFORNIA TO OUTSIDE OF CALIFORNI 11B. DATE BUR		(Name and Address) SIGNATURE OF PERSON IN	
BURKAL	the same of the same of	CEMETERY, 37 0, CA 92102	751 MARKET ST	3 22 0		Kin F	met 1
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	A CREMATORY	12B, DATE CREM	ATED 120	SIGNATURE OF PERSON IN	CHARGE OF CHEMATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA	A FACILITY RECEIVING R	EMAINS 13B. DATE REC	EIVED 130	: SIGNATURE OF PERSON IN	CHANGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING : CREMATED REMAINS A	STATE OR COUNTRY WH RE TO BE SHIPPED	ERE 148. DATE SHIP	PED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CAP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		INE, OR OTHER DESCRIPTI CA <u>DISTRICT</u> OF DISPOS			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



Pre-rich

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

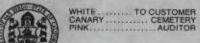
Date 3-20-00

of Ernestine	Williams		
in a Type of Burnat Container			
Type of Buriet Comminer Church, Chapel, Graveside	±		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day o	er an extra charge	
will be applied and billed to undersigned.			
Lot 5 7 Grave 12 Row	Section	3_ Division/Bl	ock5
Grave space & Care Fund			-
Additional spaces and care fund	DATE	······	
Opening/Closing & Setup	PAIL	<i></i>	375.00
Burial Container	SEP 0.5 /11	I#I	190.00
Handling Fees			195.00
Flower vases – Marker setting fee	MT. HOPE CEME	TARY	
Recording and filing fee	ITY OF SAN DIE	GO, C⊁	45.00
Sales taxes			11/4/200
	Tota	Il Due	769.73
Paid	receipt number	52239	500.00
		Balance due	269.73
I hereby certify I am theand this is your authority to make disposition	of remains as above	indicated, I certify	amed decedent and represent
that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold I and interment.	Mt. Hope Cemetery	harmless from
	Elmon.	to 111	00: 2000
I hereby authorize the interment in lot I hold under deed.	Squature	une wu	uamo
	Address		
Signature of recorded holder of deed	Cny		Zip Code
	Teléphone		
	Invoice #		

O Propost on recycled paper

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52382

From Expedim William In Patt Payment of	Ru-Kul trut	Il Sind	ollars (\$	33.00	5
Lot Grave _	\7s	ection 3	100	Division Block	5
Invoice 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 — 100 77181 —		
BALANGE DUE 93.73		Burial Containers	100 77182 — 100 77185 —		
		Handling Fee Recording & Misc. Fees Pre-Need	100 77183 —	33	00
Pre-need Lot At Need On Acct Pre-need Trust Cash Check	111111	Trust Sales Tax	63033 9022 — 80101 76390 —	00	
AC-212 (Rev. 6-94) 4701	ISSUED BY A MINIMA	TOTAL PAID	\$_	33	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52292

From Ernestene Villiams One furbul Korly In part Payment of	Address: 4083 & Atha It	Date: 4-	5 Den 9 onars (\$ 143.0	2113
Lot Grave	\?	ection 3	Division - Block-	5
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	-
Acct No.		80% Sales of Lots Opening/	77184 100	
W.O. E- 15610		Closing Burial Containers	77181 100 77182	
BALANCE DUE 126. 10		Handling Fee	77185 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	20 000	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 65833 9022 60101	3 00
AC-212 (Rev. 5-94)	ISSUED BY Alabalia	TOTAL PAID	7/390 8 \\\	3 00

AC-212 (Rev. 5-94)

TOTAL PAID



MOUNT HOPE CEMETERY 527-3400

From Experience 1 toly In part Paymen	million		60 E804.		oliars (\$	14.00	5113
Lot 57	Grave	17	Row -	Section3		Division (5
Invoice No.		NOT VALID FOR PUR "PAID" IN THIS SPACE	POSE STATED UNLESS ST	20% Salea Care	67007 77184 —		1
Acct. No 15610				80% Sales of Lots Opening/	100 77184 — 100 77181 —		
N.O. +				Glosing Burial Containers	100 77182		
BALANCE DUE 21.13				Handling Fee Recording &	77185 — 100	7,000	
re-Need Lat At Need	On Acct		B. B.	Misc. Fees Pre-Need Trust	77183 — 63033 9022 —	44	01
Pre-need Trust Cash	Check BY	ISSUED BY	. Sheddt	Salss Tax TOTAL PAID	60101 78390 —	ΨU	0
AC-212 (Rev. 5-94)		100000 01		TOTAL PAID	1		U



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

MOUNT HOPE CEMETERY 527-3400

From Executive V.	mailliam	Addre	988 YO 83 D	the alle	· Se	mars (\$ 3	2.00 char	12 (13
In Payment Payment	t of	13	Row_	Section	3	-	Division (5
Acct. No		NOT VALID FOR F	PURPOSE STATED UNLESS PACE.	20% S 80% S of Lot Openi Closin Buriat Conta	ales Care ales ang/ g	67007 77184 ————————————————————————————————————		
Pre-Need Lot At Need	On Acct C		X	Recon Misc Pre-Ni Trust Sales	ding & Fees ned	100 77183 ————————————————————————————————————	22	00
Pre-need Trust Cash	4759	ISSUED BY	Muldlin	TOTAL		78390 ———	22	00

				-15610
WILLIAMS.	ERNESTINE 4083 Delta Street, San Diego 92113	a6a-858	5	
Manual Property of		DEBIT		ANCE
0-00	Opened Pre-need Trust. Trust includes opening/closing, liner, handling fee, recording fee, tax on liner. (Lot 57 Gr 12 Sec 3 Div 5)	769.73		769.73
03-20-00	R-52239		500.00	269.73
4-4-00	· R - 52292 couper 1 to 9		143.0 4	196.73
5-3-0	0 R 50383 10 to 12		33.00	93, 73
6-6-0	0 R- 82536 13 - 14		22.00	71.73
7-6-00	R- 52635 15 To 18		44.00	27.73
8-4-00	R-52735 19 2 20		22.00	5 : 73
9-5-00	R- 340 20		5.73	
	WILLIAMS, ERNESTINE Pre-need Trust			

DO NOT MAIL ENTIRE BOOK	
ACCOUNT No. Pre-need Trust E-15610	(v
Ernestine Williams	
4083 Delta Street	
San Diego, CA 92113	
(Lot 57 Gr 12 Sec 3 Div 5)	
Month and Day Due Indicated Below	
APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB	MAR
10	
Amount due when paid on, or before, due date above	
Amount due if paid more thandays	
5	
Amount Received \$ 11.00	
NAME Amount Received \$ //-	-
ADDRESS	
CITY STATE ZIP	_
☐ check (/) if this is new address	
COURSE A	
Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK	3
DO NOT MAIL ENTIRE BOOK	3
ACCOUNT No. Pre-need Trust E-15610	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5)	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below	3 FEB
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, GA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAN APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10 Amount due when paid on, or before, due date above.	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, CA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10 Amount due when paid on, or before, due date above.	710
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, GA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10 Amount due when paid on, or before, due date above. Amount due if paid more than	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pro-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, GA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10 Amount due when paid on, or before. due date above. Amount due if paid more than	3
DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-need Trust E-15610 Ernestine Williams 4083 Delta Street San Diego, GA 92113 (Lot 57 Gr 12 Sec 3 Div 5) Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10 Amount due when paid on, or before, due date above. Amount due if paid more than	3

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San	Di	ego	. 0	A	921	13					
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JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
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NAM	E			A	mount.	Receiv	ed S	_/	1.		_
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CITY						STA	re	-	ZIF	,	
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iend or	pring	-	ALC: UNKNOWN BEI								
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	NOT	MAIL	ENTIF	RE BO	OK					10	5
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AC	NOT	MAIL T No.	PI	RE BO	ok teed					10	5
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an AC	NOT COUN SEL	MAIL T No.	WILL St.	e-i	ok need ms rt)211	1 Tr	ust	E-	-156		5
ac oss lan Lot	NOT COUN Std Die Die	MAIL T No.	WIN St. CA	Llie	OK need ms rt)211	Tr	ust v 5	E-	-156		5
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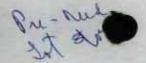
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INTERMENT ORDER

City of San Diego

Date 3 30 00

Qa	Funeral, date, time	1
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 undersign	ned.	
1		
Lot 127 Grave 6 A	low Section _ ? Division/4	Block 12
		895.00
Burial Container		
Handling Fees		
Handling Fees Flower vases – Marker setting fee Recording and filing fee	500 NS 10	
Handling Fees Flower vases – Marker setting fee Recording and filing fee	500 NS 10	
Handling FeesFlower vases – Marker setting fee Recording and filing fee	50 1510 F-11510	
Handling Fees	Total Due	
Handling Fees	50 1510 F-11510	895.0
Handling Fees	Paid receipt number R-54238 Balance du of the above	895.0 500.0 395.0
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395.00 Balance 100.00 R-52266 3-31-00 295.00 Balance 200.00 R-52320 4-11-00 95.00 Balance



THE CITY OF SAN DIEGO

E- 15611

November 21, 2000

Billy & Carolyn Johnson 1133 West 80th Street Los Angeles, CA 90044

> Re: Pre-need Lot Lot 127, Grave 6, Section 2, Division 12

Dear Mr. & Mrs. Johnson:

This is just a reminder that there is a balance owing of \$95.00 for the Pre-need Lot. This pre-need was never set-up with a coupon book for payments.

After the lot is paid off, at your convenience, I can set you up with monthly payments for the trust. The trust includes 2 openings/closings, double depth crypt, handling fee, 2 recording fees and tax on the crypt for a total of \$1,569.45 for the trust. Your down payment would be \$392.00 and your monthly payments would be \$49.00 for 2 years with no interest.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Sue Shackelton

Clerical Assistant II

Due Sheehelton



INTERMENT ORDER

	City of San Diego	Date_	3/	20/00
You are hereby authorized and instruction Bully + Card	ugn so	naso	~	ter the remains
Church, Chapel, Graveside	Funeral, date, ti		_	
	;			Mortuary.
All Funeral cars must arrive before 3:30 will be applied and billed to undersigne	p.m. or regular work	day or an extr	a charge o	15
Lot 127 Grave 6 Roy		2 0	ivision/Blo	ck 12
Grave space & Care Fund				895.00
Additional spaces and care fund			THE REAL PROPERTY.	9 10 11 -
Opening/Closing & Setup				
Burial Container				
Handling Fees		***************************************	***************************************	
Flower vases - Marker setting fee			***************************************	
Recording and filing fee			**********	
Sales taxes				
OVER	Paid receipt number	Total Due	3	895.00
		Bala	ince due	395.00
I hereby certify I am the		arms.		DESCRIPTION PROPERTY.
and this is your authority to make dispo- that I have the right to make this authoriza any liability on account of said authoriza		the second second second second second	d. I certify Cemetery I	and represent narmless from
I hereby authorize the interment in lot I hold under deed.	7455	7 has	Julia	ave #C
Signature of recorded holder of denial	City 9 Talaptione	264	36	A 90-11
Work Order # E 15611	. Invoice #_ Acct. #_			
REA-104 (7-96) This inl	ormation is available	in alternative	formats u	pon request.

O Frenchism erepelial paper

eck Accid	Acct. No	Lot 2 Grave	In Part Payment of RAS	OFFICIAL RECEIPT WHITE TO OUSTOMES OF MANNEY OF MANNEY AMBRICAN OFFICIAL RECEIPT
ISSUED BY S. BLUMBA	PAJO IN THIS SPACE.	Row:	Address: 1551 ex	MOUNT HOPE CEMETE 527-3400
Recording & Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Continers	Section 2	Jan whe wife	Date: 3 - 20
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Billy a	Cardyn Johnson			N SEE	0
Lot 127 Grave 6	RowS	Section 2	31.71	_ Block	2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 —	116	00
Acct. No. = 15611		of Lots Opening/ Closing	77184 — 100 77181 —		
BALANCE DUE 95.60		Burial Containers Handling Fee	100 77182 — 100 77185 —		
X		Recording & Misc. Fees	100 77183 — 63033	S F G S	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	-411 10 1	Trust Sales Tax	9022 — 60101 78390 —		
AC-212 (Rev. 5-04) 8 023	ISSUED BY D. MUNDON	TOTAL PAID		200	00
to due to the state of the state of	COST CENTRAL CONTRACTOR CONTRACTOR	LES TIMES	te la la		13000
	And the same of the same of the same of the	NEW THE PROPERTY OF THE PERSON		PROPERTY OF THE	Mosel annie
OFFICIAL RECEIPT WHITE TO CUSTOMER:	CITY OF SAN DIEGO, CALIFORNIA			52	25
CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 527-3400				
	0	Date: 3 -	31		20_
From transve Gillers - breen	Address: 4557 Joyan a	ve apt c	Sen	Diejo	9211.
One huntred ~	ne-need Lot		ollars (\$	100,60)
In Pank Payment of Billy	- Carolyn Johnson				-
Lot 127 Grave		Section 3		Division \	3
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 —	loo	-
Acct. No		60% Sales of Lots Opening/ Closing	77184 — 100	100	00
W.O. E- 15611		Burial Containers	77181 — 100 77182 —		
BALANCE DUE 41510		Handling Fee Recording & Misc. Fees	-77185 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Pre-Need Trust	77183 — 63033 9022 —		
Pre-need Trust L Cash L Check A	ISSUED BY D. Michillon	Sales Tax TOTAL PAID	60101 78390 —	100	00

MT. HOPE CEMETERY

INTERMENT ORDER

Rened trust

City of San Diego

Date 3-21-00_

Ram D	Levy	
The Contract of	Funeral, date, time	
Type of Busial Comminer Church, Chapel, Graveside		Mortuary.
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 undersigner	d.	
7		
ot 139 Grave 3 Rov	v Section 2 Division/Block	12_
Frave space & Care Fund		855.00
andling Fees	PAID -	45.00
according and filling for	MAR 2-1-2000 -	45.00
ecording and filing fee	IT. HOPE CEMETARY	
CI	TY OF SAN DIEGO, Crotal Due	11064-7
	Paid receipt number CFEA + Col A	Malay 73
	Balance due _	0
hereby certify I am the	of the above name	ad decadent
nd this is your authority to make dispo	osition of remains as above indicated. I certify an ization and I agree to hold Mt. Hope Cemetery ha	id represent
ny liability on account of said authoriza		/
hereby authorize the interment in lot I	Row Valenta	Cy
old under deed.		ST#0
	Address	1 1
gnulary of recorded holder of deed	Pa.	2/06 Zip Code
	619 - 29 8 1338	-
	Invoice #	
Vork Order # E 15612	Acct. #	

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PAID FOR GALV MASE !

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-00

	subject to your rules and regulations, to inter the remains
or GLORIA MA	
ina T.S. VAULT	Funeral, date, time THUR 3-33 100
Church Chapel Graveside	LEWIS COLONIANTON
All Funeral cars must arrive before 3:30 p.r	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
-17	16
Lot 36 Grave Row	Section Division/Block
Grave space & Care Fund	995.00
Additional spaces and care fund	B41B ====
Opening/Closing & Setup	PAID 375.00
Burial Container	1AR 2 1 2000 250.00
Handling Fees	
Flower vases - Marker setting feeMT.	HOPE CEMETARY 23.78
Recording and filing fee	OF SAN DIEGO, C/
Sales taxes	19.30
	Total Due
Pai	d receipt number 11-34411 1893-16
X	Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent 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.	* Margaret 4. Yee * 434 GOVERNOR DR
Sepakura of recorded holder of deed	\$ 58) 455-5497
Work Order # E 15613	Invoice #

O fronted on recorded 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

1/4	CLORTA		1C. LAST (FAMILY)			MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX
= 4	CITY OF DEATH	HAR	SB. COUNTY OF DEATH-	OWENE CHIE		05/12/1944 103/19 RELATIONSHIP, FULL MAILING AS	1/2000 F
-			ENTER STATE	GUISBLE CALIF	OF INFO		Driedo Alto Eli Sone
_	SAN DIEGO			N DIEGO	MARG	ARET H. YEE - MC	THER
7.8	LEWIS COLO	DORESS OF CALIFORMA—FUNERAL DIRECTOR OR PERSON AC UNIAL/BENBOUGH MORTUARY LJON BLVD, SAN DIEGO, CA 92104		APPLICABLE	SAN I	GOVERNOR DR DIEGO, CA 92122 TURE OF APPLICANT—PERM DAME	owned. BB. DATE SIGNED
1	ACKNOWLEDGMENT OF A	I I book advantate at majori it is a second discoun	ion stated herese is one of the s		> Pan	title vale to "	03/21/2000
	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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALFORNIA.	\$7.00	03/21/20 P Valent	00 2	C. SIGNATURE OF LOCAL REG 005251	ISTRAR ISSUING PERMIT
14	OY CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 8522	1 100	RESS OF REGISTRAR	OF DISTIBLE	OF DISPOSITION— HER DISTRICT IN CAUFORNIA	
	DISPOSITION,	SAN DIEGO, CA 92186-5222				-	
10	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S	USE ONLY
-	B. CREMATION		E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIE	RINIA		(Name and Address)	REMAINS LOCATED AT
	BURIAL	HT HOPE CEMETERY, 3751 MARK SAN DIEGO, CA 92102		3-13-00	1	SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	CY.	128. DATE CREMAT	ED 12C	SIGNATURE OF PERSON IN C	HARGE OF CREMATION
AL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	13B. DATE RECEN	VED 13C.	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH		148. DATE SHIPPS		ADDRESS AND SIGNATURE COP PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

onere those wast

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-00

of QUONE C. YES		m/ 3-27	1-00
In a Type of Bursal Container	Funeral, date, time 📉		10000
Church, Chapel, Graveside	house:	a colonia	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or a	n extra charge (ot \$
will be applied and billed to undersigned.			
FROM 2386 -10 -	TO		
Lot 365 Grave Row	Section	Division/Bk	ock_10
Grave space & Care Fund			
Additional spaces and care fund			
Opening/Closing & Setup		m	375.00
Burial Container IF NEEDED T	D REPLACE		
Handling Fees			
Flower vases - No Kennett name DILLIV	Terment 3	ee .	1000.00
Recording and filing fee			
Sales taxes MAR 21 2000			
	Total D	lue	1375.00
MT. HOPE CEMETAR Paid I	acaint number V15	A	1375,00
CITY OF SAN DIEGO	ecespi number		-47
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 a	and I agree to hold Mt.	dicated. I certify	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	X Mashau Semature X Address	tweenor	Dr.
Signature of recorded holder of slebd	Y Gly 8) H	13-5497	92122 2p Code
Work Order # E 15614	Invoice #		

& Primaria properationper

REA-104 (7-96)

This information is available in alternative formats upon request.



THE CITY OF

E- 19614

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

3-20-00 MONTH YEAR

regulations, to disinter the remains of: Quong C. yec from Lot 238 Grave ____ Section ____ Row ____ Block _ Division 10 and to remove the same to and reinter said remains in Lot 365 Grave Section Row Block Division 10 Cemetery It Hope Cemtery 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. Margaret A. Che Boother WIFE 4345 Hoveman Dr. SD. CHERA VISTA SIGN.

CHERA VISTA SIGN.

SST VISTA MINANDA Signature Relation to deceased Address I hereby authorize the above disinterment: Margant Will 3-21-2000 (Lot owner must sign if not legal custodian) Date

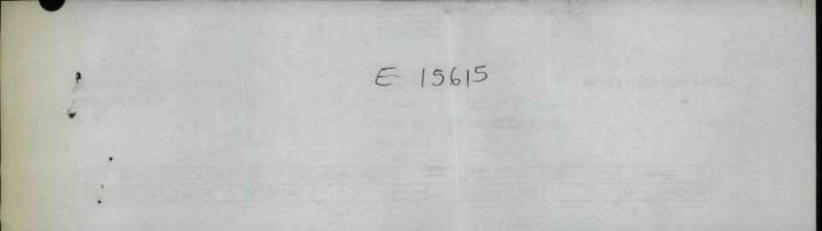
MT .: IOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instru	cted, subject to your rules and regulations, to	inter the remains
or MAE DELL &	CAMPBELL	
in a double Death	Funeral, date, time FRI 3 -	54 10:0
Church, Chape Graveside	slagsall:	Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular work day or an extra charge	ors 180.00
will be applied and billed to undersign	ed. X	
	ow Section Division#	895.00
Grave space & Care Fund		0 15.00
Additional spaces and care fund		375.00
Opening/Closing & Setup	PAID	380.00
Burial Container	MAD 2 4 2000	320.00
Handling Fees		
	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, C	39.45
HORTUARY to		2044.45
rive check	Total Due	241111
THING CHECK	Paid receipt number R 52249	2044.45
X Da	Balance du	
and this is your authority to make distributed that I have the right to make this authority.	position of remains as above indicated. I cert prization and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
any liability on account of said authori	zation and interment.	100
I hereby authorize the interment in lot		poer
hold under deed.	X 2310 Brive VIZ	4 Rol
Signature of seconded holder of deed	- x San chego CA	92/37 210 Code
Debra Cumpbe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	xp cooe
- 42041	Invoice #	
Work Order # E 1561	O Acct. #	MARKET IN



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	Mae OF DECEDE	ME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) Mae Dell Campbell		017		20/2000"	4. SEX		
		Diego		SE COUNTY OF DEA	go	OF INFORMAL	onship, full mailing out the state of the st		P CODE
7A	Anderson-R		A FUNERAL DIRECTOR OR PERSO t.; 5050 Federal m Diego, CA 9210		LIF LICENSE NUMBER IF APPLICABLE -1329	San Die	ove View Rd. go, CA 92139 OF APPLICANT PRINT THE		E SIGNED
	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed of 376 of the Health and Safety Code, and was as			Melhi	1 thelen	_ 03/2	3/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROVINCE HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIED BUT OF DISPOSAL OUTDER OF CALFORN	\$7.00	03/24/200		2005464	GISTRAR ISSUIN	IG PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW RIMIT TO SHOW FINAL DISPOSITION.	Vital Reco	Diego, CA 92186	222 *	DORESS OF REGISTRAR DISPOSITION IS TO OCC				•
10	AUTHORIZED DISPI	OSITION(S) CHECK A					FOR CORONER	'S USE ONL'	
-	B. CREMATION	SE	0.3.53.4969		ORNIA SIDE OF CALIFORNIA		I. DISPOSITION PENDII (Name and Address)		
	BURIAL	Mt. Hope	Cemetery; 3751 M San Diego, CA		3-24-0		ATURE OF PERSON IN	ande	UHIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMA	ATORY	12B. DATE CREMA	TED 12C, SIGN	ATURE OF PERSON IN	CHARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECE	VED 13C. SIGN	ATURE OF PERSON IN	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		14B. DATE SHIPP	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER		CHARGE		
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR INTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION		ATURE OF PERSON IN RGE OF DISPOSITION		NATED RE-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject	t to your rules and regulation	ons, to inter the remains
ina Fune	eral, date, time 2:00	3-28-00
Church, Chapel, Graveside	anot ale:	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 bifled to undersigned.		
Lot 82 4 Grave Row	Section Div	rision/Block 9
Grave space & Care Fund		100.00
Additional spaces and care fund		
Opening/Closing & Setup		125.00
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		020 60
HURTUARY to	Total Due	270.00
Paid rece	ipt number D Dado	54 2/0.00
Lacoby codify Lam the X FATHER	Bala	nce due
I hereby certify I am the and this is your authority to make disposition of rethat I have the right to make this authorization and any liability on account of said authorization and it	emains as above indicated I I agree to hold Mt. Hope C	above named decedent I certify and represent demetery harmless from
I hereby authorize the interment in lot I hold under deed.	13241 C	Pours Try St
Signature of reconted hotoer of deed	Cay 2 31 89	82 TA 163
Work Order # E 15616	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OT	THER A	LTERATIONS	110.		
DEANTE DECEDENT—FIRST (GIVEN) 1B. MIDDLE DEJON			DAVIS-MOORE			2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1999		DF DEATH DAY, YEAR 7/2000	4. SEX
EL CAJON 7A TYPED NAME AND A SAN DIEGO	MEMORIAL CI	A—FUNERAL DIRECTOR OR PERSON A	58. COUNTY OF DEATH ENTER STATE SA ACTING AS SUCH 78. CAL	N DIEGO	TAM 324	RELATIONSHIP, FULL M. OFMANT AISHA D. DAN 1 CLAY ST. DIEGO, CA	VIS =	RESS AND ZIE	
SAN DIEGO.	annument I hereby a	commissipe as applicant that the proposed dispose 376 of the Health and Sahrly Code, and was author	i PD-1 ishion stated became as one of the	dispositions authorized by	8A. SIGN	HOLB SIN		11 88 DATE	S/S/S
B. CREMATION	SIONS OF THE CALLY AND IS THE AUTHORIT IN THIS PERMIT, NOTE THIS HAMI CARS IN 80 ADDRESS OF RIF IF DEATH OCCURRE VITAL REC SAN DIEGO POSITION(S) CHECK A LUDES ENTOMBMENT) OF CREMATED REM LEMETERY	CORDS; P.O.BOX 852: D.CA 92186-5222 PPLICABLE ITEMS	! IF t	03/23/20 J. JOHN: DRESS OF REGISTRAR RESPOSITION IS TO OCCU	SON I	2005398 BICT OF DISPOSITION— THER DISTRICT IN CAUFOR FOR COR	ONER'S U	USE ONLY	•
BURIAL		DDRESS OF CALIFORNIA CEMETER EMETERY; 3751 MARK		3 28-Q	110	SIGNATURE OF PER	SON IN CHA	ARGE OF BU	IRIAL.
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMAT	ED 120	STONATURE OF PERS	ON IN CHA	AGE OF CRE	EMATICAL
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEN	VED 190	SIGNATURE OF PERS	SON IN CH	ARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPS	D 140	ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, OF OTT ENTIFY FINAL PLACE AND CA DISTRIE		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		OF CREM MAINS DI —IF APPL	ATED RE-

MT. HOPE CEMETERY

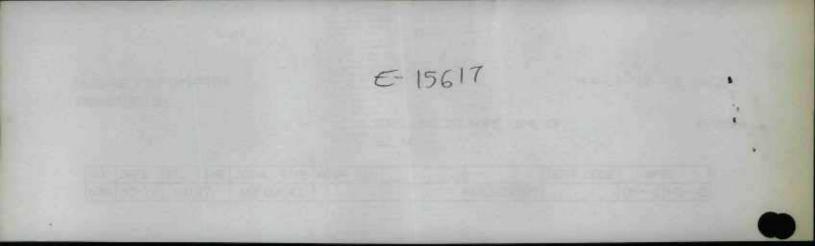
INTERMENT ORDER

City of San Diego

Date 3-21-00

or Mary Ja	where.
ina the VAUUT	_ Funeral, date, time Lat 3-25 \\.(
Church, Chapel, Graveside	: lagedala Mortusry.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 137 Grave 3 Row	Section 3 Division/Block 12
Grave space & Care Fund	FAIL
Opening/Closing & Setup	0.30,00
	THE HODE CEMETARY
Handling Fees	CITY OF SAN PEGO. 00
	45.00
Sales taxes	19.32
(ORTUARY TO)	Total Due
ING Check P	aid receipt number 52253 2369.38
daughter Cami	Balance due
and this is your authority to make dispos	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mr. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed,	Superiore 1844 Altaview or
Signature of recurded holder of deed	Cay USA) 479 - 2012 20 Code
Work Order # E 15617	Invoice #
REA-104 (7-98) This info	rmation is available in alternative formats upon request.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Mary 18. MIDDLE		1C LAST (FAMILY) Parke	1C. LAST (FAMILY) Parker			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX				
5/	San Die	ego		SHE DIEgo	I-OUTSIDE CALIF	CALIF	RELATIONSHIP, FULL NO SEMANT Anderson	, Daug	hter ·	Q CODE
7/	TARRESON A	And the second particular and the second	Pre.; 5050 Fede	RESON ACTING AS SUCH 78. CAL	1329	San	Alta View Diego, CA 9	2139	mit, 88. DXT	E SIGNED
+ 1	ACKNOWLEDGMENT OF A	PPLICANT 1 hereby 1	acknowledge as applicant that the proper 0176 of the Health and Salety Gode, and w	sed disputition stated herein is one of the one authorized pursuent in Section 7100 of th	depositions authorized by	alex	bullet	an	03/2	2/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC KI MIGHT OF DISPOSAL DUTSING OF CALL	SPIED \$7.00	20 83722728		90. SIGNATURE OF LO	CAL REGIS	200534	G PERMIT
63	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	vient need	San Diego, CA 9	85222			ICT OF DISPOSITION— THEN DISTRICT IN CAUSO	RNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
	B. CREMATION	SE		F. DISINTERMENT G. SHIP IN TO CALIFO M. TRANSIT TO OUTS	FINIA.		DISPOSITION (Name and A	ddress)		
	BURIAL	HE. Hope	San Diego,		118. DATE BURIE	1110	SIGNATURE OF PER	BON IN CH	lange of Bi	PRIA
BLE ITEMS	CREMATION	12A. NAME AND AI	DORESS OF CALIFORNIA CR	EMATORY	12B. DATE GREMAT	ED 12C	SIGNATURE OF PER	SOM IN CH	ARGE OF CRI	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PER	SON IN CH	IARGE OF FA	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPP!	ED 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND GA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	16B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		OF CREA MAINS D	NATED RE-



Jane &

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Lalia

Date 3-21-00

4/01	
You are hereby authorized and instructed, subject to your rules and reg	ulations, to inter the remains
of RUBY SCHMITH	- 311 313
in a Funeral, date, time TR1	3-29 2.3
The state of the s	RINGIL Mortuary.
All Funeral cars must arrive before 3:90 p.m. of regular work day or an	extra charge of \$ 150,00
will be applied and billed to undersigned.	
Lot 74 Grave 12 Row Section 2	Division/Block 13
Grave space & Care Fund	895 00
Additional spaces and care fund	
Opening/Closing & Setup PAID	375.00
Burial Container MAR 2 7 2000	190.00
Handling Fees MAR Z / 2000	145.00
Flower vases - Marker setting feMT. HOPE CEMETARY	
Recording and filing fee CITY OF SAN DIEGO C	45.00
Sales taxes	14.73
Total Due	1664-73
Paid receipt number VISA	1664.73
Y 1	Balance due
I hereby certify I am the daughter of and this is your authority to make disposition of remains as above indict that I have the right to make this authorization and I agree to hold Mt. He any liability on account of said authorization and interment.	the above named decedent cated. I certify and represent ope Cemetery harmiess from
I hereby authorize the interment in lot I hold under deed.	El Carito Dr.
Signature of recorded holder of deed Sty 6 19 16 Takingtonia	Vally 91927
Work Order # E 15618 Invoice #	

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E 15618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B MIDDLE	IC. LAST (FA	AILY)		E OF BIRTH	3. DATE OF DEATH	4, SEX
	Ruby		Nathalia	Schmit	1	100000000000000000000000000000000000000	5/1915	03/21/2000	F
	CITY OF DEATH			SE COUNTY OF		6. NAME, RELATI	ONSHIP, FULL MA	AILING ADDRESS AND Z	
7.0	TYPED NAME AND AD	111 Mortuar	A-FUNERAL DIRECTOR OR P y 6322 E1 Cajo		78. CALIF LICENSE NUMBER —IF APPLICABLE FD1083	3955 E1	Canto D	S, SON-IN-LE CA 91977 erzen taken permi, BB. DAY	
	ACKNOWLEDGMENT OF A	PPLICANT Section 10	converte as applicant that the pro- 376 of the Health and Safety Code, and	esset disposition stated herein is was authorized pursuant to Section	ne of the dispositions enthorized by 7100 of the Health and Safety Code.	> Jui	lange	6 103/2	Lyn
	PERMIT AUTHORIZATION OF DCAL REGISTRAR	SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT GHS IN	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE D MIGHT OF DISPOSAL DUTSEE OF CAL	GODE CIFIED SOMM. \$7.00	PEE PAID 98 DATE PERM 03/23/20 T.Trues	000 200	5439	CAL REGISTRAR ISSUM	IG PERMIT
103	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF D IN CALIFORNIA 22 San Diago,	CHARLES CO.	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			RNIA	•
10	AUTHORIZED DISPI		PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	
-	B. CREMATION		AINS OTHER	F. DISINTERMI			I. DISPOSITION I (Name and Ad	PENDING-REMAINS Li ddress)	OCATED AT
	BURIAL	The state of the s	obress of California of emetery 3751 CA 92102		3-24-00	ED 11C. SIGN	ATURE OF PERS	SON IN CHARGE OF B	
BLE ITEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA C	REMATORY	128, DATE CREMA	TED 12C SIGN	TURE OF PERS	ON IN OMARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA F	ACILITY RECEIVING REM	AINS 138. DATE RECE	IVED 13C SIGN	ATURE OF PERS	SON IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		E 14B DATE SHIPF		ESS AND SIGNAL LACING WITH TH	ATURE OF PERSON IN HE CARRIER	CHARGE
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA				ATURE OF PERS	ITION OF CREA	NATED RE-



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)	Will the Sangare Control of	2. DATE OF BIRTH	S. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ruby		Mathalia	Schmith		02/25/1915	03/21/2000	F
San Diago			SB COUNTY OF DEAT ENTER STATE San Diego	II MALLONGE CONTROLLE	OF INFORMANT		
7A. TYPED NAME AND AD		y 6322 E1 Cajon	ON ACTING AS SUCH 78 CA	LIF LICENSE NUMBER IF APPLICABLE	Edward J. Grub 3955 El Canto Spries Valley,	Dr.	, w
San Diego,	CA 92115		FI	1083	BA. SIGNATONE OF APPLICANT	-Penns taking pennst, BB. DAT	E SIGNED
ACKNOWLEDQUENT OF A		acknowledge 83 applicant that the proposed 0376 of the Health and Safety Code, and was a			> Sui day	c 1034	drn
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALI AND IS THE AUTHORS IN THIS PERMIT NOTE: THIS PERMIT SINES A	UED IN ACCORDANCE WITH PROFORMA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI NO HIGHT OF DISPOSAL OUTSIDE OF CALETHR	NA. \$7.00	03/23/208 T.Truesd	ale >		IG PERMIT
ANY CHANGE IN DISPOSI- TION RECORRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURR	22 San Diego, CA	IF.		OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALF		
10. AUTHORIZED DISPI	THE RESERVE AND ADDRESS OF THE PARTY OF THE				FOR CO	RONER'S USE ONL	
B. CREMATION		IAINS OTHER	E TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT:		L DISPOSITION (Name and	i PENDING-REMAINS L Address)	OCATED AT
BURIAL		DDRESS OF CALIFORNIA CEME CAMPACTOR STATEMENT OF CAMPACTOR OF CAMPACTO		3-24-00	11C. SIGNATURE OF PE	RSON IN CHARGE OF B	
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATI	ED 12C SIGNATURE OF PER	SON IN CHARGE OF CH	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B. DATE RECEIV	YED 13C. SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B DATE SHIPPE	D 14C ADDRESS AND SIG		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		158. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO	SITION OF CREATING	MUMBER MATED RE- DISPOSER PLICABLE



Pre-techts Trust

REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Date_3-22-00

of Dury B	nd #	me	gama	dal	
in a Type of Buriel Contain		Funeral,	ate, time		
Church, Chapel, Graveside				PILL	Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m	n. of regular	work day or ar	extra charge o	of \$
will be applied and billed to u	ndersigned				
Lot 15 Grave_	Row_	S	ection 11	Division/Ble	7_
Grave space & Care Fund				*****************	_
Additional spaces and care fu				***************************************	
Opening/Closing & Setup	2	at	105.	00	910.00
Burial Container		to	55.		110.00
Handling Fees		at	60.0	D	120,00
Flower vases - Marker setting) fee				
Recording and filing	ID a	Te	45,00	**************	90.00
Sales taxes	- 3	QT.	4.2	0	8.50
MAR 27		f receipt nu	Total Dumber R-5	2242	538.5
MT. HOPE O	EMETAR			Balance due	-0-
CITY OF SAN I hereby certify I am the	Control of the second			of the above na	med decedent
and this is your authority to n that I have the right to make to any liability on account of said	his authorization	on and I agr	ee to hold Mt. I	icated. I certify lope Cemetery	and represent harmless from
I hereby authorize the intermental hold under deed.	ent in lot I	× Addr	lengy J.	yami	315
Signature of recorded holder of deed	200	X City	19) 42	7-754	91.9/1 9 Zip Code
E 10	010	Inve	pice #		
Work Order # - 13	019	Acc	t.#		

© Francel on recycled paper

This information is available in alternative formats upon request.

(Janet)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_03-22-00

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
or Florentina L	
ina Liner	Funeral, date, time 3-24-00 10:00
Church Chapel Graveside	: Mifornia B. Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned:	
01 11	1 10
Lot 9/ Grave // Row_	Section Division/Bleck
Grave space & Care Fund	X X X 895
Additional spaces and care und	
Opening/Closing & Setup	375
Burial Container	1900
Handling Fees	145
Flower vases - Marker setting lee	167
Recording and filing fee	10 0 45
Sales taxes	alanta 2 4173
11 1	3 80 Total Due 5/664.7
Mortuary brings the Pa	id receipt number
Cherk "	Balance due
I hereby certify I am the	of the above named decedent
	ion of remains as above indicated, I certify and represent ion 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
	Telephore
	Invoice #
Work Order # E 15620	Acat.#
REA-104 (7-96) This infor	mation is available in alternative formats upon request.

@ Perated un recorded paper



E-15620 refunce Federal was All Chaples will alone at lest Hope by 100 Price Bre-rub



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego.

Date_3-21-00

na liher	Funeral, date, ti	ime		
Type of familia Container Church, Chapel, Graveside				Mortuary
All Funeral cars must arrive before 3:30 p.r	at regular week	day or on a	vten oborno n	
	- 1 1	day of an e	vita charge o	-
will be applied and billed to undersigned.	1		-	
ot TV Grave \\ How	Section	2	1980 TVI 1 VALOR	. 12
_ot I _ Grave _ I _ Row _				ek_
Grave space & Care Fund			***************************************	0.12
Additional spaces and care fund	AID		************	
			***************************************	375.00
Opening/Closing & Setup	2 2 2000		***********	190,00
Handling Fees				WILLIAM TO
Flower vases - Marker setting CITY OF				-
				45 00
Recording and filing tee				14 72
Sales taxes				1117
		Total Due	S. C.	1009.
Pai	id receipt number	VIC		664.7-
			Balance due	
hereby certify I am the		of	the above na	med deceden
and this is your authority to make dispositi that I have the right to make this authorizati	ion and I agree to	above indic hold Mt. Ho	ated. I certify be Cemetery	and represent harmless from
any liability on account of said authorization	n and interment.	Mary	Jo Gru	665
hereby authorize the interment in lot I	>_72	an b	Foreliles	
the contraction and the second second	Signature	55 40	Crete	A
hold under deed.		the same of the sa		2000-
	Address	NA COLOR	10=10	91.01
	Address	ring 1	Valley	919 11 20 Co
Rignature of recorded holder of dead	Address Chy Tellophone	1986	10-42	314 200
	Address Cay Telephone	1986	10-42	14 20 C

MT. HOPE CEMETERY

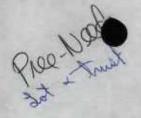
INTERMENT ORDER

Prenee	d Sut

City of San Diego

Date__ 3-23-00

ot I	Louis	en d	Manie	1	mays	JR.	
ina double	depth	Clypt	_Funeral, date, ti	me _	-		
Church, Chapel, Grav							Mortuary.
All Funeral cars must	arrive befor	е 3:30 р.п	n, of regular work	day or	an extra ch	narge of	s
will be applied and bill	led to under	signed					
Lot 148 Grave							
Grave space & Care F	und						895.00
Grave space & Care F Additional spaces and	care fund		PAID				1
Additional spaces and Opening/Closing & Se Burial Container	atup	at	375				750.00
Burial Container		MA	AK 23 2000				380.00
Handling Fees		MT. H	OPE CEMETA	ARY			320,00
Flores Marke	r setting for	CITYO	F SAN DIEGO), C+			12500
Recording and filing to	a seeming too	-2	d 45		••••••		90.00
Sales taxes							
Seles taxes		************	***************************************				2589.45
			f receipt number .				2589.4
		Paic	receipt number .				0-
					Balanc	e due _	
I hereby certify I am the and this is your author that I have the right to any liability on accour	rity to make make this a	uthorization	on and I agree to	above hold N	indicated. I	certify a	ned decedent and represent armiess from
I hereby authorize the	interment in	lot I	Signature	un	H. n	2 ay	- le
nois silsor seed.							C
Bignature of recorded holder of d	beed		SD. C	nl	9211	4	Zip Code
			6/9- Telephone	26	3-885		1
	1565	20	Invoice #				



MT. HOPE CEMETERY INTERMENT ORDER

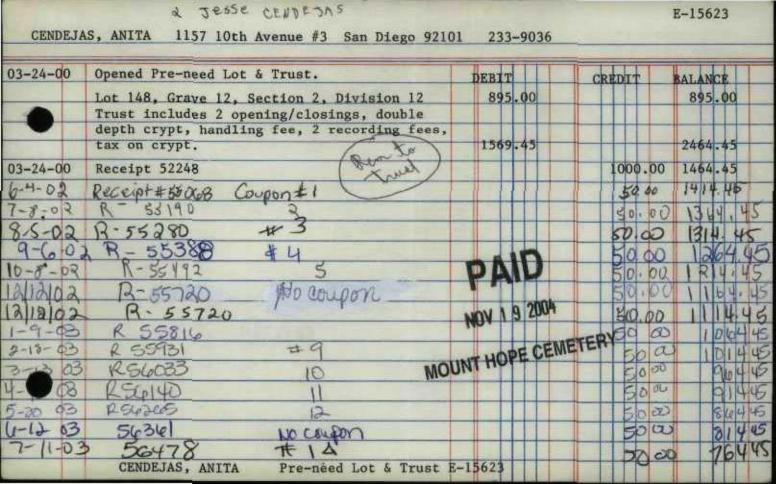
City of San Diego

Date 03-24-00

na	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	Mortuary
AND THE RESIDENCE OF THE PARTY	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
1110 10 -	Section 2 Division/Block 12
ot 14 Grave / Row _	Section O Division/Black
Grave space & Care Fund	
dditional spaces and care fund	
pening/Closing & Setup	2 750
urial Container	.10
andling Fees	
lower vases - Marker setting fee	2 90
ecording and filing fee	J 20 20 20 41
ales taxes	27.7
160	Total Due 4907
Paid	receipt number F-52248 1000
	Balance dual 1464
hereby certify I am the	of the above named deceden
nd this is your authority to make disposition not I have the right to make this authorization	n of remains as above indicated. I certify and represen n and I agree to hold Mt. Hope Cemetery harmless from
my liability on account of said authorization	and interment.
hereby authorize the interment in lot I	Mille Cend
old under deed.	Summited to Yoth Ave #3
	Address SAN DIFCAPA 90101
grenute of recorded holder of dired	City 3 3 2 2/4 2/ Zip Cod
	1 1 2 7 0 5 0
	Telephone
	Telephone
F 15623	Invoice #

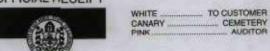
O Projected an recepted prepare

61.00 t 23 11 1903.00



cendejas, anita E-15623 Credit 73al Balance Forwarded 11-13-03 6-3 84 5772 8-3 84 57861 8-24 84 5793 9-14 04 580 18 11/19/04 MOUNT HOPE CEMETERY

OFFICIAL RECEIPT			CITY OF SAN DI	EGO, CALIF	ORNIA F	- 156	23	
	VHITE TO	CEMETERY	MOUNT HOP	E CEME 27-3400	TERY		58	152
o t)	,			Da	06 6	, 20	04
From: Ounta (ande	100 Addres	s: 1187 (1	b a	ve#3	Bollars (\$_	50.0	5
in sout	ayment of	P	u ni	ud		Dollars (\$	30	
Div D	Sec	21	Blk/ Row	Lot	148	Grave _	12	
Invoice No. E /	2693	NOT VALID FOR STAMPED "PAI	PURPOSES STATED	UNLESS	CREDIT	67007		
Acct. No.			AID		20% Sales Care 80% Sales of Lots Opening/	77184 ——— 100 77184 ———		
W.O	4.45	00	T 2 0 2004		Closing Burial Containers	77181 —— 100 77182 ——		
		MOUNT H	OPE CEMET		Handling Fee Recording &	100 77185 ———		
Pre-Need Lot At Need	-		116	~	Misc. Fees Pre-Need Trust	77183 —— 63033 77186 ——	50	00
Pre-need Trust Cash	Check	ISSUED BY	am Helz	2	Sales Tax	50101 78390 ——	50	00
This information is available in alternative	e tomats upor velue	sr.	NA TE	1	TOTAL PAID	s	-	



From Julie Flores Cend	COS Address: On McC		ine.	4 . 20 !	02
Fifty and 00 -		Do Do		50.00)
In Part Payment of Tre	-need Lot/Tru	st Acc	ount	•	
Lot148Grave	12 Row_ 5	Section	2	Division L	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	50	00
W.O. E-15623 BALANCE DUE \$ 1,414.45		Opening/ Closing Burial Containers	77181 — 100 77182 — 100		
Pre-Need Lot At Need □ On Acct □		Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 9022 —		
Pre-need Trust Cash Check Cash Ch	ISSUED BY Paulette C.	Sales Tax TOTAL PAID	60101 78390 —	50	00

WHITE ... TO CUSTOMER CEMETERY AUDITOR CANARY .

From: Julie Cendejai	Address: 1199	34 th bt	#15	S S Solitars (\$ _	9210	
Lot 148 Grave	13	Now Sec	etion 2		Division \	3
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOTYALID FOR PURPOSESTAT	DUNLESSSTAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 63633 9022 60101 78390	50	00
45.000 m. 400 bill	ISSUED BY JULI	hille	TOTAL PAID	\$	30	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Julie Cendy	as Address: Date	. 0	2 , 201	02
tifty and 00	I-need account	Dollar Jen an	ars (\$ 50.00 muta Cen) de 1
Lot 148 Grave	12	ection 2		2
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 61 20% Sales Care 73 80% Sales of Lots 77 Opening/ Closing 77 Burlat	7007 7184 100 7184 100 7181	
Pre-Need Lot At Need On Acct		Handling Fee 77 Recording & Misc. Fees 77 Pre-Need 65 Trust 8	7182 100 7185 7180 7183 3033 9022 50	00
Pre-need Trust 39 Fash Check A.O. Check A.C. 212 (Par Sept.	ISSUED BY Haulette C.		\$ 50	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	IFORNIA	Nº 55	388
WHITE CANARY PINK	CEMETERY MOUNT HOPE CEM	ETERY		
From Julie Flore	Cenderas Date Date	L SHEIS S.	D. CA	02
Fifty and or	re-need lot / t	Tustaces	50.0	<u>O</u> ,
Lot 148 Grave	# 4 12 Rows	ection_2	Division -Bleek	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77164 — 80% Sales 100 of Lots 77184 —		
w.o. E-15623		Opening/ 100 Closing 77181 — Burial 100 Containers 77182 — 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee 77185 — Recording & 77185 — 100 Misc. Fees 77183 — 77183 — 77184	50	00
	SISSUED BY MULLIE C.	TOTAL PAID \$	50	00



WHITE TO CUSTOMER CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

10 8

From: Julie Cenders Address: 1199 34th St #15 Sundicu 921 In part Payment of Brench dot a trust Date: 10-0-0-0, 20 Dollars (\$ 50.00)					
Lot \\8 Grave _	12 Row Se	ection a	Division 2		
nvoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - 80% Sales 100			
Coct. No		80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -			
V.O		Burial 100 Containers 77182 -			
BALANCE DUE 1817173		Handling Fee 77185 - Recording & 100			
Pre-Need Lot At Need On Acct		Recording & 100 Misc. Fees 77183 - Pre-Need 18 83033 Trust 18 8022	50 00		
re-need Trust Cash Check		Sales Tax 60101 78390 -			
(C.212 /B E.DA)	ISSUED BY JJ JANUARUM	TOTAL PAID \$	50 00		



This information is available in alternative formats upon request.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

11-15 00

From: a Certigas	Address:	* 0 m	Pecnal	Dollars (,20 \$ 50.00			
in Payment of Lot	12 N	ud Lot	Section_ 3		Division \	3		
Pre-need Trust Invoice No. Acct. No. W.O. F - \5623 BALANCE DUE \\64.45 Pre-Need Lot \At Need \(\) On Acct \(\) Pre-need Trust \(\) Cash \(\) Check	STAMPED *PAID* IN	URPOSES STATED UNL	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 777184 - 100 77184 - 100 77181 - 100 77181 - 100 77182 - 100 77183 - 63033 63033 - 650101 78390	50	00		
AC-212 (Rev. 10-02)	1000		TOTAL DAID	0	50	00		

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Condoias	Address: (on reco	ate: De	ec.	2 ,20	02
FIFTY and OD C	Pre-nee			Dollars (\$50,00)
in Pay Payment of	12	Row	_ Section	2	Division	2
Acct. No	NOT VALID FOR PURP STAMPED "PAID" IN TH		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77184 100 77181 100 77182 100 77185 100		
Pre-Need Lot At Need On Acct	ISSUED BY Paul	hette C.	Misc. Fees Pro-Need Trust Sales Tax TOTAL PAID	77183 - 63033 77186 - 60101 78390 -	50 50	00

OFFICIAL RECEIPT

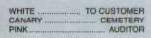


WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55816

A .1	Da	te: John 9	, 20 00
From: Anita Cendejas	Address: 1157 10th	ave #3	50 92101
Sit 400 100 -		Dollars	(\$ 50.0D)
in Payment of	Princed lot & tru	SP -	
Lot 148 Grave	12 Row	Section 2	Division Block
Invoice No. E 5023	NOT VALID FOR PURPOSESISTATED UNLESS STAMPED "PAID" IN THE ACPLICATION	CREDIT 67007	1
Acct. No.	STANICED PAID WITH BUTTON	20% Sales Care 77184 80% Sales 100	
W.O	JAN 0.9 2001	of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 1064 45	MT. HOPE CEMETAF	Buriel 100 Containers 77182	
	CITY OF SAN DIEGS	Handling Fee 77185 Recording & 100	
Pre-Need Lot At Need On Acct		Misc. Fees 77183 Pre-Need 63033	50 -
Pre-need Trust Cash Check Check	1 Du Mabal	Trust 77186 Sales Tax 60101 78390	
AC-212 (Rev. 18-02) MO	ISSUED BY FLAW HITCH	TOTAL PAID S	50 -
This information is available in alternative formats upon reques		1 Section Lealing	



CITY OF SAN DIEGO, CALIFORNIA

E-15623 55931

0 1 0 11		te: 1-eb.10	. 20 00
From: Anita Cendeias	Address: 1157 LOHIA	ve #3 30 (1016
Fixty dollars 900	No -	Dollars	(\$ 50.00)
in Part Payment of	Prensed Lot à -	trust	
Lot 148 Grave		Section 2	Division Block
Invoice No E 156 23 Acct. No W.O BALANCE DUE 1014 .45	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID FEB 1 8 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185	
Pre-Need Lot X At Need ☐ On Acct ☐ Pre-need Trust X Cash ☐ Check X	CITTOT SAN DIEGOL	Recording & 100	50 00
AC-212 (Rev. 10-02) MD	ISSUED BY KUM 91724	TOTAL PAID \$	50 00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

€ 15623 56033

Lot			
110	700	tust	Division Division
Acct. No	MAR 1 3 2003	20% Sales Care 77184 - 80% Sales 100 of Lota 77184 - Opening/ 100 Closing 77181 - 100 Containers 77182 - 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 77186	50 -
AG-212 (Rev. 10-02)	1	TOTAL PAID S	50 -

WHITE	TO	CUSTOMER
CANARY		CEMETERY
PINK		

CITY OF SAN DIEGO, CALIFORNIA

56140 E-15623

Address:	. April 15		
THE SHARE THE PARTY OF THE PART	Address: 1157 10 H1	ave #3 ST	50 00,
Payment of	pe mud lof the	ust	Division (
010.37	10 Row	Section	Block 1
AND WARDS		CREDIT 67007 20% Sales Care 77184 – 80% Sales 100 of Lots 77184 –	
011 16	PAID	Opening' 100 Closing 77181 — Burial 100 Containers 77182 —	
	APR 1 5 2003	Handling Fee 77185 — Recording & 100	
COMMUNICATION CONTRACTOR CONTRACT	CITY OF SAN DIEGO CA	Misc. Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tex 60101 78390 —	50 -
AC-212 (Rev. 10-02)	ISSUED BY TOWN	TOTAL PAID \$ _	9 -

WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

56265 € 15623

W.O				
From Unita Centrejas	Address.	0 1 6 13	ars (\$ 50-	
100	pre med So	2		12
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 670 20% Sales Care 771 80% Sales 11 of Lots 771	84 ————————————————————————————————————	#
BALANCE DUE 804 45		Burial 16 Containers 7711	00 82 00 85	
	CITY OF SAN DIEGO), C+ Misc Fees 7711 Pre-Need 630: Trust 7711 Sales Tax 6011	83 33 86 01	100
	ISSUED BY 1000	<u>cer</u>	7	00

OFFICIAL RECEIPT		CITY OF SAN DIEGO	O, CALIFORNIA	56361	
WHITE CANARY PINK	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE (619) 527	CONTRACTOR OF THE PARTY OF THE	-15623	
From: anita Can	dejag Addre	ess: 1157 104	Date: Jus	e 12 80 92	10/
Tyte dollars	\$100/100	ud lat	1 tust	Dollars (\$ 50	9.00
Lot 148	Grave /2	Row_	Section	Divisio Block	11
Invoice No. E 15623		OR PURPOSES STATED UNI ID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 9 77184	
Acct. No.		PAID	80% Sales of Lots Opening/ Clasing	100 77184	
BALANCE DUE 8/9, 45		JN 12 2003	Burial Containers Handling Fee	100 77182 100 77185	
,	I MUZZ	OPE CEMETARY	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183	50 -
AC-212 (Rev. 10-02) This information is available in alternative formats.	D' ISSUED BY	en HOZE	TOTAL PAID	78390	50 -



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From and and and	Address: On V	ecord	Collars (\$	50.0	02
In Part Payment of Lot 148 Grave	te-need lot of the	UST GO Section	200	Division Block	12
Pre-need Trust Cash Check	PAID JUL 11 2003 MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc, Fees Pre-Need Tast Sales Tax TOTAL PAID	57007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77186 — 60101 78390 —	50	00.00

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 56572 WHITE TO CUSTOMER. MOUNT HOPE CEMETERY CANARY CEMETERY E-15623 PINK AUDITOR (619) 527-3400 From: Dollars (\$ Payment of Division Block Section Grave Row Invoice No. NOT VALID FOR PURPOSES STATED UNLESS. CREDIT 87007 STAMPED "PAID" IN THIS SPACE 20% Sales Care 77184 Acct. No. 80% Sales 100 PAID 77184 of Lots Opening/ 100 W.O. Clasina 77181 100 Burral BALANCE DUE 77182 Containers 100 77185 Handling Fee Recording & 100 Misc. Fees 77183 Pre-Need Lot On Acct Pre-Need 63033 77186 Truest Sales Tax 60101 Pre-need Trust Cash Check 78390 AC-212 (Rev. 10-02) TOTAL PAID This information is available in alternative formats upon reques

	CONTRACTOR OF THE PROPERTY OF			56662
From Cender Consider Address: 1199 34th 3 to 15 So 9 J / Opening Invoice No.	-15623			
d	- a Conducio	1100 -116h 1	Commence of the local division in which the local division is not to be a second or the local division in the	9+102 03
	Dyte J	Address. 1 17 07		
	Lot 148 Grave	1 12-	Section 2	Division 12
	Acct. No.		20% Sales Care 77184 80% Sales 100	
	- 1 12		Cosing 77181 Burial 100 Containers 77182 100	
()		000	Recording 8 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101	50 00
	AC-212 (Rev. 10-02) This information is available in alternative formats upon reque	ISSUED BY COM HETES	78990 TOTAL PAID \$	50 00

OFFICIAL RECEIPT	GITY OF SAN DIEGO, CALI	FORNIA	5	689	2
WHITE CANARY	TO GUSTOMER CEMETERY AUDITOR MOUNT HOPE CEMI (619) 527-3400	ETERY E	-15623	}	
0 00 10	Date	-, No	0.13	,20	03
From: Cendejas	Address: On rece	rd		- 21	
Fifty and a			Oollars (\$	0.9	0
in Dart Payment of	Pre-need Lot/	Trust		un	t
Lot 148 G	ave 12 Row — 5	Section 2	Divisi Bleek	10n12	
Invoice No. E-15623	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT	67007		
Acct. No.		20% Sales Care 80% Sales of Lots	77184		
W.O	PAID	Opening/ Closing	100 77181		
BALANCE DUE \$ 564.4	יאוט	Burial Containers	77182		
	NOV 1 3 2003	Handling Fee Recording & Misc. Fees	100 77185		
Pre-Need Lot X At Need On A	MOUNTHAN	Pre-Need	63033 77186	50	00
Pre-need Trust ★ Cash □ Che	MOUNT HOPE CEMETERY	Sales Tax	60101 78390 ————		
M.O. 434939607		TOTAL PAID	\$	50.	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CA	LIFORNIA	5678	13
WHITE CANARY PINK	CEMETERY MOUNT HOPE CEN	METERY E 1	5623	
	Da		10 .20	03
From: a Cendeja	Address: 11571041a	Dollars	-2.0	
in part Payment of	que mud	Dollars		
Lot 148 Grav	e	Section	Division /	2
Invoice No. E 15623	NOT VALID FOR A PUSES STATED UNLESS STAMPED PLID" THE BEBICE	CREDIT 67007		
Acct. No.		20% Sales Care 77184 80% Sales 100		
W.O	OCT 1 0 2003	of Lets 77184 Opening/ 100 Closing 77181		
BALANCE DUE 414.45	MOUNT	Burial 100 Containers 77182		
	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100		
Pre-Need Lot / At Need On Acct		Misc Fees 77183 Pre-Need 63033 Trust 77186	50	00
Pre-need Trust / Cash Check	S ISSUED BY FOUR TOTAL	Sales Tax 60101 78390	Ca	~
AC-212 (Rev. 10-02) This information is available in atternative formats upon re-	U	TOTAL PAID \$	90	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	IFORNIA 57029
WHITE CANARY PINK	CEMETERY MOUNT HOPE CEM (619) 527-3400	ETERYE-156 23 57029
From anita Cendeja	2 Address: 1199 34th	DIC 23 ,20 B
0-14	Audiess. 1147	Dollars (\$ S -)
Lot LY Payment of Grave	DAID"	Section 2 Division Division
Invoice No. E 15623 Acct. No.	NOT VALID FOR PURPLE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100
W.O.	DEC 2 3 2003	of Lots 77184 Opening/ 100 Closing 77181 Burial 100
BALANCE DUE 514.45	MOUNT HOPE CENTIERY	Containers 77182 100 Hendling Fee 77185 Recording & 100
Pre-Need Lot / At Need On Acct	0 1100	Misc. Fees 77/83 Pre-Need 63033 Trist 77/86 Sales Tax 60/10/1
Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in alternative formats upon requi	ISSUED BY FAM HODE	78390 SO TOTAL PAID \$ 50 -



WHITE CANARY PINK

TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CEMETERY £- 15623

From: anita	~ 1.·	Address:	(619) 527		n. 21	,2	10 09
	0	Address:		1	Dollars (\$ 50-0	(S)
n part	Payment of Grave	12 Pu	Row	Section	2	Division Block	12
Acct. No.	5623	NOT VALID FOR PURI STAMPED "PAID" IN T		CREDIT 20% Sales Ca 80% Sales of Lots	100 77184 -		
N.O	44-45	JAN 2	1 2004	Opening/ Closing Burial Containers Handling Fee	77181 - 100 77182 - 100 77185 -		
Maria Caracteria Carac	Need On Acct	MOUNT HOP	PE CEMETE	Hecording & Misc. Fees Pre-Nead Trust Sales Tax	77183 - 63033 77186 - 60101	50	-
Pre-need Trust NC-212 (Rev. 10-02) This information is available in ar	Cash Check	ISSUED BY AW	Hetre	TOTAL PAID	78390 - \$ -	50	> -

OFFICIAL RECEIPT WHITE CANARY PINK	MOUNT HOPE CEN (619) 527-3400	METERY E	57264 15623
2.4	OF Address: 1157 10 tha	e: March 1 we#3 80 9 Dollars (155
in part Payment of Lot 148 Grave	e 12 Row	Section 2	Division /2
Acct. No	PAID MAR 0 1 2004	20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Ocening 100 Closing 77181 — Burial 100 Containers 77182 — 100 Handling Fee 77185 —	
Pre-Need Lot At Need On Acct	MOONT NOT CELLET	Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 77186 Sales Tax 80101 78390 -	50 00
AC-212 (Rev. 10-09) This information is available in atternative formats upon req	DISSUED BY KUM TOTZEK	TOTAL PAID \$ _	50 00

OFFICIAL RECEIPT WHITE TO CANARY PINK.	MOUNT HOPE CEMI (619) 527-3400	ETERY E- 156	
From Julie Cendeja	Address: 1199 344 5	Much 3. F. # 15 50 Dollars (\$	92102
in	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	Section	Division 12
W.O	PAID MAR 3 0 2004	80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Containers 77182 — 100 Handling Fee 77185 — Recording & 100	
Pre-Need Lot / At Need On Acct Pre-need Trust / Cash Check / AC-212 (Rev. 10-02) Top information is available in atternable formats upon regless	MOUNT HOPE CEMETERY ISSUED BY CAM Hetzel	Misc. Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tax 60101 78390 — TOTAL PAID \$ —	50 -

From: Gulie Candyas Address: 1/57 10 m and 30 921 in part Payment of Bik/ Row Lot 148 Grave 10 Invoice No. E 15623 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID NOW Sales Care 77184 ARCH. No.	
From: Gulie Candyay Address: 1/57 10th aue #3 30 921 in part Payment of All-New Div A Sec 2 Blk/Row Lot 148 Grave 10 Invoice No. E 15423 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID IN TRUSCHISE. CREDIT 57007 20% Sales Care 77184	35752
in part Payment of All-Nucl Div A Sec A Row Lot 148 Grave 18 Invoice No. E 15623 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID THIS SPACE. CREDIT 67007 20% Sales Care 77184	20 04
Div /2 Sec 2 Blk/ Row Lot 148 Grave 10 Invoice No. E 15623 NOT VALID FOR PURPOSES STATED UNLESS CREDIT 67007 20% Sales Care 77184	æ,
STAMPED "PAI DI NISSENCE. CREDIT 67007 20% Sales Care 77184	
ACCI. NO 80% Sales 100	
V.O	
Pre-Need Lot / At Need On Acct MOUNT HOPE CEMETER Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 83033 Z	000
Pre-need Trust / Cash Check / ISSUED B Total Paid Total Paid Sales Tax Trust Sales Tax Trust Sales Tax Total Paid Sales Tax	00

OFFICIAL RECEIPT		CITY OF SAN DIEGO,	CALIFORNIA		
WHITE CANA PINK	TY CEMETERY	MOUNT HOPE C (619) 527-3	3400	E- 1	5623
From: Cende	Address:	11001	Date: MC	20 20	92101
mile			1	Dollars (\$	50-
in grave Payr	nent of	Blk/ Row_	Lot 148	Grave	12
Invoice No E 194	NOT VALID FOR P	AID UNLE	CREDIT 20% Sales Care 80% Sales	67007 77184	
W.O. BALANCE DUE 204.	45 MAY	2 6 2004	of Lots Opening/ Closing Burtal Containers	77184 ————————————————————————————————————	
Pre-Need Low At Need	On Acct	OPE CEMETER	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185	50 -
Pre-need Trust Cash AC-212 (Rev. 4-04) This information is available in alternative for	Check ISSUED BY TO	im Hobe	TOTAL PAID	78390	50-

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	LIFORNIA	
WHITE CANARY PINK	MOUNT HOPE CEM (619) 527-3400	E-156.	23 5772
From anila Cende	Has Address: 1157 1015	we #3 80	92101
in faul Payment of	pu-mud	Dollars (\$	20.00
Invoice No. £ 15(23)	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007	10
Acct. No	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181	
BALANCE DUE 214. 45	JUN 2 8 2004	Bunal 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot / At Need On Acco	I Media To Education	Misc. Fees 77183 ————————————————————————————————————	ED 00
AC-212 (Rev. 4-04) This information is available in alternative formats upon n	D ISSUED BY COM THE COM	TOTAL PAID S	80 00

This information is available in alternative formats upon moues

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 57937 WHITE TO CUSTOMER MOUNT HOPE CEMETERY F-5623 CANABY CEMETERY AUDITOR (619) 527-3400 Dollars (\$ Payment of Grave Invoice No. NOT VALID FOR PURPOSES STATED UNLESS. 67007 CREDIT STAMPED "PAID" IN THIS SPACE. 20% Sales Care 77184 Acct. No. ROSE Sales 77184 of Lots W.O. Coening/ 100 Closing 77181 100 Bunal **BALANCE DUE** 77182 Containers 100 AUG 2 4 2004 Handling Fee 77185 Recording & 100 Misc Fees 77183 Pre-Need Lot On Acct Pre-Need 63033 77186 Trust Sales Tax 60101 Pre-need Trust Check 78390 AC-212 (Rev. 4-04) TOTAL PAID

This information is available in alternative formats upon request

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALL	FORNIA
	MOUNT HOPE CEMI (619) 527-3400	ETERY E- 15623 58018
From anita Julia Cena	Lexin Address: ON RECORD	
Fifty and w	ce-need lot + trusti	Dollars (\$)
Div 12 Sec_	2 Blk/ Row Lot	
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181
BALANCE DUE P LOUIS	SEP 1 5 2004	Burial 100 Containers 77182 100 Handling Fee 77185 Peconting & 100
M.045668 45197	ISSUED BY faulette C.	Misc Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$ 50
	From: Grata Julicana Fifty and Continuous Payment of Pa	From: Grut Juliu Lendeys Address: ON RECORD From: Part Payment of Ye-reed Lot + truest Div 12 Sec 2 Bill Row Lot Invoice No. E-15 6 23 Acct. No. W.O. BALANCE DUE LOUIS Pre-Need LotX At Need On Acct Pre-need TrustX Cash Check X MOUNT HOPE CEMETERY MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-24-00

You are hereby authorized and instructe	d, subject to your rules and regulations, to inter the remains
	scall SR. X
ina AshVault	_ Funeral, date, time 3-28 Tus. //: Am
Church, Chapel Graveside Graves	ide : tamily Mortuary.
All Funeral cars must arrive before 3:30	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 1201 Grave Row	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	·····
Opening/Closing & Setup	PAID 105
Burial Container	
Handling Fees	MAR 27 711011
Flower vases – Marker setting fee	THOPE CENTERS
Recording and filing fee	Y OF SAN DIEGO
Sales taxes	4.26
Family will bring	Total Due do
Check she do	aid receipt number 17-20020
Pacarit.	Balance due
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizat	of the above named decedent illion of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	Suggisture
Signature of recorded nation of deed	(7(40) 202-1182 Ze Codu Fundament
Work Order # E 15624	Invoice #

@ printed on recycled paper

REA-104 (7-95)

This information is available in alternative formats upon request.

E- 15624

E-15624

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

IA. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE		1C LAST (FA	MILY)		1 2	DATE OF		DATE OF		4. SEX
CLin	TON	Dum	e	HASC	ALC.	SR.	N.	7 14	15 M	3 18	YEAR	m
SA CITY OF DEATH				58. COUNTY O		ITSIDE CALIF.	8 NAME, R	ELATIONSHIP.				
TEMPLO				ISELL	(bun	17	Cun	Ton D	HASC	ALC	SKY-	100
CLINTON 2262 S. PALM S.	LINDEN W	C JR	ECTOR OR PERSON	ACTING AS SUCH	78 CALIF LIC	LICABLE	PAU PAU	Charles and the same of	inss	, CA	9220	
ACKNOWLEDGMENT OF	perioder T I befety a			position stated fernin is o		cors authorized by	*AU	Maso	elu	1	3/2	7/00
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED ON THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT GIVES IN	ORNIA HEALTH A	ND SAFETY CODE OSITION SPECIFIED	I HINDON G		03/27	100000	1	enge Re	20		2 0
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF RE		ISTRICT OF DEATI		- IF DISPOSE	OF REGISTRAR	E IN ANOTH	ER DISTRICT II	N CALIFORNIA	4 92	186	
		WILLIAM WILLIAM STREET					1	FOI	R CORON	ER'S US	E ONLY	
O AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS									- One	-
A BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CHEMATED REMA			E. TEMPORARY F. DISINTERME G. SHIP IN TO H. TRANSIT TO	ENT GALIFORNIA				OSITION PEN e and Addre		STATE OF THE PARTY.	
B. CREMATION C DISPOSITION THAN IN A C	OF CREMATED REMARKED SE	AINS OTHER	IFORNIA CEMETEI	F. DISINTERME G SHIP IN TO H. TRANSIT TO RY Arket St.	CALIFORNIA O OUTSIDE O		1		e and Addre	(88)	MAINS LOC	ATED A
A BUHIAL (INCL	OF CREMATED REMARKED SE	ORESS OF CAL	IFORNIA CEMETEI 3751 M Sin Diejo C	F. DISINTERME G SHIP IN TO H. TRANSIT TO RY Varket St.	CALIFORNIA O OUTSIDE O	DE CALIFORNIA B. DATE BURIED	1	─ (Name	OF PERSON	IN CHARG	MAINS LOC	CATED A
A BURIAL (INCL B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF GREMATED REMANDERS	DRESS OF CAL	IFORNIA CEMETEI 3757 M Sin Diego C IFORNIA CREMAT	F. DISINTERME G. SHIP IN TO H. TRANSIT TO RY IACKENSIS A 9210 ORY	CALIFORNIA O OUTSIDE O	DE CALIFORNIA B. DATE BURIED 28-00	120.	SIGNATURE	OF PERSON	IN CHARG	E OF BUR	AATION
B CREMATION B CREMATION C DISPOSITION THAN IN A C D SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMANDERLY SE 114. NAME AND AD 124. NAME AND AD 134. NAME AND AD 144. NAME AND AD	DRESS OF CAL	IFORNIA CEMETEI 3751 M Sin Dieso C IFORNIA CREMAT	F. DISINTERME G. SHIP IN TO H. TRANSIT TO RY ACKELST ORY RECEIVING REMA	CALIFORNIA O OUTSIDE O 111 2 3	DE CALIFORNIA B. DATE BURIED 2-28-00 B. DATE CHEMATE	ED 13C, 1	SIGNATURE	OF PERSON OF PERSON OF PERSON	IN CHARGE	E OF CREM	AATION

DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA THE LOC

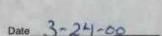
REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY

INTERMENT ORDER

Čity of San Diego



	cTatyre	1000
na lines	Funeral, date, time Thurs 3-30-00 /	11.
Church, Chapel, Graveside	pel : Ragsdale Mortus	ary.
dl Funeral cars must arrive before 3:30 p.	.m. of regular work day or an extra charge of \$ 150.00	2
vill be applied and billed to undersigned.		
ot 116 Grave 2 Row	Section Division/Block 12	
Srave spane & Care Fund	Cenas E12682 0	
hening/Closing & Setup	12 need E12482 0	
) 0	
	1 6	
	<u> </u>	
	Total Due	
Pa	aid receipt number	
	Balançe due	
hereby certify I am the	of the above named decede	ent
nd this is your authority to make disposit	ition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless fro	ent
hand a second second second	× 9.0.	
hereby authorize the interment in lot I old under deed.	Signiture	
	Address	
grature of recorded holder of deed	čily zpc	Code
	Totephone	
	Invoice #	
	1111-312-3 II	
Vork Order # E 15625	Acot. #	

Contol or require paper

22 E- 15625 BUNK TENSONS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

53

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

A NAME OF DECEDER	NT-FIRST (GIVEN)	Burrell	ic last game.			30/1946 ^R	3. DATE O	P DEATH 4. SEX
A. CITY OF DEATH	olla	-Thursday	SB. COUNTY OF D		OF INFORMA			ess and ZIP CODE
Anderson-		Diego, CA	OR PERSON ACTING AS SUCH 78.	F-1320	San Die	ilton St.		
ACKNOWLEDCMENT OF AP	I hereby (ecknowledge as applicant that the	n problem disposition stated terms is one o	of the dispositions authorized by	BA. SIGNATURE	OF APPLICANT—	erson taking paren	03/28/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.		SPECIFIED \$7.00		ISSUED, 9C. S	GNATURE OF LO		RAR ISSUING PERMIT
THE RESERVE THE PROPERTY OF THE PERSON NAMED IN	VIEST REC	egistrar of distriction of Cauros, P.O. B	OX 85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO DCCU			ема	
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S U	SE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	SE	COMMENT OF STATE OF S	SPEMERKET St.	OUTSIDE OF CALIFORNIA		(Name and A		RGE OF BURIAL
		San Diego,	GA 92102	3-30-00	1 1	W F	kansi	n o
CREMATION	12A. NAME AND A	DDRESS OF CALIFORN	A CREMATORY	126. DATE CREMAT	ED 12Q. SIG	NATURE OF PER	SON BY CHAR	IGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORN	IA FACILITY RECEIVING REMAIN	IS 138 DATE RECEIV	/ED 13C, SIG	NATURE OF PER	SON IN CHAI	RGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B. DATE SHIPPE		PLACING WITH T		ERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION SU D CA <u>DISTRICT</u> OF DISPOSITION	IF- 158. DATE OF DISPOSITION		NATURE OF PER NRGE OF DISPOS		5D. 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.



I buriod is the EUEIYN LUCUITE



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-27-00

of Haves. Ceci	cted, subject to your rules and regulations, to inter	the remains
in a Phohe deoth Me.	Funeral, date, time 03-31-00	11:00
Church, Chapel, Graveside	. C.A. Burial.	_ Mortuary.
All Funeral cars must arrive before 3.3	30 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersign	ed	
Lot _54 Grave _ 9 Ro Grave space & Care Fund Pre-10	owSectionDivision/Block Seed - E-//93/	12
Additional spaces and care fund		270
	PAID .	2/7
Burial Container	MAR 27 (101)	0
Handling Fees	MAR Z / Anti	0
Flower vases - Marker setting fee	MT. HOPE CEMETAR	0
Recording and filing fee	CITY OF SAN DIFO	45=
Sales taxes		0
	Paid receipt number A 52255 Balance due	420
	Lotal Lycan & Son	d represent
hold under deed.	3940 Hilltop DR	
Signature of recorded holder of deed	- SAN DIEGO	12102
	(619) 263-5149 Telephone	Zip Code
Work Order # E 15626	Invoice #	
DEA-104 (7-96) This	information is available in alternative formats und	on request

the Principles of Section (4)

E-15626

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-MAKE	NO ERASURES	S, WHITEOUTS OR C	THER ALTI	ERATIONS	
TA NAME OF DECE CECIL	DENT-FIRST (GIVEN)	18. MIDDLE	HAYES	(1)	MC	WITH DAY YEAR M	DATE OF DEATH 4. SEX
SAN DIEGO			SAN DIEGO	DEATH-OUTSIDE CALIF.,	OF INFOR	CONTRACT TO A PLANTAGE OF THE PROPERTY OF THE PARTY OF TH	NG ADDRESS AND ZIP CODE
5880 EL CA		W-FUNERAL DIRECTOR OR PERSON. BURIAL CHAPEL SAN DIEGO, CA 9211		CALIF LICENSE NUMBER —IF APPLICABLE F-1357	SAN DI	ILLTOP DR. EGO, CA 921 RE OF APPLICANT PRIME	02 tung permi BB. DATE SIGNED
ACKNOWLEDGMENT OF		acknowledge as applicant that the proposed disposition of the Health and Safety Code, and was author			Man	A porter	(03/39/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED TO BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	N. MITCHE	100 20	SIGNATURE OF LOCAL 005854	RECUSTRAR ISSUING PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW TRIAL DISPOSITION.	VITAL NECOR	EGISTRAR OF DISTRICT OF DEATH DISTRICT BOX 85222 CA 92186-5222	96	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			
A. BURIAL (INC	N OF CREMATED REM		E TEMPORARY F DISINTERMEN G SHIP IN TO C	т —			IDING REMAINS LOCATED A
BURIAL	MT. HOPE C	DDRESS OF CALIFORNIA CEMETER EMETERY FSST. SAN DIEGO, C		3-31-0	1	IGNATURE OF PERSON	IN CHARGE OF BURN
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMA	TED 12C S	IGNATURE OF PEREDIN	IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAI	NS 13B. DATE RECE	EVED 19C S	IGNATURE OF PERSON	I IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIP		DDRESS AND SIGNATU F PLACING WITH THE	RE OF PERSON IN CHARGE CARRIER
SCATTERING AT SE	FICIENT TO ID	AREST POINT ON SHORELINE, OR OTHER FINAL PLACE AND CA DISTRI				IGNATURE OF PERSON HARGE OF DISPOSITIO	

COPY 2 IS RETAINED BY 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-SEMETERY INTERMENT ORDER

City of San Diego

Date 3-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of SIBENG PHOU
in a Bull Luca Fuperal, date, time WED 3-29 2,000
Church, Chape Graveside : GREEN WOOD Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Lot 154 Grave 1 Row Section 2 Division/Block 11
Grave space & Care Fund Pu-Nul
Additional spaces and care fund
Opening/Closing & Setup
Opening/Closing & Setup Burial Container PAID 375 000
Handling Fees MAR 2 7 2000 Flower vases – Marker setting fee
Recording and filing foMT. HOPE CEMETARY 45.00
Sales taxes CITY OF SAN DIEGO, Cr 14.73
Total Due
Paid receipt number K 52750 767.1
Balance due
I hereby certify I am the Council of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.
I hereby authorize the interment in lot I
hold under deed.
Signature of recorded holder of deed > San Die xu, (1A 92/07
V 569 758 9034
Commission
E 15000 Invoice#_
Work Order # E 15627 Acct. #

E- 15627 6 June 1992

		o surce	
The undersigned hereby requests and aut Mr. SIBENG PHOU in Lot			remains of Sec. #//
Block Chinese bivision of the in accordance with and			ulations
governing said interment in Mount Hope	Cemetery, and ce	rtifies and	represents
that he or she has the legal right to :	make such authori	zation and a	grees to
hold Mount Hope Cemetery harmless from	any and all liab	ility on acc	of said
authorization and interment.			4
CESS Beyst # 0849 6 July 2	4:24	即用派	
Signature of relative or legal representative	for CHINESE CO	ign authoriz	#13P全分
Witness Coordinate	ASSOCIATION		馆
Witness	The lary	Flancing Co.	

E-15627

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A	NAME OF DECEDE		10. LAST (FAMILY) PHOU		2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 11/18/1917 03/25/2000 M
5.6	CITY OF DEATH	AJON	68. COUNTY OF DEATH ENTER STATE SAN	DIEGO	6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOY HARMSANAMYXAY: DAUGNTER
7.4		ORTUARY: I-805 & IMPERIAL A SAN DIEGO, CA 9216	VENUE 78. CAL	F, LICENSE NUMBER	4262 VALETA STREET SAN DIEGO, CA 92107 8A. SIGNATURE OF APPLICANT—Person taking portral, 8B. DATE SIGNED
Ξ	ACHIOMLEDGMENT OF AF	PERCAPIT I hereby acknowledge as applicant that the proposed the Section 10376 of the shadin and Safety Code, and was auth	position status herein is one of the portraif purposent to Section 7300 of the	dispositions authorized by Health and Selety Code	► Culous Me = 103/28/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ASSUED 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 BIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00	03/29/20	ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 SAN DIEGO, CA 92186-5222			OF DISTRICT OF DISPOSITION— JR IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
Section of the second	B. CREMATION		E TEMPORARY ENVAI F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DI		118, DATE BURIE	1/-1
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	D 14G ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
70 "	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND GA DISTR		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.

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MT. HOPE CEMETERY INTERMENT ORDER

INTERMENT ORD

City of San Diego

Date 3-27-00

of	grenn -	Calvin dr. 7	
na		Funeral, date, time TUES 4-1	
	Type of Burtal Container hapel, Graveside		Mortuary.
II Funera	cars must arrive before 3:	30 p.m. of regular work day or an extra charge of	5
vill be app	lied and billed to undersign	ned.	
ot	Grave R	Row PAsettin Division/Block	.49_
	ce & Care Fund		
		MAR 2 7 2000	
pening/C	losing & Setup	MT. HOPE CEMETARY	- 4
lurial Con	tainer	CITY OF SAN DIEGO, C.	
andling F	ees Distriber	ment	350.00
lower vas	ses – Marker setting fee	······································	
lecording	and filing fee	_	
ales taxe	8		10.00
ales taxe	8	Total Due	50.00
ales taxe	8		350.00
sales taxe	8	Total Due	350.00
hereby co	ertify I am the your authority to make dis	Paid receipt number R - 52257 Balance due of the above name sposition of remains as above indicated. I certify a porization and I agree to hold Mt. Hope Cemetery h	ned decedent
hereby or nd this is nat I have ny liability hereby a	ertify I am the your authority to make dis the right to make this author on account of said author uthorize the interment in lo	Paid receipt number R-52257 Balance due of the above name apposition of remains as above indicated. I certify a norization and I agree to hold Mt. Hope Cemetery in the superiorization and interment.	ned decedent and represent armiess from
hereby conditions to the second the second tender of the second tender o	ertify I am the your authority to make dis the right to make this author on account of said author uthorize the interment in lo	Paid receipt number R-52257 Balance due of the above name apposition of remains as above indicated. I certify a norization and I agree to hold Mt. Hope Cemetery in the superiorization and interment.	need decedent and represent armless from
hereby count this is hat I have in hereby audit under	ertify I am the your authority to make dis the right to make this author on account of said author uthorize the interment in lot deed.	Paid receipt number R-52257 Balance due of the above name apposition of remains as above indicated. I certify a norization and I agree to hold Mt. Hope Cemetery in the superiorization and interment.	ned decedent and represent armiess from



THE CITY OF SAN DIEGO E-15628

AUTHORITY TO DISINTER, REMOVE OR REINTER

3-27-00 MONTH YEAR

from Lot 5	Grave	S	ection 100 F	Row	Block 49
Division	And to	remove th	e same to and	reinter sai	d remains in Lot
Grave	Section	F	low	Block	Division
	SIMELWE	14115			
of the remain related to the	ned hereby s and have decedent ope Cemet	certify an the right t as indicate ery harmle	o make this and below. The ess from any	authorizati e undersig liability on	re the legal custodia on, and that they are ned further agree to account of said
The undersig of the remain related to the nold Mount H	ned hereby s and have decedent ope Cemet	certify an the right t as indicate ery harmle	o make this and below. The ess from any	authorizati e undersig liability on	on, and that they are ned further agree to
The undersig of the remain related to the nold Mount H authorization	ned hereby s and have decedent ope Cemet , disinterm	the right to as indicate erry harmle ent, remov	o make this and below. The ess from any val, and reinte	authorizati e undersig liability on	on, and that they are ned further agree to account of said
The undersig of the remain related to the nold Mount H	ned hereby s and have decedent ope Cemet , disinterm	the right to as indicate tery harmle ent, remove	o make this and below. The ess from any val, and reinte	e undersig liability on erment.	on, and that they are ned further agree to

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



Lot	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REA
1	HOWARD, Frederick	Howard, Frederick Est.	\$35.00	7-14-1935		
2	AMOS, Willard			2-10-1925		
3	BECKER, Louis W. BECKER, Mary J.	Decker, L. W.		11/10/1958	B-3993	
4	LARSH, Jennie L. CALVIN, SR. GLEN CHARLES M. CALVIN, Agnes Rita (X)	Marsh, Jennie L. Astate BLACKBURN, (remarried)	04-14-1	7-83-1984 983/29/1985 1/31/1958	E-4940 E-1 B-2862	3540 Ash Va
-6	BLACKBURN, Elizabeth O. BLACKBURN, Jesse L.	Chivin; Elizabeth C.	35.00 (D.I.P. 35.00	9/9/1980 11/13/1975	E-1642 D-6408	X-dee
19	CALVIN, Louis O.	in .		3-10-1931		
8	CALVIN, Charles T.	n.	35,00	1-15-1921		
99	BECIPLE, John		35.00	3-9-1922		
10	WARN, Jennie	Warn, Jennie		5-1-1936		
11	WARN, Ezra	n n	35.00	2-16-1932		
12	TRERICE, William T.			3-8-1932		

TAYLOR SYSTEM OF CEMETERY RECORDING

E-15628

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

T	CALVIN	200	CHARLES	11.00	IC. LAST (FAM	MLY)		A	2. DATE OF BIRTH	3. DATE OF	DEATH Y. YEAR	4. SEX M
5	LA MES.	A		100	SANTETE	200	JTSIDE CALIF.	XIRGT	RELATIONSHIP, FULL M.	IFE	S AND ZI	CODE
7	VIRGIN	The second secon	A—FUNERAL DIRECTOR WIFE A DR. #D S	ANTEE CA			CENSE NUMBER	SANT	RANCH FANITA EE, CA 92071	109500000000000000000000000000000000000	1	- CICLIER
-	ACKNOWLEDGMENT OF /	Thereby a	chnowledge as applicant that it 3/6 of the Health and Salety Co	the proposed disposition	stated hereis is or	re of the dispos 7100 at the Health	more authorized by	M. SIGN	TAMES OF APPLICANT—PO	Parine Derme	4-3	-OO
A	PERMIT AUTHORIZATION OF OCAL REGISTRAR BY CHANGE IN DISPOSI-	THIS PERMIT IS ISSU- SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GIVES IN	JED IN ACCORDANCE & ORNA HEALTH AND SA Y FOR THE DISPOSITION OF MICH OF DISPOSAL ONTIRE EGISTRAR OF DISTRIC	OF CALFORNIA.	7.00	FEE PAID	98. DATE PERM 4/3/20 S OF REGISTRAS	00 R OF DISTI	Dange RE	Deres III		G PERMIT
-	DISPOSITION	COUNTY OF 2	SAN BINGBIE	GO 92186-	-5222	10-20-20	0,000,000,000	VEHENINGS (193		200		
The state of the s	A. BURIAL (INCLI	OF CREMATED REMA	West to the state of the state		TEMPORARY DISINTERMEN SHIP IN TO C	NT CALIFORNIA	F CALIFORNIA		I DISPOSITION I		minantes.	CATED AT
	BURIAL	SINGING H		NA CEMETERY 2800 DEHI EL CAJON		019	B. DATE BURIE	0 110	SIGNATURE OF PERS	ON IN CHARG	E OF BU	RIA
SLE ITEMS	CREMATION	12A. NAME AND AD	ORESS OF CALIFORN	NA CREMATORY		12	B. DATE CREMA	TED 120	2. SIGNATURE OF PERS	ON IN CHARG	E OF CHE	MATION
LL APPLICAE	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORN	NA FACILITY RE	CEIVING REMA	INS 13	B DATE RECE	VED 130	SIGNATURE OF PERS	ON IN CHARG	E OF FA	CILITY
OMPLETE AL	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS			14	B. DATE SHIPP	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		RSON IN	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE NTIFY FINAL PLACE AN				B DATE OF DISPOSITION		SIGNATURE OF PERSI CHARGE OF DISPOSIT		LICENSE NO CREMA MAINS DIS —IF APPLE	TED RE

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 3-28-00

of Valorie	Jones	
Abe of pour continues.	uneral, date, time Fr.day 3-3	
Church, Chapel, Graveside	: Brystall	Mortuary.
All Funeral cars must arrive before \$50 p.m. o	of regular work day or an extra charge of	\$ 150.00
will be applied and billed to undersigned.		
Lot	Section 2 Division/Bloc	* 12
Grave space & Care Fund		895.00
Additional spaces and carefund (· F L	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup		37500
Burial Container PF S		
Handling Fees	15	145.00
Flower vases - Marker setting fee	Q	
Recording and filing fee	200	45.00
Sales taxes		17.05
Mortuary to bring	Total Due	1697.03
Check. Paid re	sceipt number	
	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 as	and I agree to hold Mt. Hope Cemetery h	and represent
hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	Adards	
agriculture of declarated number of country	div	Zip Code
	(months)	
	Invoice #	

poes not went markers. Destroy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-00

in a Type of fluini Container	Funeral, date, time John Melish 04-10
Church, Chapel, Graveside	: Clen Ofley Mortuan
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	signed.
Lot 9 Grave 6	Row Section ODF - Davision/Block 5
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container D LAL	Ternet 1350.0
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
	Total Due 1350
	Paid receipt number 13301
	Balance due
I hereby certify I am the and this is your authority to make	of the above named deceder disposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this a any liability on account of said aut	thorization and interment.
that I have the right to make this a any liability on account of said aut I hereby authorize the interment in	n lot I Caral L. Human 9290 Prumay Dry
that I have the right to make this a any liability on account of said aut	thorization and interment.

tremetrial

SAN DIEGO.

OT	9 IOOF Blk. '5	* *				•	William December 1
-	DECEASED	OWNER	DATE & AM	NOUNT	BURIED	ORDER	REMARK
i	WHED, Thomas N.	WOOD, Mrs. Jean	9/15/1959	125.00	9/17/1959	b-5150	
2	HOFFERT, Max	Hoffert, Cordelia	8/18/1950	\$ 35.00	8/22/50	A-1940	
3	LONGFIELD, Edward	Longfield, Edward Est	8/25/50	\$35.00	12/24/1959	B-5511 A-1959	Deed #6956
4	LONGFIELD, Emma Belle	" "	8/25/50	\$35.00	6/1/1951	A-3027 A-1959	Deed #6956
5	Marsh, Henry W/Marsh, Jean W	Close, dessie	2/25/52	35.00		A-4036 E-10894 (A,B)	Center of Grave
do	CLOSE, William James	Close, Mrs. Jessie	1/22/52	35,00	1/24/52	A-3889	in same Ash Vau
7	ROBINETTE, Lucy Davis	ROBINETTE, Alexander &	4/5/1962	125.00	2/12/1973	D-2699 B-8400	Greenwood T.
8	ROBINETT,toxcader		4/5/1962	125.00	4/27/3970	B-8400	
					del		
1					585	33	
					0.0		
===							M. Comments

TAYLOR SYSTEM OF CEMETERY RECORDING



THE CITY OF

SAN DIEGO

E 15630

YEAR

MONTH

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, a regulations, to disinter the remains of:	
from Lot 9 Grave 546 Section	C. marsh ROW Block _5_ I.O.O.
Division and to remove the same to a in Lot 6 Grave Section 6 Roy	
Division Cemetery Hen Obbe	
The undersigned hereby certify and repre- legal custodians of the remains and have	the right to make this
authorization, and that they are relat indicated below. The undersigned further Cemetery harmless from any liability authorization, disinterment, removal, and	agree to hold Mount Hope on account of said
indicated below. The undersigned further Cemetery harmless from any liability	agree to hold Mount Hope on account of said reinterment.
indicated below. The undersigned further Cemetery harmless from any liability authorization, disinterment, removal, and	agree to hold Mount Hope on account of said reinterment. 25// W Sunflower F SAWTA ANA, CA. 9270
indicated below. The undersigned further Cemetery harmless from any liability authorization, disinterment, removal, and	agree to hold Mount Hope on account of said reinterment. 25// W Sunflower F SAWMA ANA, CA. 92700 Address

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of Californ	iia	E-15630
County of Orang	P	
2-11-00	Toline	Adiais a Notes
On Z // OD	before me, <u>IQLIN e</u>	Ille of Officer (e.g., "Jane Doe, Notary Public")
personally appeared ULY	nes Chester I	-idder -
TALINE ARTINIA Commission # 123 Notary Public - Call	whose name(s) is and acknowledge same in his/her/their signa or the entity upon executed the instruction.	tisfactory evidence to be the person(s) are subscribed to the within instrument to me that he she/they executed the eir authorized capacity(ies), and that by ure(s) on the instrument the person(s), behalf of which the person(s) acted, ument.
My Comm. Expires Sep		d and official seal.
	Saliv	(200D)
		Signature of Notary Public
	OPTIONAL	ons relying on the document and could prevent
Description of Attached		nother document.
Title or Type of Document:	Juthority to Dis	
Title or Type of Document:	Juthority to Dis 2000 Pove: NA	sinter Remove Or Peint
Title or Type of Document: E Document Date: 2-//-2 Signer(s) Other Than Named At Capacity(ies) Claimed by	Authority to Dis 2000 Pove: NA Signer(s)	SINTER REMOVE OFFEINT Number of Pages:
Title or Type of Document: Document Date: 2-//-2 Signer(s) Other Than Named At Capacity(ies) Claimed by Signer's Name: 5000000000000000000000000000000000000	Signer(s) Althority to Dispose Signer(s) Althority to Dispos	Number of Pages:
Title or Type of Document: Document Date: 2-//-2 Signer(s) Other Than Named At Capacity(ies) Claimed by Signer's Name: 5000000000000000000000000000000000000	Signer(s) Actor Signer's Name Corporate Title(s): Partner-	Number of Pages: ne: Officer
Title or Type of Document:	Signer(s) Nector Signer's Name Corporate Title(s): Partner Attomey- Trustee	Number of Pages: Number of Pages: ne: Officer Limited



THE CITY OF

E-15630

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

March 2000 MONTH YEAR

> DIVERSITY BRINGS US ALL TOGETHER

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

	Hen	my Han	d Jean	ve. In	who	
from Lot 9	_ Grave5	46 Secti	on	Row	Block .	5 I
Division	_ and to	remove the	same to	and rei	inter said	remain
in Lot 6	Grave	Section	6 R	ow	Block 3	2
Division	Cemetery	Glen	066	ex		Shaha
The undersign legal custodi authorization indicated bel Cemetery har authorization	ans of t , and t ow. The mless f	he remains hat they undersigne rom any	and have are related further liability	te the rated to ragree on	ight to ma the dece to hold Mon account	ake this dent as unt Hope
were a me	ush	Son		666	9 SALIZAR	51
				SA	Diego, ca	92/1/
Signatur	e	Relation	to decea	sed	Addre	ess
I hereby auth	orize the	e above dis	intermen	t: '		
(Lot owner m	ust sign	if not leg	al custo	dian)	Date	
Diego County Ossa, 2005	- N	1			1115459	T.

-CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

E-15630

County of Jan Nue	TANE FUKUSHINA,
	- Julille sta
	efore me, Notary Notary Notary Public") Notary Public")
personally appeared Will	can & Marsh
	Name(s) of Signer(s) Personally known to me
	proved to me on the basis of satisfactory evidence
	to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/the
JANE FUKUSHIMA	executed the same in his/her/their authorized capacity(les)
Commission # 1115459 Notary Public — California	and that by his/her/their signature(s) on the instrument the
San Diego County	person(s), or the entity upon behalf of which the person(s acted, executed the instrument.
My Comm. Expires Nov 3, 2000	
	WITNESS my hand and official seal.
	e (///-
	Signature of Notary Public
	— OPTIONAL —
Though the information below is not required by	law, it may prove valuable to persons relying on the document and could prevent
	and reattachment of this form to another document.
Description of Attached Docum	nent
	nent
Description of Attached Docum Title or Type of Document:	nent
	Number of Pages:
Title or Type of Document: Document Date:	
Title or Type of Document:	
Title or Type of Document: Document Date:	Number of Pages:
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer	Number of Pages:er(s)
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	Number of Pages: er(s) Signer's Name:
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	Number of Pages:er(s) Signer's Name:
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer Title(s):	Number of Pages: er(s) Signer's Name: Individual Corporate Officer Title(s):
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer Title(s): Partner Limited General	Number of Pages:
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee	Number of Pages: Partner — Limited General Attorney-in-Fact Trustee
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Number of Pages: Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator FIGHT THUMBPRINT Grant Grant
Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer Title(s): Partner Limited General Attorney-in-Fact Trustee Guardian or Conservator	Number of Pages:
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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

Feb. 500C MONTH YEAR

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

Henry H. and Jean C. Marsh

from Lot 9 Grav	e546 section	Row Block _5 I.o.
Division and	to remove the same to	and reinter said remains
in Lot 6 Grave	Section 6 Ro	w Block 30_
Division Cemet	ery Glen abbe	*
legal custodians of authorization, and indicated below. T Cemetery harmless	the remains and have that they are relat he undersigned further	esent that they are the the right to make this ted to the decedent as agree to hold Mount Hope on account of said reinterment.
Betty go Casey	Daughter	777 Shepherdsfield Rd Fulton, Mo 65251
Signature	Relation to deceas	sed Address
I hereby authorize	the above disinterment	
(Lot owner must si	gn if not legal custod	lian) Date
		4



State of Missouri County of Callaway

On this the 16th day of February, 2000, before me personally appeared Betty Jo Casey, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposed therein contained. In witness whereof, I hereunto set my hand and official seal.

Beverly Hayes, Notary

MOTARY PUBLIC STATE OF MISSOURS
CALLAWAY COUNTY
MY COMMISSION EXP. APR. 22,2002



THE CITY OF

SAN DIEGO

(Lot owner must sign if not legal custodian)

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

127e6 zood

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of: from Lot 9 Grave 5 d 6 Section Row Block 5 I.O.O.F. Division and to remove the same to and reinter said remains in Lot 6 Grave ___ Section 6 Row ___ Block 30 Division Cemetery Glen Offer 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. Karel H Marsh 3661 Tully Ct., SAN Jose, CA 15/18 Signature Relation to deceased Address I hereby authorize the above disinterment:

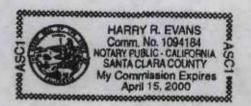


Date

State of Califor NiA

County of SAN +A CLARA

ss.



Subscribed and sworn to (or affirmed)	before me
this 12 day of 7 40 ,	2000 by
(1) Keith H. MARSH	
(2) Name of Signer(s)	
Harry & Com	
Signature of Notace Dublic	

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: A 0+40 Rity To DISINTER

Document Date: 12 7 00 Number of Pages: 1

Signer(s) Other Than Named Above: No NE

RIGHT THUMBPRINT OF SIGNER #1 Top of thumb here PIGHT THUMBPRINT OF SIGNER #2 Top of foumb here

WILLTAN

CLER ANDEY MOSTSANT: MAJE BONTTH BOAD

THE RESERVE DATE OF THE PARTY O

04/04/2000

04/04/2000

P.O. 8UX 85322

SAM DIRGO, CA 97186-5322

FOR CORONES'S USE C

BUSS BONITA ROAD, BURITA, DR 91902

APPLICATION AND PERMIT FOR DESIGNATION OF RUMAN REMAINS

LA MESA, CA 91941 BONITA, CA 91901 04/04/2000 2006118 \$7,00 04/04/2000 MIN. THE ROOM SHIELD MAD IN A PERSON NAMED IN COLUMN P.O. BOX 85222 SAN DIRECT, CA 92186-5222 FOR CORONERS USE ONLY THE PERSON PENSING HERRISTS LOCATED A the Charge and Address. CLEN ARREY MEMORIAL PARK 3838 BUNITA ROAD, BONITA, CA 9190. THE REPORT OF THE PROJECT OF THE PRO

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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GLEN ABBEY MEMORIAL PARK AND MORTLARY BONITA, CA 91902

Fax Cover Sheet

DATE:	4/5/2000	TIME:	839 AM
TO: N		PHONE	colgd 527-3500
		FAX	A147 527-1403
FROM:	THE SPECIAL PROPERTY.	PHONE:	(619) 496-4600
ATTA		FAX:	(\$19) 585-8853
RE: D	IS-INTERMENT (3)	-	
CC:			
Number	of pages including cover sheet:	4	BEILDING BURNER
Message			
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We are using an ALACT OF CO-PTY Pay. Hithern are my pages you and real receive, or use smaller to read, alease call the mornages office as (019) 498-1600.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E - 5630

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-156-30

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E- 15630

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-00

	Susie	Tucker	3)
in a	TS vaut	Funeral, date, time Friday	3-10-00 11:0
Church, Chapel, G	raveside)	: Ragsdo	Mortuary.
All Funeral cars mu	ust arrive before 3:30 p	p.m. of regular work day or an extra o	charge of \$ _/50.00
will be applied and	billed to undersigned.		
Lot A Gr	ave 6 Row	Section Divi	sion/Block
Grave space & Car	re Fund		1395.00
Additional spaces	and care fund		
Opening/Closing &	Setup	PAID	375.00
Burial Container		MAR 2 8 2000	250,00
Handling Fees		MAR 28 ZUUU	185.00
1301101 10000 1000	and demind the man	HUPECEMEIANT	
Recording and filing	g feeCITY	OF SAN DIEGO, CA	45.00
Sales taxes			
		Total Due	2249.38
	P	aid receipt number Cross+ card	taked 55708.38
		Balan	ce due
I hereby certify I an and this is your aut that I have the right	thority to make dispos	sition of remains as above indicated, ation and I agree to hold Mt. Hope Ce	bove named decedent I certify and represent emetery harmless from
any liability on accu) BUIL
any liability on acco	the interment in lot I	Signature 28203 ENGEL &	WINA OAK TIEL
any liability on acco		Signature 28203 ENGELS Address ESCONDIDO City (760) 749 - Tetephone	MAN OAK TIEL CA 92026 7148 Zio Circles

E 15631

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

94

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)		2 DATE OF BIRTH 3 DATE OF DEATH 4 SE MONDS, DAY, YEAR MONTH, DAY, YEAR
Susie		Lillian	Tucker		11/01/1905 03/26/2000 K
San Diego			San Diego		8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT E. Oaby, Son
Andersop-R	- Maria California de Maria California	FUNERAL DIRECTOR OR PE 1.; 5050 Feder San Diego, CA 9	REGINACTING AS SUCH 78 CA	1220	28203 Engelmann Oak Trail Escondido, CA 92026 8A SIGNATURE OF APPLICANT—Person towns point; 8B. DATE SIGNE
ACKNOWLEDGMENT OF AP	PERCANT I hereby ad Section 103	anowedge is applicant that the propos 75 of the Heate and Salete Code, and w	ued disposition stated terrio is one of the as authorized pursuant to Section 71(0) of th	the Health and Safety Code.	Deffer Whelen 03/29/200
AUTHORIZATION OF	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PARISH HEALTH AND SAFETY (FOR THE DISPOSITION SPECIFICATION OF CALF	\$7.00	03/31/200	
	V1ESTHREEST	distrar of district of 1 distr	5222		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
IO. AUTHORIZED DISPO	OSITION(S) CHECK API	PLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		INS OTHER	F DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	(Name and Address)
BURIAL	Ht. Hope C	oness of California Ce emetery; 3751 San Diego,		3-31-00	
12A. NAME AND ADDRESS OF CALIFORNIA CREMAT GREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY SCIENTIFIC 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY		EMATORY	128. DATE CREMATE	TED 12C SIGNATURE OF PERSON IN CHARGE OF CRE	
SCIENTIFIC	13A: NAME AND AD	DRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138, DATE RECEIV	VED 190, SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STAT REMATED REMAINS ARE T		148. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARG OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN W. A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3 - 30 - 00

		MATERIAL PROPERTY.
0.0.3	subject to your rules and regulations, to inter	the remains
of sears new	T. D. 4-4	1700
In B Type of Burks Container	Funeral, date, time 1200 9-9	102
Church Chape Graveside	m. of regular work day or an extra charge of \$	Mortuary.
	-41 E	150.00
will be applied and billed to undersigned.	× Mus.	-
Lot 260 Grave 10 Row_	Section 3 Division/Block	13
Grave space & Care Fund	12- Ned E-13774	-0_
Additional spaces and care fund		.*
Opening/Closing & Setup	11 11	0
Burial Container		0_
Handling Fees	17. #	0_
Flower vases - Marker setting fee		
Recording and filing fee	(t - t)	0_
Sales taxes		-0_
	Total Due	0_
Pai	id receipt number	
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	of the above name ion of ternains as above indicated. I certify an ion and I agree to hold Mt. Hope Cemetery har n and interment.	d represent
I hereby authorize the interment in lot I hold under deed.	X 9380 Satewood	ha
Signature of recorded holidor of dead	X San Neego Ca (1619) 267-012	3 Zip Code
Work Order # E 15632	Invoice #	

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REA-104 (7-96)

This information is available in alternative formats upon request.

F- 15632

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 03/30/2000

1A. NAME OF DECEDENT-FIRST (DIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH DAY, YEAR ENCARNACION FERREL. PEDRO 02/23/1921 II. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE SAN DIEGO OF INFORMANT EL CAJON MARIA SALINAS-DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 7380 GATEWOOD LANE -UF APPLICABLE EL CAJON MORTUARY SAN DIEGO, CA 92014 684 S MOLLISON AVE/EL CAJON, CA 92020 FD-1022 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated horses in one of the dispositions authorized by act is konica 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 03/31/2000 2005925 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** \$7.00 NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA JACKIE KOZICA: LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OSCUMENT SHEET TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVALILIMENT 1. 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 ST/SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREM CREMATION H/A 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE

H/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 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 15D, UCENSE NUMBER SCATTERING AT SEA FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OB 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 CEMÉTERY INTERMENT ORDER

Edmund is

City of San Diego

Date 02-30-00

in a	Funeral, date, time	
Type of Bunul Container Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before p.m.	of regular work day or an extra	charge of \$
will be applied and billed to undersigned		
Lot <u>88</u> Grave <u>2</u> \$3 Row _	Section 2 Divi	sion/ Block 12
Grave space & Care Fund	2 at 895	1790
Additional spaces and care fund		
Opening/Closing & Setup	204 375	_750_
Burial Container	2 07 190	380-
fandling Fees	a of 145-	290-
Plower vases – Marker setting fee		
Recording and filing fee	2 of 45	90
Sales taxes	2 at 14:	2 29.7
PAID	Total Due	3329
JUL 0 3 200 Paid	receipt number K 5 d d	a 500 ice du \$ 829
hereby certify MT thOPE CEMETARY and this is your perhority to make preparation hat I have the right to make his authorization any liability on account of said authorization and the s	of remains as above indicated. and I agree to hold Mt. Hope Co	bove name of the long of the l
hereby authorize the interment in lot I nold under deed.	Signature of 54th	While
lignaturs of recorded holder of deed	81 D. Cu. (46 19)263-9 Telephone	92114 105 Zip Code
North Order # E 15633	Invoice #	of the last
Work Order # E 10000	Acct. #	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY

From Annie & Edmund Wh	Date: 356 - 5444	July 3	3rd, CA	92119	01
Three-Hundred NI	Nety-NINE and 46, PRE-Need Account	(LOT)	ollars (\$.	399,4 Full	() () () () () () () () () ()
Lot 88 Grave	2 and 3 Row - so	ection_2	,	Division /	2
Invoice No.	NOTVALIDEOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE PAID	CREDIT 20% Sales Care 80% Sales of Lots	67907 77184 — 100 77184 —		
W.O. E - 15633 BALANCE DUE	JUL 0 3 2001	Opening/ Closing Burial Containers	77181 — 100 77182 — 100		
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 9022 —	399	46
Pre-need Trust Cash Check X	ISSUED BY A Culturese	Sales Tax TOTAL PAID	60101 78390 —	399	46



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Annie + Edn One - Hund In - Part Paymen	red an	CALL STREET, S	0 - 5444 2		4th D., O	(A 92)	01
Lot 88	NOTVA	LID FOR PURPOSE STATED	UNLESS STAMPED CR	EDIT	67007	Division /	12
Acct. No	PAID	PAII	D 8	0% Sales Care 10% Sales of Lots Opening/ Closing	77184 — 100 77184 — 100 77181 —		
BALANCE DUE 399, 4 Coupen #13		JUN 0 4 20	101	Containers landling Fee Recording & Misc. Fees	77182 — 100 77185 — 100 77183 —		
Pre-Need Lot At Need Pre-need Trust Cash	Check PO	MT. HOPE CEME	SO C	re-Need rust sales Tox TAL PAID	63033 9022 — 60101 78390 —	100	00

WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

	Date:	May	4th	2001
From: annie L. White	Address: 356 - 54th	St. , Sen.	Diego, CA 9	2114
One-Hundred 24	d .NO/100		ollars (\$ 100 -	XXX)
In - part Payment of Pi	Re-Need Lot & TRUST	-		
00	11-0		Division	10
Lot 88 Grave	# 2+3 Row - Se	ection	Bitter	12
Invoice No.	MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	-
Acct. No.	PAID	80% Sales of Lots Opening/	100 77184 100	-
w.o. E-15633		Closing Burial	77181	
BALANCE DUE 499, 46	_ MAY 0 4 2001	Containers Handling Fee	77182 100 77185	
Coupon #12	MT. HOPE CEMETARY	Recording & Misc, Fees	77183	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGO CA	Pre-Need Trust	63033 / 0	0 00
Pre-need Trust Cash Check	11/	Sales Tax	80101 78390	n 00
AC-212 (Rev. 5-94)	ISSUED BY Allecture :	TOTAL PAID	: 10	0

								E-	15633	
WHITE, A	NNIE & EDMUND 356 54th Street, San Diego 9211	4		-970 BIT	05	CI	RED	IT	BALANC	E
03-30-00	Opened Pre-need Lot & Trust. Lot 88 Grave 2 & 3, Sec 2, Div 12		-	790	.00				1790	.00
•	Trust includes 2 opening/closing, 2 liners, 2 handling fees, 2 recording fees, 2 tax on liners.	9		539	46				3329	46
03-30-00 5-3-00	Receipt 522265 1432 80 R - 52385 Coupen	10						.00	1829	19,46
7-5:00	R- 52518 2	6	12/2			i	00	.00	18	9,46
9-7-00	R- 52715 R- 52831 R- 52953	2	D			10000	Contract of the last	00,	13	9.46
15-2-00	R- 33027 7	0	3 20	61			00	00	10	9,46
02-22-01	D-20200 (10) MT	OPE	CEN	NETA NEGO	GA.	2:	50	00	90	9.46
5-04-01	R - 53529 11 cms R - 53644 12 R - 53773 13					711			100	19,46
07-03-01	R-53876 14 WHITE, ANNIE & EDMUND Pre-nee	d L	ot &	Tr	ist	- 3	-			8

E- 1563 to begin and Celestial Grand Chapter Order of the Eastern Star To whom this concern. I called this morning to see if my forment had been required it habit, I could Therbank + fut a stop on it because it was mailed 1/30/01 for the ant. 32000 shis prement is for the following month also-Payment # 10 shank you. annie White

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-30-00

You are hereby authorized and instructed, su		and regula	ations, to in	ter the remains
4		\$	1 -	10100
Type of Burial Container	Funeral, date, time	0	1	1010
Church, Chapel, Graveside 20 0 1000	-: films	Com	aa.	Mortuary.
All Funeral cars must arrive before 200 p.m.	of regular work da	y or an ex	tra charge	01\$ 150.0
will be applied and billed to undersigned				
Lot 135 Grave 3 Row	Section _	1	Division/Bl	13
Grave space & Care Fund	- NEED	E	1631	-0
Additional spaces and care fund				
Opening/Closing & Setup	AID			375.00
Burial Container	R 11 ZUU			190,00
Handling Fees	1 1 2000			145.00
Flower vases - Marker setting feeMT. HC	OPE CEMETAR	48		
Recording and filing fee CITY OF	SAN DIEGO			45.00
Sales taxes				14.73
of pronton	·	otal Due		769.73
Suiza event	receipt number R	- 523	13	769.73
	Mr.	В	alance due	-0-
hereby certify I am the	112	of th	ne shove n	amed 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 s	and I agree to hol	ove indicat	ed. I certify	and represent
hereby authorize the interment in lot I hold under deed.	Signature	7		
	Address	-		
Signature of recorded holder of deed	City			Zip Code
	Telephone			
	Invoice #			
Work Order # E 15634	Acct. #			

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 JUNE				IC. LAST (FAMILY) HACKNEY	1 2017 1200 1200			3/2000	4. SEX
5/	SAN DIEG	0		58. COUNTY OF BEATT ENTER STATE SAN DIEGO	THE REPORT OF THE PARTY OF THE	NAME, RELATIONSHIP, F OF INFORMANT NANCY HOBBS			P CODE
7.6	CONRAD LEM	ON GROVE MC WAY - LEMON	RTUARY GROVE, CA S	1945-1533	FD941 8	5201-A RUFFI SAN DIEGO, C A SIGNATURE OF APPLIC	A 92123	CONTROL DESCRIPTION OF THE PARTY OF THE PART	
	ACHIOWLEDGMENT OF A	FECTION 10	I/E of the Health and Safety Code,	proposed disposition stated territors one of the and was authorized pursuant to Section 7100 of th	e Health and Safety Code	Comanora	MAG	04/06/	Accordance .
11.77	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WIT DRINIA HEALTH AND SAFE Y FOR THE DISPOSITION :	PECIFIED \$7.00	GERUIT K. COU 04/07/200	2000310	OF LOCAL REGI	ISTRAR ISSUIN	G PERMIT
-	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BEAUT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	RDS P.Q. BO	1 10 1		F DISTRICT OF DISPOSIT IN ANOTHER DISTRICT IN		1	
10	. AUTHORIZED DISPI	OSITION(S) CHECK A			The page	FOR	CORONER'S	USE ONLY	
	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	ORNIA.		ITION PENDING and Address)	REMAINS LC	OCATED AT
	BURIAL	MT HOPE	CEMETERY ET STREET CA 92102	CEMETERY	4-11-00	11C. SIGNATURE OF	PERSON IN C	HARGE OF BL	JRIAL
BLE ITEMS	CREMATION	12A, NAME AND AD	DRESS OF CALIFORNIA	GREMATORY	128. DATE CREMATE	D 120. SIGNATURE OF	PERSON IN CH	HARGE OF CRI	EMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13C SIGNATURE OF	PERSON IN C	HARGE OF FA	ACILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING : CREMATED REMAINS A	TATE OR COUNTRY WHERE HE TO BE SHIPPED	14B. DATE SHIPPED		SIGNATURE O		CHARGE
O	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15C. SIGNATURE OF D		ISD LICENSE OF CREM MAINS D	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.

MT. HOPE CEMETERY

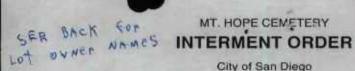
INTERMENT ORDER

City of San Diego

Date_3-31-00

of TAICO	ALMOS OF CONTRACTOR OF CONTRAC	
in a Type of Survey Container	Funeral, date, time	_
Church, Chapel, Graveside	: MAJEK Mont	
All Funeral cars must arrive before 3490 p	m. of regular work day or an extra charge of \$ 150	.00
will be applied and billed to undersigned.		
Lot 145 Grave 12 Row		2
Grave space & Care Fund	1-5-00	0
Additional spaces and care fund	FLLED 37	
Opening/Closing & Setup	37	5
Burial Container		0
Handling Fees		5
Flower vases - Marker setting fee		
Recording and filing fee	45	
Sales laxes		. 2
RIC PRYTON - DROTHER	Total Due	4.
000 193-0116	aid receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	The state of the s	sent from
I hereby authorize the interment in lot I hold under deed.	X Jose m Syfer X 10159 CAMINITO Volk	×
Signature of recorded takker of deed	X Spn Diego (N 100 858 693011 L	Code
Work Order # E 15635	Invoice #	

Hay 4-3 E- 15635 Cansol might be cremation MAYER ('DI)



City of San Diego

Date_03-31-00

				De 10x Venezue avec avec
You are hereby authorized and	instructed, subject	Participation of the Control of the	regulations, to ir	iter the remains
in a dinter	W-3011	eral, date, time	n: 4-7	1100
Church, Chapel, Graveside	Depth	0	oddo.	Mortuary.
All Funeral cars must arrive bef	3:00 ore 3:00 p.m. of re			
will be applied and billed to und		gaine water way at	3.1	7,00.00
Lot 65 Grave 9	Row	Section 3	Division/Bi	ook_12
Grave space & Care Fund				795
Additional spaces and care fund	01			
Opening/Closing & Setup		0 4 LUUU		375
Burial Container	380'0 NBB	0 4 -	y	190-
Handling Fees	320.00	PE CEMETO	Ct	145
Burial Container Handling Fees Flower vases – Marker setting fine	MT. F	FSANUIL		23
Recording and filing fee	29 45			45
Sales taxes				18085
	COURT CONTROL	2 4	S201-Q	100.00
	Paid recei	pt number 1	20207	1499 5
X	into is	Low	Balance due	
I hereby certify I am the and this is your authority to mai that I have the right to make this	ke disposition of r	emains as above i	ndicated. Certif	amed decedent and represent
any liability on account of said a	uthorization and	nterment.	riope Cemetery	7
I hereby authorize the interment	in lot Land	X Glon	a The	omar.
hold under deed.	vitra	1463 C	olored	s are # 6
Signature of recorded holder of deed	10	Chula	Vista	Cu-9/9/6
		585-	1016	Zip Coda
		Telephone.		
Work Order # E 15(226	Invoice #		
Work Order # E 100	000	Acct. #		

Column Mi=94 Gloria Thomas WILL 379.73 R-52290 379,73 Agens thought of sud birentibles 15 88hl 91 EES - A 15.88 HI

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MAK	KE NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS Found (1
A NAME OF DECEDE Jessie	No. 11 to the annual section	1B. MIDDLE	1C. LAST (FAMILY) Thomas		2. DATE OF BIRTH 3. DATE OF DEA 0370771938 03730/2000	TH 4 SEX
A. CITY OF DEATH Sat	n Diego		SB COUNTY OF DEATH	O - STORES OF STREET	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AN OF INFORMANT Larry Thomas, Brother	ID ZIP CODE
	ngsdale Mor San	a-funeral director of Person t.; 5050 Federal Diego, CA 92102	Blvd. F-	1329	463 Colorado Ave. Apt. A Chula Vista, CA 91910 BA SIGNATURE OF APPLICANT—Person balong permit, 8B.	
ACKNOWLEDGMENT OF AF	PUCANT 1 hereby a Section 10	considering an applicant that the proposed the 375 of the Health and Safety Code, and was not	sposition stated berein is one of the horized pursuant to Section 7100 of th	dispositions, authorized by in Health and Salety Code.	Allbe William 04.	/03/2000
TION REQUIRES A NEW	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT GRES IN 90. ADDRESS OF RE	IED IN ACCORDANCE WITH PROVI OFFINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O HANT OF DEPOSAL DUTSIDE OF CAUFORNIA COISTRAP OF DISTRICT OF DEAT DIN CAUFORNIA OTOS: 100 BOX 85	\$7.00 TH- 19E.ADI	04/05/20 OWIELEN DRESS OF REGISTRAR	ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR IS 20062 OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CAUFORNIA	SUING PERMIT
DISPOSITION.		n Diego, CA 92102	The state of the s		FOR CORONER'S USE O	One of the last of
B. CREMATION C. DISPOSITION THAN IN A CE D SCIENTIFIC US	SE .	DORESS OF CALIFORNIA CEMET	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and Address) (Name and Address) (Name and Address)	F BURIAL
BURIAL	мс. норе	San Diego, CA		4-7-00	Sull F. James	/
CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	13B. DATE RECEIV	/EDT 13C. SIGNATURE OF PERSON IN CHARGE O	F FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON OF PLACING WITH THE CARRIER	N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA DIST		16B DATE OF DISPOSITION	CHARGE OF DISPOSITION OF MAI	ENSE NIJMBER CREMATED RE- INS DISPOSER APPLICABLE
-						

COPY J 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 SPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL EGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		DE BEACK HAN CHE! MINI	AL HO FUNDO	RES, WHITEOUTS OR C	HHEH A	ALTERATIONS	Found	
A NAME OF DECEDE Jessie	The state of the s	18. MIDDLE	IC. LAST OF	The state of the s		2. DATE OF BIRTH	3. DATE OF DEATH 03/36/2006AR	4 SEX
A CITY OF DEATH SET	Diego		SENTER ST	OF DEATH—OUTSIDE CALIF., ATE .ego		RELATIONSHIP, FULL MEDITAL TO THOMAS BE	MAILING ADDRESS AND Z	P CODE
Anderson-Ra	AND DESCRIPTION OF THE PARTY OF	t.; 5050 Federal Diego, CA 92102	Blvd.	78. CALIF LICENSE NUMBER —IF APPLICABLE F=1329	Chu1	Colorado Avela Vásta, CA	91910	
ACHNOWLEDGMENT OF A	no maser I heroby:	chromeledge as applicant that the proposed of 0.76 of the Health and Safety Gods, and was au	reposition stated herein is	one of the dispositions sufferined by	150000000000	althre Wel	Person taking permit 88. DAT	3/200
PÉRMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODI TY FOR THE DISPOSITION SPECIFIES IN MIGHT OF DISPOSAL OUTSBE OF CALFORNIA	9A. AMOUNT O	F FEE PAID 9B DATE PERM	000	9C. SIGNATURE OF LC	2006214	G PERMIT
MODERN MEDITORISM PROPERTY AND ADDRESS OF THE ADDRE	本でおける終編編	egistran of district of dea orday P.O. Box 8: in Diego, CA 9210:	5222	9E. ADDRESS OF REGISTRAL # DISPOSITION IS TO OCC	R OF DIST		Aleib	
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS	- 17	Maria Comment		FOR COR	ONER'S USE ONLY	,
C. DISPOSITION OF THAN IN A CE		AINS OTHER	G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFORNIA				
BURIAL.	1 McNAMES BEA	Cama Cary 1975 1 Mg		4-7-00	ED 11	C. SIGNATURE OF PER	SON IN CHARGE OF BI	JRIAL .
		AND REAL PROPERTY AND REAL PRO	92102	118. DATE BURB		Kud F.	SON IN CHARGE OF CR	
	12A. NAME AND A	San Diego, CA	92102 STORY	4-7-00 128. DATE CREMA	ATED 12	C. SIGNATURE OF PER	house	EMATION
CREMATION	12A, NAME AND A	San Diego, CA S	O2102 STORY TY RECEIVING REA	128 DATE CREMA	ATED 12	C. SIGNATURE OF PER	SON IN CHARGE OF FA	EMATION

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

The state of the s	USE BLACK INK ONLY-MA	KE NO ERASURES,	WHITEOUTS OR O'	THER ALTERATIONS Found
A NAME OF DECEDE Jessie	Contraction of the Contraction o	10. LAST (FAMILY)		2 DATE OF BIRTH S. DATE OF BEATH 4 SEX
SA CITY OF DEATH	n Diego	58. COUNTY OF DE	ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Larry Thomas, Brother
	opress of California—Funeral Director on Personagadale Mort.; 5050 Federal San Diego, CA 92102	Blvd.	CALIF, LICENSE NUMBER IF APPLICABLE F-1329	463 Colorado Ave. Apt. A Chula Vásta, CA 91910 BA SIGNATURE OF APPLICANT—PERMIT DAVIG DORNI, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hersby acknowledge as applicant that the proposed of Section 10376 of the Health and Safety Code, and was au			Mella 1 Sec 04/03/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA MEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THIS PERMIT GRES NO MERIT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT	
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P. ADDRESS OF HEGISTRAR OF DISTRICT OF DEA FIRATH OCCUPED IN FAIFORMA. Box 8 San Diego, CA 9210	5222		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE		F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU		(Name and Address)
	the second section of the second section secti			
BURIAL	1 McName And Andress PE CAUFORYS TEME		118. DATE BURIE	11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION		92102		Will F. Jane
CREMATION SCIENTIFIC USE	San Diego, CA	92102 ATORY	118. DATE BURIE 4-7-00 128. DATE CREMAT	Will F land
CREMATION	San Diego, CA 1	92102 ATORY TY RECEIVING REMAINS OR COUNTRY WHERE	118. DATE BURIE 4-7-00 128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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 PPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM SUE DATE.





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-3)-00

	Funeral, date, time _	4-10-0	0 9.00
Type of Burial ContailAer Church, Chapel, Graveside	7	D hemori	Mortuary.
All Funeral cars must arrive before 200 p.m.	of regular work day o	or an extra charge	of\$ 150.00
will be applied and billed to undersigned			
Lot 3 B Row_			leek_ 13
Grave space & Care Fund			140.00
Additional spaces and care fund	AID		11200
Opening/Closing & Setup	AIU		165100
Burial Container	18 2004		50,00
Handling Fees	10 (11.4)		-
Flower vases - Marker setting fee MT. HOF			-13
Recording and filing fee	SAN DIEGO, Cr		45.00
Sales taxes			201 01
becca.	Tota	I Due	306.00
paid mud Paid	receipt number		
gulfic "		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	n and I agree to hold I	indicated, I certif	named decedent ly and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Gignature		
	Address	7.0	
Signature of recorded holder of deed	Cay		Zip Code
	Teisphone		THE REAL PROPERTY.
	Invoice #	330366	0
Work Order # E 15637	Acct. # 0	00950	
TYUIN CITUEL W	ALUCIA W	-	

E-15637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

66

1.0	A. NAME OF DECEDE	NT—FIRST (GIVEN) 18 MIDDLE	IC. LAST (FAMILY)	2 DATE OF BIRTH 3. DATE OF DEATH 4. S MONTH, DAY, YEAR MONTH, DAY, YEAR	E .
-	WILLIAM	Le	MOORD	08/05/1933 03/28/2000 1	_
5/	A. CITY OF DEATH		58. COUNTY OF DEATH—OUTSIDE CALIF	 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COS OF INFORMANT 	
_	SAN DIEGO		SAN DIEGO	REBEECA BARR - PAO	
TA	SAN DIEGO	MEMORIAL CHAPEL RSITY AVE. CA 92104	N ACTING AS SUCH 78. CALIF LICENSE NUMB—IF APPLICABLE FD—1575	SAN DIEGO, CA 92123 BA SIGNATURE OF APPLICANT, Forset taking parmet, 88. DATE SIG	WED
_	ACKNOWLEDGMENT OF A	Thereby acknowledge as applicant that the proposed if	specifies stated leven is one of the dispositions authorized thereod pursuant to Section 7100 of the Realth and Safety Code.	1 > 94/12/3 Johnson : 04/03/	204
	PERMIT OUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODI AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT. NOTE: THIS PERMIT SHE'S NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$7.00 04/07	/2000 2006313	MAIT
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85 SAN DIEGO, CA #2186-5222	I IF DISPOSITION IS TO C	RAP OF DISTRICT OF DISPOSITION— DOCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	-
	B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	L DISPOSITION PENDING—REMAINS LOCATE (Name and Address)	PAT
	BURIAL	MT HOPE CEMETERY; 3751 MAI SAN DIEGO, CA 92102		OF THE SIGNATURE OF PERSON IN CHARGE OF BURD	,
E ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY 128. DATE CRE	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI	
田	SASSAMO				ON
LL APPLICABL	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS 13B. DATE RE	CEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
OMPLETE ALL APPLICABL		13A. NAME AND ADDRESS OF CALIFORNIA FACILIT 14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO B	R COUNTRY WHERE 14B DATE SH		Y

COPY 2 IS RETAINED BY 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 03-31-00

You are hereby authorized and instructed, sub	ject to your rules and regulations, to in Hernan de Z	nter the remains
in a double double Fi	uneral, date, time Thex sdee,	4-6-00 1: Mortuary.
All Funeral cars must arrive before p.m. o will be applied and billed to undersigned.	f regular work day or an extra charge	of\$ <u>/50.0</u> 0
Lot 161 Grave 3 Row	Section 2 Division/8	100k 12
Grave space & Care Fund		
Opening/Closing & Setup		375.00
Handling Fees APR 0		320.00
Flower vases – Marker setting fee MT. HOPE C Recording and filing fee CITY OF SAN Sales taxes	DIEGO, C,	45.00
Paid re	Total Due	2044.45
I hereby certify I am the U.J. 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 the above rof remains as above indicated. I certified and I agree to hold Mt. Hope Cemeter	named decedent fy and represent
I hereby authorize the interment in lot I hold under deed.	*Son Drive	Ave 92104
Work Order # E 15638	((019) 528-941 Telephone Invoice #	Zup Code

E-15638

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-PIRST (GIVEN) 18 MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR RICARDO **JESUS** HERNANDEZ 22/1956 03/28/2000 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego OF INFORMANT San Diego Alice Belinda Hernandez - Kife 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 3236 Grim Avenue -IF APPLICABLE Heath Funeral Home, 611 Highland Ave., National City CA 91950 San Diego CA 92104 FD 807 BA. SIGNATURE OF APPLICANT-Ferror takey permit. BB. DATE SIGNED 04/03/2000 hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by ACHNOWLEDGMENT DE APPLICANT other 18376 of the Health and Solety Code, and was authorized pursuant to Section 7(90 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA. AMOUNT OF FEE PAID BB. DATE PERMIT ISSUED LOCAL REGISTRAR ISSUING PERMIT PERMIT SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 04/03/2000 \$7,00 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E 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 CAUPORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL Box 82555, San Diego CA 92186 - 5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONL' E TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMEMENT) 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 LIA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURNED LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL Mt. Hope Cemettely, San Diego CA 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 126 DATE CREMATED 12C SIGNATURE 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 148 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 13D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED HE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSES 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 4-3-00

na Sunur	1150 4-6 100
Type of Busial Conjuiner	Funeral, date, time WED 9-5 1.00
Church, Chape (Graveside)	: RAGSDALE Mortuary.
All Funeral cars must arrive before \$600 p	o.m. of regular work day or an extra charge of \$ 150.60
will be applied and billed to undersigned.	* Cej
	00
ot 88 Grave 3 Row	Section 5 Division/Block 19
Grave space & Care Fund	795.00
	AID
	375 00
APR (3/3/000
Surial Container	145,00
	CEMETARY
Flower vases - Marker setf@ffVeOF.S/	AN DIEGO C
Recording and filing fee	43.00
Sales taxes	14. (3
	Total Due 15641
P	aid receipt number K-522 1564-15
V	Balance due
hereby certify I am the	Atter of the above named decedent
and this is your authority to make dispos hat I have the right to make this authoriza	ition of remains as above indicated. I certify and represent alion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	ion and interment.
	Sharlall of Junes
hereby authorize the interment in lot I	
hereby authorize the interment in lot I nold under deed.	× 3060-53/201#33
nold under deed.	× 3060-53/201 #33
hereby authorize the interment in lot I sold under deed.	× 3060-53/201 #33 × Jan alega CA 92105 Cor (C19) 5-01-2113 Explose
nold under deed.	× 3060-53/204 #33 × 3060-53/204 #3 × 3060-53/204 #3
nold under deed.	X 3060-53/204 #33 x 3060-53/204 #33 x 3060-53/204 #33 Cer (6/9) 5 82-443/0000 Yelliphtone 263-1781 Invoice # 263-1781

E-15639

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) 1B. MIDDLE 1C. LAST (FAMILY) illian Bonnie Moton 0572071918 SA CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. II. NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE Shella Moton, Daughter SHIP D'LEgo San Diego 912 Alvin St. YPEO NAME AND ADDRESS OF CALIFORINAL FUNERAL WEST OF CONFESSION ACTIVITY AS SUCH 78. CALIF, LICENSE NUMBER -IF APPLICABLE San Diego, CA 92114 San Diego, £A 92102 F-1329 BA. SIGNATURE OF APPLICANT—Freum being pirmit, 8B. DATE SIGNED hereby extraoredge at applicant that the proposed disposition stated herest is use of the dispositions authorized by 04/03/2000 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursoonly to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDING A 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 PERMIT Capelliano NOTE: THIS PERIORY GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE Vitaingerstate P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW PINAL San Diego, CA 92186-5222 DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL UNCLUDES ENTOMBMENT E TEMPORARY ENVAULTMENT 1. 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 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN DHARGE 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 TRANSET 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 CHARGE OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

VS 9 (RE. 01)

CHARGE OF DISPOSING OF THE CREMATED REMAINS

CORY 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

City of San Diego

Date 04-03-00

You are hereby authorized and instructed, su	bject to your rules and regula	tions, to inter the remains
or Danny I. Br	own	
ina t. S. Vault	Funeral, date, time	
Type of Burel Container Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before \$300 p.m.	of regular work day or an extr	a charge of \$
will be applied and billed to undersigned.		•
Lot 1891 Grave Row	Section [Division/Block-10
Grave space & Care Fund		995
Additional spaces and care fund	DAID	
Opening/Closing & Setup	PAID	375
Burial Container AF	R n a 7001	_250
Handling Fees		185
Flower vases - Marker setting feeMT. h	IOPE CEMETARY	
Recording and filing fee	F SAN DIEGO, CA	45-
Sales taxes		19.3
	Total Due	\$1869
Paid (eceipt number B-52	271 1000
	R-535	77 due #869.
I hereby certify I am the	of th	e above named Second
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 indicate and I agree to hold Mt. Hope	ed. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
- 45046	Invoice #	
Work Order # E 15640	Acct. #	

BROWN,	DANNY	I.	739	Santa	Isabel	Dr.,	San	Diego	92114

Opened Pre-need Lot Lot 1891, Division	& Trust.				
Lot 1891, Division	10				THE REAL PROPERTY.
Trust includes ones			995.00		995.00
riuse includes oper	ning/closing, T.S. Vault,				
-52271 reco	rding fee, tax on vault.		874.38	1000.00	869.38
		PA		78.00	797.38
R-52535	3 2 4	4-6		72.00	7 25.38
R- 5,2636	3 2 6	TRI	ST)	74.00	653138
R- 52737		~		72.00	581.38
R- 52844	9 2 10			72.00	509.38
R- 52945	11 - 15			72100	437.38
R- 530 22	13 ~ 14			72.00	365.38
R-53113	15 + 16			72.00	293.30
R- 53208	17 ~ 18			72.00	7a1.38
R-53309	19+20			72.00	149,38
R-53428	3/ 2 23			72.00	77.38
R-53527	23+24			77.38	00.00
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BROWN, DANNY Pr	e-need Lot & Trust				
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Send or bring one coupon with each remittance COUPON
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Pre-need Lot & Trust
Danny Brown E-15640
739 Santa Isabel Dr. San Diego, CA 92114
Lot 1891 Division 10
Month and Day Due Indicated Below
AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL
10
Amount due when paid on, or before,
due date above.
Amount due if paid more thandays after due date above.
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Amount Received \$ 06.00
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Send or bring one coupen with each remittance COUPON 7
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Pre-need Lot & Trust
Danny Brown E-15640
739 Santa Isabel Dr.
San Diego, CA 92114
Lot 18 Month and Day Due Indicated Below
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
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Amount due if paid more than days after ofue date above.
anter out outs arrive.
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DO NOT MAIL ENTIRE BOOK
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Danny Brown E-15640
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San Diego, CA 92114 Lot 1891 Division 10
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Seed of bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-meed Loc & Trust Danny Brown 739 Sance Isabel Dr. San Diego, CA 92114 Lot 18 Month and Day Due Indicated Below SEP DCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Armount due when paid on or before.
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Sere of bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-meed Loc & Trust Danny Brown 739 Sance Isabel Br. San Diego, CA 92114 Lot 18 Month and Day Due Indicated Below SEP DCT NXV DEC JAN FEB MAR APR MAY JUN JUL AUG Armount due when paid on or before. Que date above.
Seré et bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-meed Loc & Trust Dinnry Brown 739 Sanca Isabel Dr. San Diego, CA 92114 Loc 19 Month and Day Due Indicated Below SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Arrount due when paid on; or before, due date above. Arrount due if paid more than days after due date above.
Serie of bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-meed Loc & Trust Dinny Brown 739 Sance Isabel Br. San Diego, CA 92114 Loc 18 Month and Day Due Indicated Below SEP DCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Armount due when paid on, or before, due date above. Armount Received \$ 36.00 NAME

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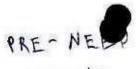
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TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-00

Church, Chapel, Graveside; ### 3:00 ##################################	Mortuary
til Funeral cars must arrive before $\stackrel{3:00}{=}$ p.m. of regular work day or an extra of	
A STATE AND THE STATE OF THE ST	narge of \$ 150.00
vill be applied and billed to undersigned	
ot 1890 Grave Row Section Divis	ion/Block 10
3rave space & Care Fund PRE-NEED E-14	85Y -0
Additional spaces and care fund	
Dpening/Closing & Setup	375.00
Burial Container	250.00
landling Fees	185,00
lower vases – Marker setting fee	
Recording and filing fee	45.00
Gales taxes	19.38
Total Due	874.3
Paid receipt number R-52272	150.00
Balanc	e due 741.32
hereby certify I am the of the ab	ove named decedent
and this is your authority to make disposition of remains as above indicated. I that I have the right to make this authorization and I agree to hold Mt. Hope Cer	certify and represent metery harmless from
any liability on account of said authorization and interment.	10.
hereby authorize the interment in lot I	Mean
hold under deed.	TON IR
Expensive of recorded holder of deed + Saw Deego	a 92105
4(619)264-5	445

MEANS, PEC	GGY 2345 Blackton Dr	., San Diego 92105 264-544	5		
			DEBIT	CREDIT BA	LANCE
04-03-00	Opened Pre-need Trus	t. Trust includes	874.138		874 .38
		. Vault, handling fee,			
	recording fee, tax				
-	(Lot 1890 Div 10)			150 00	704 20
04-03-00	R-15641	Way	12/	150.00	724.38
5-15-00	R- 52441	Coupon # 1		30,00	694.38
6-19-00	R- 52578	, of this		30,00	664.38
7-19-00	R- 52685	3		3000	634.38
8-9-00	R- 32755	4		30:00	604.38
9-20-00	R-52891	5		30 00	574,38
10-12-00	R- 52970	6		30.00	544.38
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63-20-01	R-53475	Coupon 11		30.00	394.38
04-4-01	R-53565	12		30.00	364.38
05-01	R-53673	13		-30,00	334.38
6-08-01	R-53798	14		- 30,00	304.38
7-10-01	R-53900	15		- 30,00	274,38

MEANS, PEGGY

Pre-need Trust

Contid. Bal Ferward: 274,38 7-31-01 Aug 10 Coup # 15 R-53965 9-04-01 R-54107 Sep 10 Coup # 17 30.00 30.00 R-54201 10-5-01 8-51315 11-9-01 30.00 Dec 10 # 20 12-4-0 30,00 1-9-02 3-5-02 3-15-02 4-10-02 R-54532 30.00 30.00 23 34.38 R- 54853



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

From: Peggy E. Means Thurty and WO/	Address.	ckton Da	11th 2, 5.D., Ilars (\$ 30	, 92/ , 92/), 00), XXX	05
Invoice No	ROW Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID APR 1 1 2001	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77181 100 77182 100 77185	ision)	0
Pre-Need Lot	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 63033 9022 80101 78390	30	00

CITY OF SAN DIEGO, CALIFORNIA

54107

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Reggy & Means	Address: 2345 Blackt Aty Pollan X/100	on Dr Su	Die	20 30.00) (105
Lot 1890 Grave	Row S	ection		Division	0
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 —		
The House France County Control	of on P	Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101 78390 —	30	00
AC-212 (Rev. 5-94) 7.10	I ISSUED BY WALLE CHANGE	TOTAL PAID		30	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

O T Mark	Date:	May 1	1th	CA 9 2	2/25
Thirty and in part payment of	PRE-Need TRUST	D	ollars (\$	30.9	X)
Lot 1890 Grave _	Row Se	ction		Division /	0
Invoice No. Acct. No. W.O. E-15641 BALANCE DUE 334,38 Coupon#13	PAID MAY 1 1 2001 MT. HOPE CEMETARY	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Racording & Misc. Fees Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183	20	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	UITY DE CAMPIERS	Trust Sales Tax TOTAL PAID	9022 60101 78390	30	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEME

From Peggy Means ** Thirty and NO	Address: 2345 Blackt	June Jon DR., S.	D., CA 92105	5
In _part Payment of Lot1890 Grave	Pre-Need TrusT	ection	Olyfsian /	0
Invoice No. Acct. No. W.O. E - 15641 BALANCE DUE 304, 38	PAID JUN 0 8 2001	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67097 77184 100 77184 100 77181 100 77182 100 77185	
Coupen 14 Pre-Need Lot	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 80101 78390 \$	



WHITE TO CUSTOMER CANARY CEMETERY

Thirty and NO/	Address: 2345 Blackto		n Diego, CA	9211
Lot 1890 Grave	ROWSE	ection	Olvision /	0
Acct. No. = - 15641	PAID INTHIS SPACE	20% Sales Care 7 80% Sales of Lots 7 Opening/ Closing 7	7007 7184 — 100 7184 — 100 7184 — 100 7181 — 100	
BALANCE DUE 274.38 Coupon #15	JUL 1 0 2001	Handling Fee 7	100 17182 100 17185 100 17183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ISSUED BY ACLINESS	Trust Sales Tax 6	9022	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

Address: 2345 Blackt	July on DR.,	3/5, 5.D,	CA 92/1	05
- Need Trust	D	ollars (\$ _	U	
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MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee Recording & Misc. Fees Pre-Need	77185 — 100 77183 — 63033	30	00
sy Stulverso 2	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	30	00

From Peggy E. Means Thirty and 'NO,	Address: 2345 Black
In - Part Payment of	Pre-Need Trust
Lot 1890 Grave	Row
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W.O. E - 15641 BALANCE DUE 244, 38	JUL 3 1 2001
Coupen 15 - Aug	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Stulverso



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54201

From Peggy Mean	Date On Kill	10-5	, 20	01
Thirty and 700	re-need trust	Dolla	ars (\$ 30.0	0_)
Lot 1890 Grave	Row	Section	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 7 80% Sales of Lots 7 Opening/ Closing 7 Burial Containers 7	77007 77184 100 77184 100 77181 100 77182 100 77185	
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☒ Cash ☐ Check ☒	u. A	Pre-Need 6 Trust Sales Tax 6	100 7183 3033 9022 0101	00
AC-212 (Rev. 594) #-2652	ISSUED BY VCW MCS	TOTAL PAID	\$ 30	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54315

Payment of Pr	e- Nud Trust	on Da I	en D	Division	921
Lot Grave	Row Se	CREDIT	67007	Block-	
Invoice No	PAID IN THIS SPACE.	20% Sales Care 80% Sales	57007 77184 ——		
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BALANCE DUE 154.30		Containers	77182 — 100 77185 —		
		Handling Fee Recording &	100 77183		
re-Need Lot At Need On Acct		Misc. Fees Pre-Need Trust	63033	30	0
re-need Trust A Cash Check	- 111 111	Sales Tax	60101 78390		
	ISSUED BY D SMICHULINA	TOTAL PAID	\$	30	0



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54417

Peace meons	Address: Anne	Date: 12/	04	, 20	01
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ot 1890 Grave		Section		Division Stock	0
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C-212 (Rev. 5-94) 2-673	ISSUED BY	TOTAL PAID	'_	30	ac



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54532

From Regay Means Thirty In part Payment of	Address: 2345 Blandin	ad non	∼D.	30.00	105
Lot 1890 Grave _	Row Se	ection		Division \	0
Invoice 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 & Miso, Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	111111	Pre-Need Trust Sales Tax	63033 9022 — 60101 78390 —	30	00
AC-212 (Rev. 5-94) 3735	ISSUED BY A MANUALLY	TOTAL PAID	*	30	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54618

meins Dollars (\$ 30.00 Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 77184 Invoice No. "PAID" IN THIS SPACE. 20% Sales Care 80% Sales 77184 of Lots Acct. No. 100 Opening/ Closing 77181 Burini 77182 Containers BALANCE DUE 100 77185 Handling Fee Recording & Misc. Fees 100 77183 30 Pre-Need 63033 On Acct At Need Pre-Need Lot Trust 9022 Pre-need Trust Cash Sales Tax 60101 Check TOTAL PAID AC-212 (Rev. 5-94)

CITY OF SAN DIEGO, CALIFORNIA

54767

From Reggy E. Means Shorty and 00. In part Payment of Pre	- need trust account	d	ollars (\$	30.00	
Lot 1890 Grave _	Soupor#23	ction	44.4	Division /	0
Acct. No. W.O. BALANCE DUE At Need On Acct Pre-need Trust Cash Check		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording 8 Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 100 77183 — 63033 9022 — 60101 78390 —	30	00
AC-212 (Rev. 5-94) 9 X / / 2	ISSUED BY Jamelle Crawy	TOTAL PAID	\$	30	00

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MT. KOPE'CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-03-00

You are hereby authorized and instructed, of Bafael De I	a CRUZ	WED 4-5 3:
n a Liner	_ Funeral, date, time _	Guadalupana
Church, Chapel, Graveside		Mortuary.
3/00 All Funeral cars must arrive before 3/80 p.1	m. of regular work day o	or an extra charge of \$ 150.00
vill be applied and billed to undersigned.		0
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of Grave - Row	Section	Division/Block 9_
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TIV S		Balance du 737.3
havabit and the Law the	R-	53296 73713
hereby certify I am the	on of remains as above	of the above named decedent e indicated. I certify and represent
nat I have the right to make this authorization in the liability on account of said authorization	ion and I agree to hold I n and interment.	Mt. Hope Cemetery harmless from
	ECEA	UIEL STA CENT
hereby authorize the interment in lot I old under deed.	Signature	are som crea
PALRE FAHADA	Address	· VI OF
gramma of recorded holder of deed	15 3 C	SCOTT ST
	Come	VEGO CA 9210
	Telephood (619)	758-1693
- 45040	Invoice #	
Vork Order # E 15642	Acct. #	

E-15642

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA	MILY)	- 8	DATE OF BIRTH	3. DATE O		4. SEX
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A. CITY OF DEATH	-10		1 THE STATE COME OF THE STATE OF THE STAT	F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL I	MAILING ADDR	ESS AND Z	CODE
SAN DIEG	D		SAN DI	GO	EZEO	THE DELACE	RUZ-FAT	HER	
A. TYPED NAME AND A	DDRESS OF CALIFORN	A-FUNERAL DIRECTOR OF	R PERSON ACTING AS SUCH	7B. CALIF. LIGENSE NUMBER	1530	SCOTT ST	200 Maria		
GUADALUP	ANA MORTUAL	2601 IMPER	TAL AVE	-IF APPLICABLE	SAN !	DIEGO, CA, 92	210# 47	106	
SAN DIEG	O,CA,92102			FD-1425	BA. SIGNATURE OF APPLICANT—Posson taking permit BB. DATE SIGN				
ACKNOWLEDGMENT OF A	PLICANT hereby a Section 10	cknowledge as applicant that the p 376 of the Health and Safety Code, i	proposed disposition stated becomes and was authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	> /	116 Kin	0	04/0	4/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE BY FOR THE DISPOSITION S 0 MENT OF DISPOSAL OUTSIDE OF	TY CODE	JESE CHA 04/04/20	VEZ 2	C. SIGNATURE OF LO 006130	DCAL 456 IST	rafissuin	3 PERMI
	VITAL REC	EGISTRAR OF DISTRICT D IN CALIFORNIA PRDS. P.O. BOX CA, 92186-522	85222	9E. ADDRESS OF REGISTRAR of DISPOSITION IS TO OCCU					
D. AUTHORIZED DISPO			91			FOR COL	RONER'S U	SE ONLY	
A BURIAL (INCLU	IDES ENTOMBMENTS		E. TEMPORAR	Y ENVAULTMENT			PENDING-P	REMAINS LO	
B. CREMATION	OF CREMATED REM	AINS OTHER	F. DISINTERMI G. SHIP IN TO H. TRANSET TO	Talky was done to		(Name and /	Address)		CATED
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE	DDRESS OF CALIFORNIA	G. SHIP IN TO	CALIFORNIA		SIGNATURE OF PER		IRGE OF BL	
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B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND AI MOUNT HOP SAN DIEGO 12A. NAME AND AI	DDRESS OF CALIFORNIA COMETERY, 37 ,CA, 92102 DDRESS OF CALIFORNIA	G. SHIP IN TO H. TRANSIT TO CEMETERY SI MARKET ST	CALIFORNIA D OUTSIDE OF CALIFORNIA 118. DATE BURBE 4-5-06 128. DATE CREMA	TED 12C.	SIGNATURE OF PER	RSON IN CHA	AGE OF CRE	RHAL C
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION	OF CREMATED REM METERY SE 11A. NAME AND AI MOUNT HOP! SAN DIESO 12A. NAME AND AI 13A. NAME AND AI	DDRESS OF CALIFORNIA CA, 92102 DDRESS OF CALIFORNIA DDRESS OF CALIFORNIA	G. SHIP IN TO H. TRANSIT TO CEMETERY TARKET ST CREMATORY FACILITY RECEIVING REM	CALIFORNIA D OUTSIDE OF CALIFORNIA 118. DATE BURBE 4-5-00 128. DATE CREMA 138. DATE RECEI	TED 12C.	SIGNATURE OF PER	RSON IN CHARGON IN CHA	ARGE OF FA	MATION CELITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-00

of	Dovi	d E Mor	900	1:00
in a	SVault	Funeral, date, ti	me Thursday "	4-6-00
Church, Chapel,		*	Markley- Mito	Mortuary.
All Funeral cars	must arrive before 3	: 00 p.m. of regular work	day or an extra charge	01\$ 150.00
will be applied a	nd billed to undersig	ned.		
Ca 1003	Grave F	low Section	3_ Division/Bl	ack <u>8</u>
				1395.00
Additional space	es and care fund	PAID)	375.00
			Ju	250.00
Handling Fees .		ALL (1.3 200		185.00
Flower vases –	Marker setting fee	MT. HOPE CEME	TARY	1938
	iling fee	OF OTHER	IC, CA	
			···	19.38
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		Paid receipt number	52278	2269.38
			Balance due	_0_
that I have the ri	authority to make di- ght to make this auth	aposition of remains as iorization and I agree to rization and interment.	of the above n above indicated. I certif- hold Mt. Hope Cemetery	amed decedent y and represent y harmless from
I hereby authoric hold under deed	ze the interment in lo	t I Signature	36 Bay	on Dr
Signature of recorded to	older of deed	City 19 Telephone	-583-119	2 20 Code
Work Order #	1564	3 Invoice #		

E- 15643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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 09/02/1924 03/31/2000 DAVID EUGENE MORGAN 5A. CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. 8 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE SAN DIEGO FRANCES HORGAN - WIFE 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 4736 BAYLOR DRIVE -IF APPLICABLE MERKUEY-MITCHELL MURTUARY, 3655 FIFTH SAN BIEGO. CA AVENUE, SAN DIEGO, CA 92103 FD-119 MA. SIGNATURE OF APPLICANT-Person timing-person, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herom is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Safety Code, and was sufficient oursuant 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 04/05/2000 2006201 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT V.I. MITCHELL MOTE: THIS PERSON CLASS NO BIGHT OF DISPOSAL DUTSING OF CALEDRINA 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 CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P BOK 85222, SAN DIEGO, CA 92186~ DISPOSITION. 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, BURBAL SAN DIEGO, CA 92102 (SAN DIEGO COUNTY) -6-00 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CR CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ALL 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 DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION 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.

E- 15643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE EUGENE		IC. LAST (FAMILY)		2 DATE OF BIRTH 3 DATE OF DEATH 4 SEX				
5/	CITY OF DEATH	SAN DIEGO	58. COUNTY OF DEATH- ENTER STATE SAN	DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES HORGAN - WIFE				
7.0	MERKUEY-N	ORESS OF CALIFORNA—FUNERAL DIRECTOR OR PERSON A LTCHELL HURTUARY 3655 FIFTH	-IF/	PPLICABLE	4736 BAYLOR DRIVE SAM DIEGO, CA 92115				
_	AVERUE, S	AN DIESO, CA 92103		pendors authorized by	BA. SIGNATURE OF APPLICANT—Forson lating permit, 68. DATE SIGNED				
	PERMIT UTHORIZATION OF OCAL REGISTRAR	Section 10076 of the Health and Salaty Code, and was author THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALLEDORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HIS PERMIT BIES NO BIGHT OF DOPOSAL OSTSEE OF CALFORNIA. NOTE: THIS PERMIT BIES NO BIGHT OF DOPOSAL OSTSEE OF CALFORNIA.	AND REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSON AND PERSONS ASSESSMENT OF THE PERSON AND PER	98. DATE PERMIT					
A		D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH # DEATH OCCURRED IN CALIFORNIA			OF DISTRICT OF DISPOSITION— DE IN ANOTHER DISTRICT IN CAUFORNIA				
III	A. BURIAL (INCLI		E. TEMPORARY ENVAU F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID	NIA	FOR CORONER'S USE ONLY L DISPOSITION PENDING—REMAINS LOCATED ((Name and Address)				
	BURIAL	HOUNT HOPE CENETERY, 3751 M SAN DIEGO, CA 92102 (SAN D	ARKET STREET,	4-6-00					
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIC				
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEN	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
MAPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR OR REMAINS OR CREMATED REMAINS ARE TO BE S		148. DATE SHIPPE	THE CARRIER OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
5.	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE				

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

MT. HOPE CEMETERY

INTERMENT ORDER

Prened

REA-104 (7-96)

City of San Diego

				Date	4-3-	~
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of				Morg	0.0	
in a	of Container	Fur	eral, date, l	time		
Church, Chapel, Grav		00				Mortuary.
All Funeral cars must			egular work	day or an e	xtra charge of \$	150.00
will be applied and bill	ed to undersigne	d	Die .			
Lot 1002 Grave	Ro	w	Section	3	Division/Block	8
Grave space & Care F	und		***************************************			1395.00
Additional spaces and	care fund					
Opening/Closing & Se	tup		AL	D		
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rianumiy rees	*********************	************	************	**************		
Flower vases - Marke	r setting fee	MT. HO	PE CEMI	ETARY		
Recording and filing fe	ie	ITY OF	SAN DIF	GC		
Sales taxes						
				THE WANTED		1395.0
		Paid rece	ipt number	522	78	1395.00
					Balance due _	0
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			20	anel	morg	gon)
I hereby authorize the hold under deed.	interment in lot I		Signature			•
			Address			
Signature of recorded holder of a	beaut .		City			Zip Code
			Telephone			
			Invoice #			
Work Order # E	15644	0 14	Acct. #			

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This information is available in alternative formats upon request.

Preleed.

MT. HOPE CEMETERY INTERMENT ORDER

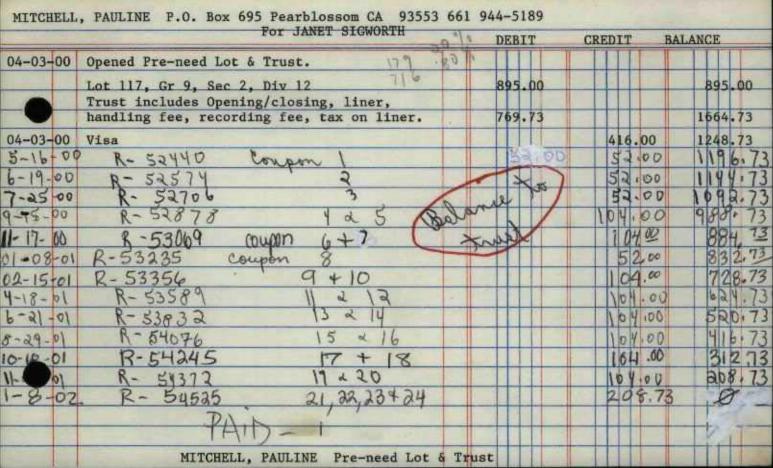


City of San Diego

Date 04-03-00

Church, Chapel, Graveside All Funeral cars must arrive before \$300 p.m. of regular work day or an extra charge of \$150_00 will be applied and billed to undersigned. Lot 117 Grave 9 Row Section 2 Division/Blook 12 Grave space & Care Fund 895 Additional spaces and care fund 90 pening/Closing & Setup 90 pening/Closing & Setup 90 pening/Closing & Setup 90 pening/Closing & Setup 90 pening/Closing and filing fees 90 pening f	ina LineC F	Funeral, date, time
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will be applied and billed to undersigned. Lot 117 Grave 9 Row Section 2 Division/Block 12 Grave space & Care Fund 895 Additional spaces and care fund 975 Depring/Closing & Setup 975 Burial Container 9790 Handling Fees 975 Flower vases - Marker setting fee 975 Recording and filing fee 975 Paid receipt number 975 Balance due 1279 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 Cernetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Substitute 1700 Segnature of recorded holder of deed 1700 Telephone 1700 Invoice # Invoi	3:00	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Burial Container Handking Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Total Due Balance due Additional spaces and care fund Paid receipt number 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. Substance Janet Signotth Titlephone Invoice # Invoice #		or regular work day or an extra charge of \$ LBD=0
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Market setting fee Recording and filing fee Paid receipt number Paid receipt number Flower vases 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 lagree to hold Mt. Hope Cemelery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I hold under deed. Suffer Janet Signature O.Box - 695 Suffer Janet Signature O.Box - 695 Suffer Janet Signature O.Box - 695 Sepatator of recorded holder of direct	will be applied and billed to undersigned	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handking Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Total Due Balance due 1272 Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Suffey Janet Signothia Addition Care 9355 Sepatition of recorded holder of direct 15645		007
Dening/Closing & Setup	Grave space & Care Fund	
Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Paid receipt number Paid receipt number Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemelery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Suffer Janet Sysoeth Separature of recorded holder of dirett Invoice # Invoice # Invoice #	A STATE OF THE PARTY OF THE PAR	
Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Paid receipt number Paid receipt number Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemelery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Suffer Janet Sysoeth Separature of recorded holder of dirett Invoice # Invoice # Invoice #	Opening/Closing & Setup	9.0 375
Paid receipt number Total Due Balance due 1492 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. Suffer Janet Signatch Signature of recorded holder of direct Telephone Invoice # Invoice #		
Paid receipt number Total Due Balance due 1492 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. Suffer Janet Signatch Signature of recorded holder of direct Telephone Invoice # Invoice #	Handling Fees	KUU 145
Paid receipt number Total Due Balance due 1492 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. Suffer Janet Signatch Signature of recorded holder of direct Telephone Invoice # Invoice #	Flower vases - Marker setting fee	
Paid receipt number Total Due Balance due 1492 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. Suffer Janet Signatch Signature of recorded holder of direct Telephone Invoice # Invoice #	Recording and filing fee	45
Paid receipt number VSA Balance due 12493 I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Sustant Janet Signorth Signature O. Box - 695 Additional Posson Ca - 9355 Out 667 - 944 - 5189 Tellephone Invoice #		_14-
I hereby certify I am the		Total Due
I hereby certify I am the	Paid re	eceipt number VISA ·
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemelery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Suiter - Janet Signorth Squarker of recorded holder of dwell This Blossom Ca - 93555 Conv. Col 944 - 5189 Zecode Telephone		12407
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemelery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Suiter - Janet Signorth Squarker of recorded holder of dwell This Blossom Ca - 93555 Conv. Col 944 - 5189 Zecode Telephone	I hereby certify I am the	of the above named decedent
Susten - Janet Signorth Signature O. Box - 695 Additional Policy of direct Additional Policy of dire	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 Cemelery harmless from nd interment.
Signature of recorded holder of dwell Day 661-944-5189 Zeo Code Telephone 1 5 6 4 5	hold under deed.	Bogistup O. Box - 695
E 15645	Squature of responded holder of deets	Car 661- 944-5189 De Code
Work Order # E 13043 Acct. #	Work Order # E 15645	Invoice #
		Acct. #

O Proposition an encycled proposi-



Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 F-15645

Preneed for - TANET Sigworth

PASE FIX YOUR ME PAYMENT NO. HELF hand I

Payment Due Date Payment Amount Due

June-00 -52.00 1.196.73

Balance Due

You be

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 2
Payment Due Date July-00
Payment Amount Due 52.00
Balance Due 1,144.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 3
Payment Due Date August-00
Payment Amount Due 52.00
Balance Due 1,092.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 4
Payment Due Date September-00
Payment Amount Due 52.00
Balance Due 1,040.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 5
Payment Due Date October-00
Payment Amount Due 52.00
Balance Due 988.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 6
Payment Due Date November-00
Payment Amount Due 52.00
Balance Due 936.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 7
Payment Due Date December-00
Payment Amount Due 52.00
Balance Due 884.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 8
Payment Due Date January-01
Payment Amount Due 52.00
Balance Due 832.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 9
Payment Due Date February-01
Payment Amount Due 52.00
Balance Due 780.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell FIFR OF SANDERO

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 10
Payment Due Date March-01
Payment Amount Due 52.00
Balance Due 728.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 11
Payment Due Date April-01
Payment Amount Due 52.00
Balance Due 676.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 12
Payment Due Date May-01
Payment Amount Due 52.00
Balance Due 624.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 13
Payment Due Date June-01
Payment Amount Due 52.00
Balance Due 572.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO.	14
Payment Due Date	July-01
Payment Amount Due	52.00
Balance Due	. 520.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 15
Payment Due Date August-01
Payment Amount Due 52.00
Balance Due 468.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 16
Payment Due Date September-01
Payment Amount Due 52.00
Balance Due 416.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 17
Payment Due Date October-01
Payment Amount Due 52.00
Balance Due 364.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 18
Payment Due Date November-01
Payment Amount Due 52.00
Balance Due 312.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 19
Payment Due Date December-01
Payment Amount Due 52.00
Balance Due 260.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 20
Payment Due Date January-02
Payment Amount Due 52.00
Balance Due 208.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego GA 92102

1

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15646

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 21
Payment Due Date February-02
Payment Amount Due 52.00
Balance Due 156.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St San Diego CA 92102

4 . 4 6

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 22
Payment Due Date March-02
Payment Amount Due 52 00
Balance Due 104.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO.	23
Payment Due Date	April-02
Payment Amount Due	52.00
Balance Due	52.73

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Pauline Mitchell P.O. Box 695 Pearblossom, CA 661 944-5189 E-15645

Preneed for: Pauline Mitchell

Lot 117 Grave 9 Sec 2 Div 12

Payment NO. 24
Payment Due Date May-02
Payment Amount Due 52.73
Balance Due 0.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102



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

MOUNT HOPE CEMETERY 527-3400

Row

Date: 5	- 16		98
Pearl	sson	i ci	9355
	ollars (\$	52.00)
7	1000		
			10
ctiona		Division Block	12
CREDIT 20% Sales Care	67007 77184 —	-	
80% Sales of Lots	77184	24	00
Opening/ Closing	77181		
Burtal Containers	100		
	77182 — 100		
Handling Fee Recording &	77185		
Misc. Foos	77783		

77183

63633

9022

60101 78390

Pre-Need

Sales Tax

TOTAL PAID

Trust

Payment of Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No. Acct. No. At Need On Acct Pre-Need Lot Pre-need Trust A Cash Check AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

52574

From Paulin Mitchell Tipy two In part Payment of	Address: PO Box 695	Rearblos	-19 Som	C 9:) 2223 80
Lot \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9 Row	ection 3		Division \	2
Invoice No. Acct. No. W.O. E - 15615 BALANCE DUE 1111-73 Pre-Need Lot - At Need - On Acct - Pre-need Trust - Cash - Check		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 — 80101	કર	00
AC-212 (Hwy. 5-94) 2222	ISSUED BY J. Shullin	TOTAL PAID	78390 —	Sa	00

CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

From: Perline mitchell One Hundred Down In_fant Payment of	Pre- Verd trust	Kearbloss	on ollars (\$.	Ca 93	355
Lot Grave	9 Row Se	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 Burial Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Dulle	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 — 63033 9022 — 60101 78390 —	104	00

	D	ate: 6-21	. 20 0
Mehrtin enclus ? mor	Address: PO Box 695	" Learly som	93553 - 0695
unt linked and	L La : 0	Dollars	(\$ 104.00)
In Payment of	The Red Tit of	lam	
Lot \\1 Grave	Now	Section 3	Division \2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMP	20% Sales Care 7718	
Acct. No		80% Sales 10 of Lots 7718 Opening/ 10	
W.O. E- 13613		Closing 7718 Burial 10 Containers 7718	0
BALANCE DUE 520,73		Handling Fee 7718 Recording & 10	5———
Pre-Need Lot At Need On Acct		Misc. Fees 7718 Pre-Need 6303 Trust 902	104 00
Pre-need Trust A Cash Check	111.11	Sales Tax 6010 7839	
AC-212 (Rev. 5-94) 251	ISSUED BY # DIMONICA	TOTAL PAID	104/00

CITY OF SAN DIEGO, CALIFORNIA

54076

D 0 0 1m-1		8130101	, 20	
And Hundred a far In Part Payment of Po	e-Need Trust	Dollars (\$	104.00	
Lot_117 Grave	Janet Sigworth 9 Row s	ection 2	Division 12	2
Acct. No	NOTVALID 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 — Burtal 100 Containers 77182 — Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —	104	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C	0.0.	Pre-Need 53033 Trust 9022 Seies Tax 60101 76390 TOTAL PAID \$	-15-1	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54245

From Pauline L. Mitc	hell Address: On Reco		3	, 20	01
One Hundred an in part payment of Pre-	d Jour		ollars (\$	104.0	0
Lot In Grave	9 Row_s	ection 2		Division \	2
Invoice No. Acct. No. W.O. E -15645 BALANCE DUE 312.73	NOTVALIDEOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pra-Need	87007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033	104	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94)	ISSUED BY Part and	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	104	00

54525

From Pauline L. Mita	helladges: On record	1-8		, 20	02
Just Hundred and In Just Payment of Pre	d Eight and .73 —	Do	ollars (\$	208.7	3_,
Lot_117 Grave_	9 Rows	ection2		Division /	2
Invoice No.	NOTVALIDED UN SELECTED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales	67007 77184 — 100		
Acct. No. E-15645	JAN 0 8 7007	of Lots Opening/ Closing Burist	77184 — 100 77181 — 100		
BALANCE DUE	MT. HOPE CEMETARY CITY OF SAN DIEGO, C	Containers Handling Fee Recording &	77182 — 100 77185 — 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	0,0	Misc. Fees Pre-Need Trust Selen Tax	77183 — 63033 9022 — 60101	208	73
AC-212 (Rev. 5-94) 2681	ISSUED BY Tarifette Crawford	TOTAL PAID	78390 —	208	73

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54372

From Paden hit One Hundred In Jast Payme		Address:	on Duc	Date: 11-	Oollars (\$	10 Y. O D	
Lot_\\7	Grave		Row	_ Section _ 2		Division Block	12
Acct. No. W.O. E 15 645 BALANCE DUE 2081 Pre-Need Lot At Need	13	NOT VALID FOR PURPOS PAID' IN THIS SPACE	ESTATED UNLESS STAM	20% Sales 80% Sales of Lots Opening/Closing Burial Container Handling Recordin Misc. Fes Pre-Need	100 77184 - 100 77181 - 100 77182 - 100 Fee 77185 - 9 & 100 77183 -	104	00
Pre-need Trust Cash C	Check S-	ISSUED BY D	allbull	Trust Sales Tax TOTAL PAI	60101 78390 -	104	00

Invoice No.

BALANCE DUE

Pre-Need Lot

AC-212 (Rev. 5-94)

Pre-need Trust Cash



Payment of

1092.73

Grave

On Acct

Check

MOUNT HOPE CEMETERY 527-3400

Addre	es fo Dog 60		25 offars (\$	52.00	553
1	Row	Section 3		Division	13
OT VALID FORE	PURPOSESTATEDUNLESSSTAMPE	D 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 77185 — 60032 — 60101	52	00
	- Whilish K		78390	33	DD

CITY OF SAN DIEGO, CALIFORNIA 52878 OFFICIAL RECEIPT MOUNT HOPE CEMETERY 5645 TO CUSTOMER WHITE CEMETERY CANARY AUDITOR (619) 527-3400 Date: Dollars (\$ 104.00 Payment of Division Lot Grave Row Block Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID" IN THIS SPACE 20% Sales Care 77184 80% Sales 77184 Acct. No. of Lots Opening/ Closing 100 77181 W.O 100 Burial 77182 Containers BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 Misc. Fees On Acct Pro-Noot 63033 Pre-Need Lot At Need Trust Pre-need Trust Check Sales Tax 60101 78390 TOTAL PAID

AC-212 (Rev. 5-94)

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

POULTANT 1 11-2015	QN R my locate:	MOU- 17-	201	00
Ome hundred For	Address: 1. U DUA UTO	00/00 Dollars (104	5000
In Part Payment of	e-Need Lot & trust.	For		
Lot 117 Grave	9 ROW SE	ation 2	Division /	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 – 80% Sales 100	104	100
Acct. No	PAID	of Lots 77184 - Opening/ 100 Closing 77181 - Buriel 100		100
BALANCE DUE \$ 884. 73	NOV. 17 2000	Containers 77182 — 100 Handling Fee 77185 —		
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY	Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 9022 -		
Pre-need Trust A Cash Check AC-212 (Rev. 5-94)	ISSUED BY M QUARTER	* Sales Tax 60101 78390 - TOTAL PAID \$	104.	00

OFFICIAL RECEIPT
600a

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

53235

(0.00 m)	AT THE STATE OF STATE			
Carline 1 Marin	Date P.O. Box 695, 1	JAN. 08	.200	0/
From: FAULINE Z. MITCH	Address: 1.0.00x 675, /	EARBLOSSOM,	CA 73753	-067
FIFTY - Two and	a 90//00	Dollar	18 5400	OV)
In Payment of FA	E-NEED LOT 47	RUSI		-
117	9 -	2	Division	12
Lot Grave	RowS	ection	Block	11
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 670 20% Sales Care 771	84	00
Acct. No.	PAID	of Lots 771		-
wo E-15645		Closing 771	7.0	-
BALANCE DUE 832.73	JAN 0 8 2001	Containers 771		
BALANCE DUE DOLLER	The state of the s	Handling Fee 771	85	
	MT. HOPE CEMETARY	Misc. Fees 771	83 ———	
Pre-Need Lot X At Need On Acct	CITY OF SAN DIEGO CA	Pre-Need 630 Trust 90	22	+
Pre-need Trust X Cash Check X	Nonice (harris	Seles Tax 601 783		00_
AC-212 (Ray 5-04) 4 2 4 1	ISSUED BY LOUISE WAVE	TOTAL PAID	: 5%	



WHITE	TO CUSTOMER
CANARY	CEMETER'S
PINK	AUDITOR

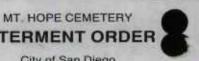
CITY OF SAN DIEGO, CALIFOR

MOUNT	HOPE	CEMET	ERY
(619) 527	-3400	

Prom Pauline L. Mitchell One-Hundredt		Feb. 157 Pearblossam,	CA 93553 104,00	
In-part Payment of	PRE-Need Lot & 7 Janet Sigwor	Rust for:	Division 12	_, _ _
Invoice No. Acct. No. W.O. <i>E-15645</i> 709 73	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 Burnal 100 Containers 77182	69	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	MT HOPE CEMETARY COTY OF SAN DEMPERARY ISSUED BY CLUMENTS	Handling Fee 71185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 80101 78390 TOTAL PAID \$	41 00	

REA-104 (7-96)

INTERMENT ORDER



City of San Djego

Date 04-03-00

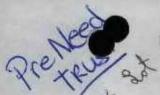
	oject to your rules and regulations, to inter the remains
of ELISE KHODII	MER LAMBERT SHEET
in a ASh Vault. F	Funeral, date, time AYD 4-10
Church, Chapel, Graveside	Telophose S. Mortuary
All Funeral cars must arrive before 320 p.m.	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
/ot 18 Grave 3 Row	Section HAS Division/Block P
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105
Burial Container	
Handling Fees	_60.
Flower vases - Marker setting fee	
Recording and filing fee	45
Sales taxes	4.26
	Total Due \$
Paid	eceipt number R -5228/ 2692
	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 a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
	O
I hereby authorize the interment in lot I hold under deed.	1177 Bitterbuch L.
	AGENERAL BUTTER BUTTER ST.
Signature of recorded holder of deed	El Cajan 92019
	(619) 447-4524
	Invoice #
Work Order # E 15646	Acct.#
REA-104 (7-96) This informa	tion is available in alternative formats upon request.

O Printed on recycled paper

E-15646

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDE	NT-FIRST (GIVEN) 18 MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH		OF DEATH	
ELSIE	RHODIMER	LAMBERT			12/02/1908		4/2000	F
A. CITY OF DEATH		58. COUNTY OF DEATH			RELATIONSHIP, FULL	MAILING AD	DORESE AND	IP CODE
LA MESA		ENTER STATE SAN	DIEGO	OF ANY	ICE DYPVIK	-NIECE		
LTYPED NAME AND A	ODRESS OF CALIFORNIA EURERAL DIRECTOR OR PERSON ACT	TING AS SUCH 78. CALL	F LICENSE NUMBER	PO I	BOX 815 -			
	TON AVE EL CAJON, CA 92020		1604	SPR	ING VALLEY	, CA 9	1976	
+3 E LEAING	ION AVE EE CASCA, CA 72020	1		BA. SIGNAT	TURE OF APPLICANT	-Person taking	ACT 88 Immed	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT 1 benefity accordingly as applicant that the proposed disposition Section 10376 of the Health and Seleta Code, and was authorized	on stated horsen is one of the of pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	> Je	she Guill	en	_02	/18/20
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	A. AMOUNT OF FEE PA	D 98 DATE PERMIT	SSUED 9	G. SIGNATURE OF L	OCAL REG	ISTRAR ISSUI	G PERMIT
UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	02/18/20	00 12	003357			
OCAL REGISTRAR	NOTE: THIS PERSET SIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	Asc. 5	L.GUILLEN	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic				
	9D. ADDRESS OF REGISTRAP OF DISTRICT OF DEATH-		RESS OF REGISTRAR (SPOSITION IS TO OCCUR					
ERMIT TO SHOW FINAL	VITAT RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222	1		I Washington		SECTION .		
DISPOSITION.	SAN DIEGO, CA 92166-3222	-					-	
AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS				FOR CO	RONER'S	USE ONL	Y
	DESCRIPTION OF THE PARTY OF THE PARTY.							
X A BURIAL UNCLU	-	E. TEMPORARY ENVAU	ILTMENT		L DISPOSITION	N PENDING	-REMAINS L	OCATED A
	JOES ENTOMBMENT)		ILTMENT		L DISPOSITION (Name and		-REMAINS L	OGATED A
B. CREMATION C DISPOSITION	OF CREMATED REMAINS OTHER	F. DISINTERMENT					-REMAINS L	DCATED A
B. GREMATION C DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFOR	RNIA				REMAINS L	OCALED A
B. CREMATION C DISPOSITION	OF CREMATED REMAINS OTHER	F. DISINTERMENT	RNIA DE OF CALIFORNIA		[(Name and	Address)		8
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	RNIA	1110		Address)		9
B. GREMATION C DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER OF CREMATED REMAIN	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	RNIA DE OF CALIFORNIA 1 118. DATE BURIED	T.	[(Name and	Address)		9
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER OF CREMATERY OF CREMATERY 3751 MARK SAN DIEGO, CA 92102	F, DISINTERMENT G SHIP IN TO CALIFOR H, TRANSIT TO OUTSIL	RNIA DE OF CALIFORNIA 118. DATE BURIED	0	(Name and	Address)	HARGE OF B	URIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER METERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102	F. DISINTERMENT G SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	RNIA DE OF CALIFORNIA 1 118. DATE BURIED	0	[(Name and	Address)	HARGE OF B	URIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER OF CREMATERY OF CREMATERY 3751 MARK SAN DIEGO, CA 92102	F. DISINTERMENT G SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	RNIA DE OF CALIFORNIA 118. DATE BURIED	0	(Name and	Address)	HARGE OF B	URIAL
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B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION	OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER METERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL KET ST Y , CA 92113	RNIA DE OF CALIFORNIA 118. DATE BURIED	D 12C	SIGNATURE OF PE	Address)	HARGE OF B	URIAL
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B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMAINS OTHER OF CREMATED AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102 120 MARE SE OF CALIFORNIA FACILITY RE 14A NAME AND ADDRESS OF CALIFORNIA FACILITY RE	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIE KET ST Y , CA 92113 ECEIVING REMAINS	RNIA DE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE 138. DATE RECEIVE	D 12C	SIGNATURE OF PE	Address) RSON IN C	HARGE OF GR	URIAL EMATION ADILITY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER METERY SE 111. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102 122 MARESS ANTERS CREMATORY PREMATORY 3953 IMPERIAL AVE, SAN DIEGO, 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE 14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SHI	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL KET ST Y CA 92113 ECEIVING REMAINS BURTRY WHERE HIPPED	TABLE DATE SHIPPET	D 12C	SIGNATURE OF PE	RSON IN CORNATURE OF THE CARRIER	HARGE OF DE	URIAL EMATION ACILITY CHARGE
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR	OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER OF CREMATED REMAINS CEMETERY 114. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102 12. NAME AND ADDRESS OF CALIFORNIA FACILITY RE 144. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SHI	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL KET ST Y CA 92113 ECEIVING REMAINS BURTRY WHERE HIPPED	RNIA DE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE 138. DATE RECEIVE	D 12C	SIGNATURE OF PE	RSON IN CORNATURE OF THE CARRIER	HARGE OF CE	URIAL EMATION ACILITY CHARGE NUMBER AATED RI
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MT. HOPE CEMETERY INTERMENT ORDER

MENT ORDER

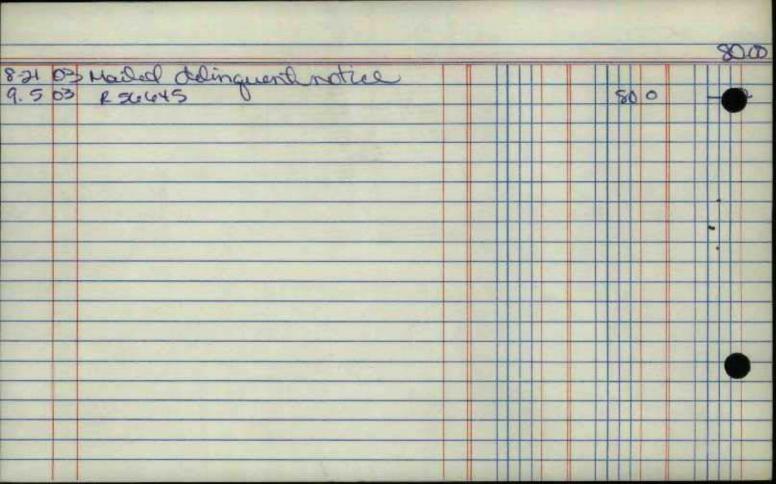


City of San Diego

Date 04-04-00

in a Double Crypt Funeral, date, time
in a Double GVpt Funeral, date, time
Church, Chapel, Graveside Mortuary.
All Funeral cars must arrive before 200 p.m. of regular work day or an extra charge of \$ /50.00
will be applied and billed to undersigned.
Lot 1897 Grave Row Section Division/Block 10
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burial Container 380
Handling Fees SEP 0.5.20033205
Flower vases - Marker setting fee MT. HOPE CEMETARY 5 8 2
Recording and filing fee CITY OF SAN DIEGO, CL. S. A
Sales taxes
Total Due
Paid receipt number K-52285 - 641.0
Balance due # 1923 - 9
I hereby certify I am the
I hereby authorize the interment in lot I Signature.
Address
Signature of recorded holder of dwell City Zip Code
Telephone
Invoice #
Work Order # E 15647 Acct. #

		DEBI	Г		CREDIT	BAL	ANCE	
4-04-00	Opened Pre-need Lot & Trust. Lot 1897 Division 10		995	.00			995	.00
	Trust includes 2 Opening/closing, double depth crypt, handling fee, 2 recording fees,		569	45			2564	.45
	tax on crypt. 199 20%	-						
04-04-00	Receipt 52285 796 86 %				641.	.00	1923	. 45
0-13-00	R- 58564				80.	00	1841	3,45
7-5-00	R- 37630	1 .7			80	00	1763	3.45
8-2-00	R 52728 3 Rem	1			80.	00	168	3.45
9-7-00	R- 52832 4	lan			80	00	160	3,45
10-7-00	R- 52944 5					00	IBAB	3145
12-5-00	R-53117 6	A			80	00	144	3.45
1-4-01	R- 53209 7				80	100	136	3.45
7-31-01	R-53967 849 SEP	052	103		-160	00	120	3.45
10-6-01	P-54200 10111	PE CEM	TAR		-160	DO	104	3.45
11-01	R- 5/397 12 4 13 CITY OF			0.000	160	.00	881	3 . 4
12-24-01	R-54469 14 2 15				160		702	3.45
1-7-03	R-55789 16 to 20				400	00	3 2 3	145
2-403	R 95884 21		i e		248	345	18	000
	FREEMAN, LORETTA Pre-	need L	t &	Tru	Rt I			



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY E - 15647

From: A. Juman Eighty -	Address: 5010 la F	on de Sb Dollars	92113 (s 80 00
in Full Payment of Lot 1897 Grave	Row_	Section	Division Division
Invoice No. <u>E 15.6 17</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE PAID	S CHEDIT 67007 20% Sales Care 77184 80% Sales 100 of Lota 77184 Opening 100	
BALANCE DUE	SEP 0.5 20004	Closing 77181 Burial 100 Containers 77182	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY	Handling Fee 77185 Recording & 100 Misc Fees 77183 Pre-Need 63033 Trust 77186	80 00
Pre-need Trust Cash Check AC-212 (Rev 10-02) This information is available in alternative formation upon reques	ISSUER BUT CELL	Sales Tax 60101 78390 TOTAL PAID \$	80 00

OFFICIAL RECEIPT		CITY OF SAN DIEGO	CALIFORNIA	
	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE ((619) 527-		-
			Date: Feb	3
From: Lovetta Fre	eman Addr	ess: 5010 La		. <
Two Hurdred	Fourty +	throc +45/10	0	Dollars
in part Paymen	0 1	need lot	a trust	
Lot 1897	Grave \	Row	Section	
Invoice No. E 1564	Victorial International	OR PURPOSES STATED UNLI	CREDIT 20% Sales Care	57007 77184
Acct. No		PAID	80% Sales of Lots Opening/ Closing	77184 100 77181
BALANCE DUE 80.0		FEB 0 4 2003	Burial Containers	77182 100
Pre-Need Lov At Need Or	JA	HOPE CEMETARY	Handing Fee Recording & Misc. Fees Pre-Need Trust	77185 100 77183 63033 77186
The second secon	Check X ISSUED BY	an Hetz	e Sales Tax	60101 78390
PACE IS THE INVEST.			TOTAL DAID	

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request

55884

Division) Block

TOTAL PAID

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55789

From: Loretta Breemen Tour Hurbert in part Payment of	Pre neil 27	trust Dollars	(s 400,00)
Lot 1897 Grave	Row	_ Section	Division (D
Invoice No. Acct. No. W.O. E - \S6 \17 BALANCE DUE 3 \2 3 \15 Pre-Need Lot \X At Need \(\) On Acct \(\) Pre-need Trust \X Cash \(\) Check \X	NOT VALID FOR PURPOSES STATED UNLESSTAMPED 'PAID' IN THIS SPACE.	CREDIT 57007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording \$ 100 Misc. Fees 77183 Pre-Need 53033 Trust 77186 Sales Tax 60101	40000
VC-515 (HeV 10-05) 2937	ISSUED BY J WHITHING	TOTAL PAID \$	400 00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54469

From doratta Fremen	Address: 5010 the Pay	15-51	- Drive	9211
In part Payment of	Pu-Nul It - In	ust	Division	10
Invoice No. Acct. No. W.O. E - 15647 BALANCE DUE 723.45 Pre-Need Lot At Need On Acct	Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pro-Need Trust	67007 77184 100 77184 106 77181 100 77182 100 77185 100 77183 63033 9022	0 00
Pre-need Trust Cash Check	ISSUED BY MILLELLE	Sales Tax TOTAL PAID	60101 78390	0 0 0



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54297

From Evetta Trymen One Justed Suty	Address: On Ricord		ollers (\$ 160	, 0 (
In Payment of U		action	Divi	sion \	0
Acct. No. W.O. E - 15647 BALANCE DUE 883.45 Pre-Need Lot 18 At Need On Acct	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	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 63033 9022	160	00
Pre-need Trust Cash Cash Check & 5598	ISSUED BY JULIANIA	Trust Sales Tax TOTAL PAID	9022 80101 78390 \$	160	00

CEMETERY

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54205

10-5 Date: Dollars (\$ 160-00 Division 897 Section Block Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 77184 of Lots Acct. No. 100 Opening/ Closing 100 77182 Burial Containers **BALANCE DUE** 100 77185 Handling Fee Recording & Misc. Fees 100 77183 Pre-Need Lot X At Need Pre-Need 65033 On Acct 9022 Trust Pre-need Trust A Cash Sales Tax Check 60101 TOTAL PAID AC-212 (Rev. 5-94)



WHITE TO CUSTOMER CANARY CEMETERY
PINK AUDITOR

From: Loretta F. Freeman Dne-Hundred S In-part payment of		Dolla	3157, 20 _ , D., CA 92	01
Lot 1897 Grave _	RowSe	ction	Division /	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	20% Sales Care 7	7007	_
Acct. No.	PAID	Opening/	100 7184 100	
w.o. E - 15647	.111 3 1 2001	Closing 7	7181 100 7182	
BALANCE DUE 1, 203.45	JUL 3 1 2001		100 7185	
Coupen # 8 JAN 4 #7 GB1	MT. HOPE CEMETARY	WASHINGTON AND ADDRESS OF THE PARTY OF THE P	7183	00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☑	CITY OF SAN DIEGO, CA	Trust	3033 9022 0101	00
Pre-need Trust A Cash	ISSUED BY Aluhurs		1/00	00
AC-212 (Rev. 5-94)			- 100	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Sorette tremen English Payment of	Address: 5010 & Ray &	On Dan	Duy	20° 921 80.00	13
Lot 1897 Grave	Row Se	ection	A I	Division Block	0
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 100 77183 — 100 77183 —	80	00
Pre-Need Lot P At Need D On Acct D Pre-need Trust Cash D Check D AC-212 (Rev. 594)	ISSUED BY A MUMBO	Pre-Need Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	80	00

WHITE TO CUSTOMER
CANARY CEMETERY
PNIK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53117

From LORETTA F. FREEM	AN Address: 5010 La Paz 3	Dec, San	5 DIEGG	9 2/13 80 xxx	00
In - PART Payment of	PRE-NEED TRUST		ollars (\$ _	OU XXX	
Lot 1897 Grave	RowSe	ection		Division Block	10
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184		
Acct. No. E-15647	PAID	B0% Sales of Lots Opening/ Closing Buriss	77184 — 100 77181 —		
BALANCE DUE 1,443, 45	DEC () 5 2000	Containers Handling Fee Recording &	77182 — 100 77185 —		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ❤️ Cash ☐ Check ❤️	MT. HOPE CEMETARY	Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101	80	00
AC-212 (Rev. 5-94) # 5249	ISSUED BY NEW CITYLESTE	TOTAL PAID	78390	80	04



WHITE TO CUSTOMER CEMETERY AUDITOR CANARY PINK

From: South Truman righty In part Payment of Pr	Address: 5010 Sa Pay D	10 - y	Dui	70.00	113
Lot 1897 Grave	Row Se	oction		Division	0
Acct. No. E-15647 BALANCE DUE 1523.45	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	34	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	244 44 4	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 — 63033 9022 — 60101	46	00
5227	HERUED BY & Shilling	TOTAL PAID	78390 —	08	00

200



WHITE ... TO CUSTOMER CEMETERY PINK.

MOUNT HOPE CEMETERY (619) 527-3400

Date: 9-7

From dretta Freman	Address: 5010 de la	L. NOE	oollars (\$	80.0	9211
Lot 1897 Grave		ection		Division Block	10
Acct. No. W.O. E-15647 BALANCE DUE 1603, 45	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Clossing Burial Containers Handling Fee Recording & Mitc. Fees Pre-Need	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 63033	80	00
The troop can be surround	ISSUED BY A Phillips	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	86	000

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

MOUNT HOPE CEMETERY

From Frotts Tremen	527-3400 Su Pay	Date: 8	Du ollars (\$	80.00	,3 ,0 ,0
In Part Payment of 1		ction		Division	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 —	4	00
Acct. No.		80% Sales of Lots	77184 — 100	76	00
w.o. E-15691		Opening/ Closing Burial	77181		
BALANCE DUE 1683.45		Containers Handling Fee	77182 — 100 77185 —		
		Recording & Misc. Pees	77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	101 111	Pre-Need Trust Sales Tax	63033 9022 — 60101	-	
AC212 /Par SAN 5153	ISSUED BY J Mullilla	TOTAL PAID	78390 —	80	00

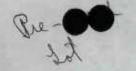
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

2 # *	2.040	Date: 7-	5		20
in part Payment of	e- Nul St Way	Dr den	ollars (\$	80.00	
Lot 1897 Grave	Row Se	ection		Division Block	10
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriet Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	80	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY L WILLIAM	Recording & Misc, Fees Pre-Need Trust Sales Tax	100 77183 — 63033 9022 — 60101 78390 —	80	00

MOUNT HOPE CEMETERY 527-3400

From doubte tremen	Address: 5010 Salay 0	Date: 6-1	3 equ 92113	90
In Payment of	Row Se	ection	Division Slock	10
Acct. No	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE	20% Sales Cere 77 80% Sales of Lots 77 Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording &	7007 7184 100 7184 100 7181 100 7182 100 7185 100 7185	90
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 594)	100 100	Pre-Need 63 Trust 5 Sales Tax 60	3023 9022 2101 8390 \$	00





INTERMENT ORDER

City of San Diego

Date 4-4-00

	- Sawyer	
in a	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 2.00 p.m.	of regular work day or an extra charge o	18 150.00
will be applied and billed to undersigned		
Lot 146 Grave 4 Row	Section 3 Division/Blo	ock 12
Grave space & Care Fund		795.0
Additional spaces and care fund	VD (N	
Opening/Closing & Setup	8-4-00	
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
		795.00
Sales taxes	Total Due	795.00
Sales taxes		199.00
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Total Due	199.00 596.00 amed decedent and represent
Paid 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 all hereby authorize the interment in lot I	Total Due	199.00 596.00 amed decedent and represent
Paid 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 I hereby authorize the interment in lot I hold under deed. Segreture of recented bottler of deed	Total Due	199.00 596.00 amed decedent and represent
Paid 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 thereby authorize the interment in lot I hold under deed.	Total Due	199.00 596.00 amed decedent and represent

Mt. Hope Cemetery Prepayment Plan Record

Augusta Sawyer 3067 1/2 J Street San Diego, CA 92102 696-0914 E-15648

Preneed for: Augusta Sawyer

Lot 146 Grave 4 Sec 3 Div 12

Payment NO. 1
Payment Due Date June-00
Payment Amount Due 25.00
Balance Due 571.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Office Hours are M-F 8:00 - 4:30 Cemetery Gates Open 375 days per year from 8:00 - 4:00 For information Please call (619) 527-3400

Mt. Hope Cemetery Prepayment Plan Record

Augusta Sawyer 3067 1/2 J Street San Diego, CA 92102 696-0914 E-15648

Preneed for: Augusta Sawyer

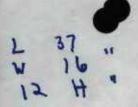
Lot 146 Grave 4 Sec 3 Div 12

Payment NO. 2
Payment Due Date July-00
Payment Amount Due 25.00
Balance Due 546.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Office Hours are M-F 8:00 - 4:30 Cemetery Gates Open 375 days per year from 8:00 - 4:00 For information Please call (619) 527-3400

	UGUSTA 3067 1/2 J Street, San Diego 92102 69	BIT		CREDI	T	BAL	ANCE	
04-04-00	Opened Pre-need Lot.	795	.00				795	00
	Lot 146, Grave 4, Section 3, Division 12							
04-04-00	Credit Card			199	.00		596.0	00
5-26-00	R-52471 Coupm 1 716 80°1			2	-90		571	.00
7-3-00	R-52471 Coupon 1 716 8091 R-52616 Coupon 2 R-52738			26	00		546	00
8-4-00	R- 52738						0	
						•.		
						-		
					4 1			
								4
					J			
	SAWYER, AUGUSTA Pre-need Lot							



REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

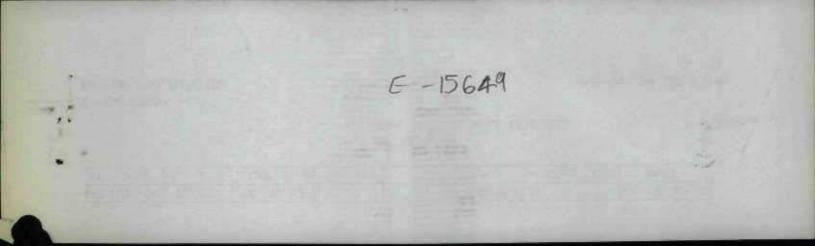
City of San Diego

Date 4-4-2000

in a	Funeral, date, time WED 4-5-0010 10
Church Chape Graveside	GUADALAPANA Mortusty.
	80 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersign	ied
Lot 96 9 Grave R	ow Section / Division/Block 9
Grave space & Care Fund	PAID 100.00
Additional spaces and care fund	PAID
Oneninn/Closing & Setup.	PR U 5 2000 125.00
Burial Container	LV () 2 5000
	HOPE CEMETARY
CITY	OF SAN DIEGO C
Flower vases - Marker setting fee	45.00
Sales taxes	270 00
INTI ON INTI	Paid receipt number R-52295 970.00
LING CHECK	
	Balance due
	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from eation and interment.
I hereby authorize the interment in lot hold under deed.	1 Square
	Address
Signature of religated holidar of deed	(619) 232-6475 Zip Code
	Invoice #
Wat and F 15649	

O Printed on resocial 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

8 MO.

1,4	. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE	OF DEATH	4 SEX
	DAS	/ID		TIMOCO			097257Y995	03/31	72000	M
54	GITY OF DEATH	DIEGO		SAN DIES	OH-OUTSIDE CALIF.,	OF IN	RELATIONSHIP, FULL N FORMANT TINOCO-FATS		DRESS AND ZI	CODE
74	. TYPED NAME AND AS	DDRESS OF CALIFORN	IA-FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78. CA		2026	KEARNEY AV	E APT	12 .	
	GUZ	ADALUPANA M	ORTUARY, 2601	IMPERIAL AVE	IF APPLICABLE	SAN	DIEGO, CA, 92	102		
	SAI	DIEGO, CA,		A STATE OF THE PARTY OF THE PAR	-1425	8A. SIGN	ATURE OF APPLICANT-	Person taking o	epist BB. DAT	E SIGNED
72	ACKNOWLEDGMENT OF A	PPEKANI Section 10	activities as applicant that th 1376 of the Hoolth and Safety Cod-	se proposed dispusition stated tessis is one of the e, sed was authorized pursuant to Section 7100 of	w dispositions authorized by the Health and Safety Code.	1	164 11a	ref	04/8	1/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	LIED IN ACCORDANCE W FORNIA HEALTH AND SAF TY FOR THE DISPOSITION NO RIGHT OF DISPOSAL OUTSILE O	OTH PROVI- FETY CODE I SPECIFIED 9A. AMOUNT OF FEE I		/EZ	90 SIGNATURE OF LO 2006167	GAL REGI	STRAR ISSUIN	G PERMIT
AN		VITAL REC	EGISTRAR OF DISTRICT ED IN CALIFORNIA DRDS, P.O. BO CA, 92186-50	X 85222			RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	RNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
	B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO CRIT			L DISPOSITION (Name and A		REMAINS LC	CATED AT
	BURIAL			A CEMETERY 1751 MARKET ST	4-5-00		SIGNATURE OF PER	SON IN CI	ARGE OF BU	RIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNI	IA CREMATORY	128. DATE CREMAT	ED 120	SIGNATURE OF PER	SON IN EH	ARGE OF CRE	MATION
ILL APPLICA	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 130	SIGNATURE OF PER	SON IN CH	HARGE OF FA	CILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIPPI	D 140	OF PLACING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHOREL ENTIFY FINAL PLACE AND	LINE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	16B. DATE OF DISPOSITION		CHARGE OF DISPOS		150. LICENSE OF CREM MAINS DI —IF APPL	ATED RE-



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-00

Vi man	5 - 1 day - 7	9:00
Type of Burmi Container	Funeral, date, time M	1 10
Church, Chaper, Graveside	oo Hayer	Mortuary.
All Funeral cars must arrive before	6 p.m. of regular work day or an extra charge of \$_	15000
will be applied and billed to undersigne	ia (az)	
/		
Lot 60 Grave 8 Ro	w Section Division/Block	13
8.0005	89	5.00
Grave space & Care Fund		_
Additional spaces and care fund	10	500
Opening/Closing & Setup	76	0 00
Burial ContainerAPR 0	5 2000 1	2000
Handling Fees		(5,00
Flower vases - Marker settle HOPE	CEMETARY	-
Recording and filing fee	N DIEGO. C/	5.00
Sales taxes	19	1.73
	Total Due	64.73
	Paid receipt number R-52293 [6]	04.73
	Balance due	1
Χ_		
I hereby certify I am the and this is your authority to make disp	of the above named osition of remains as above indicated. I certify and	represent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to hold Mt. Hope Cemetery harn	niess from
	× Vintellalli	
I hereby authorize the interment in lot I hold under deed.	Signification	1
VIVENTE DE TON	On) Address 550115	
Signature of Recorded holder of good	X San Diego Co	20 Code
	1619) 204-1301	20000
	Telephone	
	Invoice #	

E 15656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE	BLACK INK ONLY-	MAKE NO ERASURES, W	WHITEOUTS OR OTH	ER ALTERAT	IONS	Four		
A. NAME OF DECEDE	NT-FIRST (GIVEN) 1	B. MIDDLE	IC. LAST (FAMILY)			OF BIRTH DAY, YEAR	3. DATE	OF DEATH	4. SEX
Jesus		Antonio	Beltran		05/13	/1949	04/03	3/2000	M
A. CITY OF DEATH			58. COUNTY OF DEAT	The state of the s	NAME, RELATION	NSHIP, FULL I	MAILING AD	DRESS AND	OP CODE
San Diego					Micente E		- Sor	1	
A. TYPED NAME AND AL	DDRESS OF CALIFORNIA-	FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. CA	IF APPLICABLE	3243 38t San Diego		2105		
Mayer Mortu	ary 2859 Ada	ms Av. San Di	lego, CA FD		A. SIGNATURE OF			emit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT Thereby admit	whetigo so significant than the simples of the Health and Salaty Code, and w	ad Imposition stated terror is one of the as authorized pursuant to Section 7100 of t	e Grapositions authorized by be Health and Sofely Code.	John	1 May	12/	104/0	5/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORITY F	IN ACCORDANCE WITH PR MA HEALTH AND SAFETY OF FOR THE DISPOSITION SPEC CHT OF DISPOSAL OUTSIX OF CALF	IFIED 7 00	04/06/200 John Mayer	0 20	06234	OCAL REGI	STRAR ISSU	NG PERMIT
NY CHANGE IN DISPOSI- LEQUIRES A NEW PO SHOW FINAL SPOSITION.	P.O.Box 8522			DRESS OF REGISTRAR O DISPOSITION IS TO OCCUR					
	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, T					FOR COR	RONER'S	USE ONL	Y
O. AUTHORIZED DISP	OSITION(S) ONEOS AFT								
X A BURIAL ONCLU			E. TEMPORARY ENVA	AULTMENT		DISPOSITION (Name and)		-REMAINS L	OCATED A
B. CREMATION	OF CREMATED REMAINS	S OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA				REMAINS L	OCATED A
A BURIAL ONCLU	OF CREMATED REMAINS EMETERY SE	ess of california cer emetery, 3751	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA			Address)		
B. CREMATION C DISPOSITION THAN IN A DE	OF CREMATED REMAINS EMETERY SE 11A NAME AND ADDR Mt. Hope Co	ess of california cer emetery, 3751	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY Market St.	ORNIA SIDE OF CALIFORNIA	11C. SIGNAT	(Name and)	Address)	HARGE OF E	SURIAL
A BURIAL ONCLU B. CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMAINS OF CRE	ness of california cer emetery, 3751 CA 92102 ness of california cri	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY Market St.	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 4-7-00	11C. SIGNAT	(Name and)	Address)	HARGE OF E	BURIAL
A BURIAL ONCLU B. CREMATION THAN IN A OR D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAIN EMETERY SE THA NAME AND ADDE Mt. Hope CE San Diego, 12A NAME AND ADDE	ness of california cer emetery, 3751 CA 92102 ness of california cri	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY Market St. EMATORY CILITY RECEIVING REMAINS E OR COUNTRY WHERE	OPINIA SIDE OF CALIFORNIA 11B. DATE BURIED 4-7-00 12B. DATE CREMATEI	11C. SIGNAT	(Name and)	Address) RSON IN CH	HARGE OF CHARGE OF F	BURIAL HEMATION

REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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)	1B. MIDDLE	IC. LAST (F.	MILY	T		TE OF DEATH 4 SEX
Jesu	g		Antonio	Beltr	an		MONTH, DAY, YEAR MON	1H. DAY, YEAR
	OF DEATH			58. COUNTY	OF DEATH-OUTSIDE CALIF		RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
San	Diego			ENTER ST	San Diego	THE RESERVE OF THE PARTY OF THE	ORMANT te Beltran - S	on
			iams Av. San Di		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424	3243 San I	88th St. Diego, CA 92105 ATURE OF APPLICANT - Person to	
ACKNO	WLEDGMENT OF A	PPLICANT I berefy a Section 10	cknowledge as applicant that the propo 376 of the Health and Safety Code, and w	sed disposition stated herein is we authorized pursuant to Section	one of the expositions authorized by at 7100 of the Health and Safety Code	>8	ohn Mays	04/95/2000
AUTHORI	RMIT IZATION OF REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC ID MIGHT OF DISPOSAL CHIMIDE OF CALL	CODE	98. DATE PERM 04/06/20 John May	000	SC. SIGNATURE OF LOCAL R 2006234	EGISTRAR ISSUING PERMIT
THEN REQ	GE IN DISPOSI-	P.O.Box 852		DEATH-	9E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCI		HET OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10 AUTH	ORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMB				FOR CORONER	R'S USE ONLY
B. C.	CREMATION		AINS OTHER	F. DISINTERN	RY ENVAULTMENT MENT D CALIFORNIA TO OUTSIDE OF CALIFORNIA		I. DISPOSITION PENDI (Name and Address	NG REMAINS LOCATED AT
	BURIAL,	Mt. Hope	DDRESS OF CALIFORNIA CE Cemetery, 3 76 1 , CA 92102	Market St.	118. DATE BURI		SIGNATURE OF PERSON II	CHARGE OF BURIAL
CRE	EMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREM	ATED 120	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
700	IENTIFIC USE	13A, NAME AND AL	ODRESS OF CALIFORNIA FA	CILITY RECEIVING RE	MAINS 13B. DATE RECE	IVED 130	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
OMPLETE	RANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		RE 148. DATE SHIP	PED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATT	ERING AT SEA OR SITION OTHER N A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON R CHARGE OF DISPOSITION	OF CREMATED REMAINS DISPOSER —IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, sub	oject to your rules and regulations, to inter the remains
OF JOHN DOE	by # 5000 1008 WE
Type of Build Continent	Funeral, date, time MON 4-10
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before p.m. o	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 2 Grave 2 B Row_	Section Division/Block 13
Grave space & Care Fund	156.00
Additional spaces and care fund	
Opening/Closing & Setup	AID 165.00
Burial Container	50.00
Handling Fees MAY	18 2000
Flower vases - Marker setting fee MT. HOP	E-CEMETARY
Recording and filing fee	
Sales taxes	<u>45 100</u>
	Total Due 386.00
Paid re	eceipt 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 are	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 hold under deed.	Signature
	Address
Signature of recorded holder of deed	Cay Zip Code
	Telephone
	Invoice # 330 265
Work Order # E 15651	Acct. # 000 9 5 ?

FOUND,

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (DIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE DAY YEAR JOHN DOE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE VANCY HOBBS-REPUTY PUBLIC GUARDIAN SAN DIEGO ENTER STATESAN DIEGO 5201-A RUFFIN SAN DIEGO, CA 92123 2436 MARKET ST., SAN DIEGO, CA 92102 FD-1658 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated become is one of the dispositions authorized by 4 / Course ACHNOWLEDGMENT OF APPLICANT 04/10/2000 Section 10376 of the Health and Safety Code, and was authorated pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE 9A. AMOUNT OF FEE PAID 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 99-1660 AUTHORIZATION OF SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 7.00 IN THIS PERMIT LOCAL REGISTRAR NOTE: THIS PERMIT ONES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(5) 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 11B. DATE BURIED MANAGANO ADDRESS OF CALIFORNIA CENTETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BUR SAN DIEGO, CA 92102 BURIAL 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 18C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B DATE RECEIVED 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. DCENSE 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 CEMETERY

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, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-00

DE	28
You are hereby authorized and instructed; subj	ect to your rules and regulations, to inter the remains
OF FLOYD IVAN PA	+ 50001118 21-3119
ina bould weath Fu	ineral, date, time Won 4-10 1:00
Church, Chapel, Graveside	: Oller Mortuary.
All Funeral cars must arrive before 320 p.m. of	regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	
Lot Q Grave Q T Row_	Section Division/Block\3
Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	AID 165.6
Burial Container	50,00
Handling Fees MT. HOP	10 Ziiiij
Flower vases - Marker setting feechty	E CEMETARY
Flower vases – Marker setting feeCITY OF S Recording and filing fee	AN DIEGO, CA
Sales taxes	5.01.00
P. A.	Total Due
Paid rei	ceipt number
	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	of the above named decedent fremains 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 recorded holder of deed	City Zip Code
	Telephone
	Invoice # 3304 6
Work Order # E 15652	Acct.# 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

86

	U	SE BLACK INK ONLY-MA	KE NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS	FOURIEY.	5	
A NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YE 08/14/1913	AR MONTH I	OF DEATH	4. SEX
SAN DIES			58. COUNTY OF DEAT ENTER STATE SA	N DIEGO	NAME, RELATIONSHIP, FUL OF INFORMANT MARCO DE LA TO	EA-DEROLY		
	And the second second	NA FUNERAL DIRECTOR OR PERSO	Carlot Contract Contr		SAN DIESO, CA	2123		•
2436 MAR	1 Charles	AN DIEGO, CA 9210 actualistic as applicant that the proposed of	The state of the s	The second secon	A SIGNATURE OF APPLICAN	A CONTRACTOR OF THE PARTY OF TH		SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR INV CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT. NOTE THE PERMIT CHES. BD. ADDRESS OF R. JF. DEATH OCCUPY.	UED IN ACCORDANCE WITH PROVIDER HEALTH AND SAFETY CODITY FOR THE DISPOSITION SPECIFIE OF DISPOSITION SPECIFIE OF DISTRICT OF DEAL OF DISTRICT OF DEAL OF DISPOSITION SPECIFICATION OF DEAL OF DISPOSITION OF DISPOSITI	\$ 7.00	0 4 / 1 0 / 200 ORESS OF REGISTRAN	SSUED 9C. SIGNATURE OF	P Derech N-		PERMIT
B. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REN EMETERY SE	DDRESS OF CALIFORNIA CEME	E TEMPORARY ENVI	AIMR	☐ (Name an	ON PENDING— d Address) PERSON IN CHA		
CREMATION	The second second	DDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMATE	12C SIGNATURE OF F	ERSON IN CHA	AGE OF CRE	MATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C, SIGNATURE OF F	PERSON IN CHA	ARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B. DATE SHIPPEI	0 14C. ADDRESS AND 8 OF PLACING WIT			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO ID	AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIST</u>		158 DATE OF DISPOSITION	15C. SIGNATURE OF I CHARGE OF DISI		OF CREMA MARKS DE —IF APPL	ATED RE-



(263/3847)

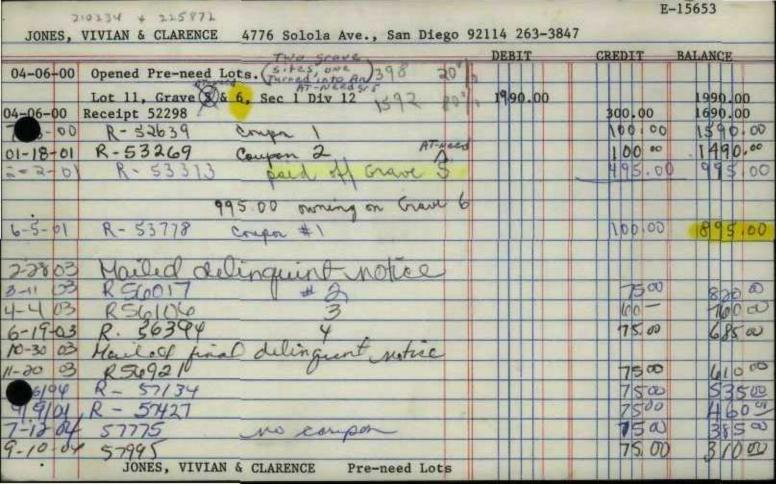
MT. HOPE CEMETERY

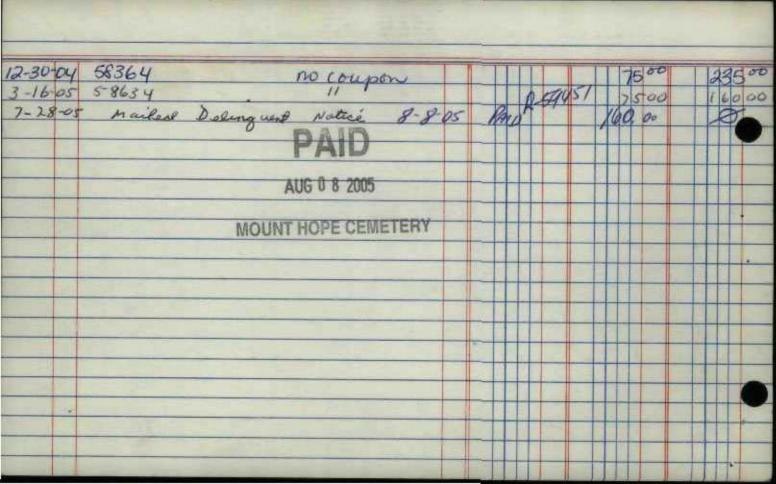
INTERMENT ORDER

City of San Diego

Date 04-06-00

n a	Funeral, date, time
Type of Buriat Container	
Church, Chapel, Graveside	, Mortuary
All Funeral cars must arrive before 300 p.m.	of regular work day or an extra charge of \$ 150.0
vill be applied and billed to undersigned.	
Clarence sta	SOO DBL CAMPO E16172
ot // Grave 5 +6 How -	Section Profision
	00000 1000
irave space & Care Fund	972 1990
dditional spaces and care fund	
pening/Closing & Setup	
urial Container	No.
	ID W
andling Fees	D 18.6
lower vases - Marker setting fee	7 10 10
Recording and filing fee	2005 (0 0 -)
sales taxes	K
	1990 Total Due
MOUNT HOPE	0-57700 200
Paid	receipt number 1 20078 300.
	Balance due P 167 0
hereby certify I am the	of the above named decedent
nd this is your authority to make disposition at 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
ny liability on account of said authorization	and interment.
entra de la companya del companya de la companya de la companya del companya de la companya de l	William Jones
hereby authorize the interment in lot (Suppris Sala Sup
	Addings Of Court
gnature of recorded holder of deed	San Dego, CH. 90419
	263-3847
	Tolegnana
	lavioles #
Vork Order # E 15653	Invoice #





MT. HOPE CEMETERY

INTERMENT ORDER

- City of San Diego

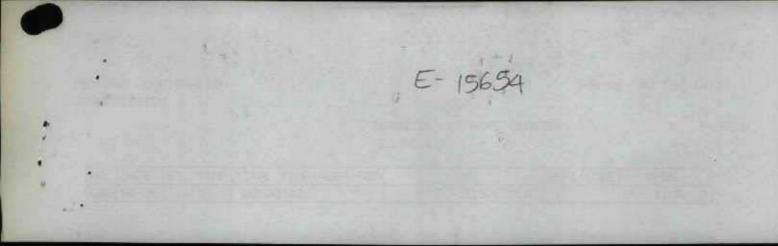
Date 4-6-00

ina T.S. VAULT	Funeral, date, th	me WED 4-	12 11:0
Type of Burnet Cuotainay Church Chapel Graveside	7	Ragsdele	Mortuary.
91	p.m. of regular work	day or an extra charge	of \$ 150.00
will be applied and billed to undersigned			
1		and the second	200
Lot 7 Grave 2 Row	Section	TOOF -Demotor/B	lock 15
Grave space & Care Fund			1595.00
Additional spaces and care fund	DAIL		
Opening/Closing & Setup	1 7.1 -		375.00
Burial Container		UU	250.00
Handling Foos			185.00
Handling Fees	MT. HOPE CEME	TARY	-
Recording and filing fee	and the second	1503-49	45.00
Sales taxes	***************************************		19.38
DRTUARY TO		Total Due	2469.30
Lock	Paid receipt number		2469.38
	raid receipt number	Balance due	a
X			
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorized any liability on account of said authorized	zation and I agree to I	bove indicated. I certif	named decedent by and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	Sel,	
mold dirater deed.	X	The de	
Signature of recorded holder of deed	- X	om	Zip Code
	Y		2000
	biethoue		
E 15654	Invoice #	1000 2 4	
Work Order # E 13634	Acct. #		

Control on respected paper

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 TO

3. DATE OF DEATH IA. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) DATE OF BIRTH 4. SEX 1B. MIDDLE 03/07/1913 04/04/2000 Shadrach Meshach Lockridge 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH SR. COUNTY OF DEATH-OUTSIDE CALIF. San Diego Lockridge, Wife El Cahon 9373 Monome Dr. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER ADDRESS OF CALIFORNIA FUNERAL DIBECTOR OR PERSON ACTING AS SUCH 7B CALIFORNIA FUNERAL DIBECTOR La Mesa, CA 91942 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated terror is one of the dispositions authorized by 04/07/2000 ACKNOWLEDGMENT OF APPLICANT Section 10076 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 PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 IN THIS PERMIT AUTHORIZATION OF MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REBISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION ANY CHANGE IN DISPOSI Vitalinecords: 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 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS 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 Mt. Hope Cemetery; 3751 Market St. 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 TEMB 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CHEMATION 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 THANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 13D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-AD. MAINS DISPOSER DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY

PRE-NEED LOT

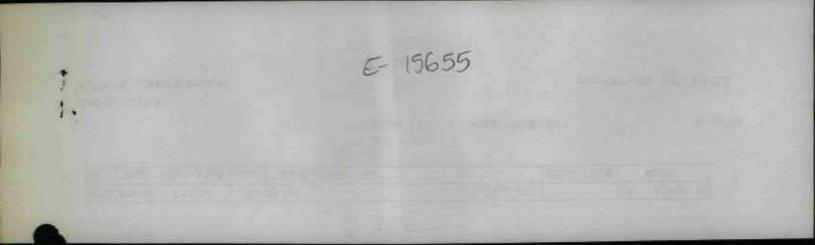
MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-6-00

	Lock RiD		
Type of Burial Container	Funeral, date, ti	me	
Church, Chapel, Graveside	100		Mortuary.
All Funeral cars must arrive before	p.m. of regular work	day or an extra cha	rge of \$ 150.00
will be applied and billed to undersigne	d		
7		TOOF	10
ot Ro	wSection	TOOP Divisio	
Grave space & Care Fund			1595.0
Additional spaces and care fund	PAII)	
pening/Closing & Setup			inne -
Opening/Closing & Setup	APR 12 4	UU	
landling Fees	MT. HOPE CEM	FTARY	
Nower vases - Marker setting fee			
Recording and filing fee			
Sales taxes			
DRTUNKY TO		Total Due	1595.0
STING check	Paid receipt number	R5236	1595.00
		Balance	due -8
hereby certify I am the		of the abo	ve named decedent
and this is your authority to make disp hat I have the right to make this author			
any liability on account of said authoriz	ation and interment.		
hereby authorize the interment in lot I	X		
old under deed.	× adumen	Dec.	1
Signature of recorded holder of deed	Address	trutte-	W.
Straint in Landscoop service or count	City		Zip Code
	Entophone		
	Invoice #		



The car star is national state of the part € 15655 1595.00

Emmanuel JR. Holmes MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 04-07-00

You are hereby authorized and instruct	ed, subject to your rules and regulations, to inter the remains
of Florence 1	Holmes The Wall have
Abe or prover discusses	Funeral, date, time The 4-14 11:00
Church, Chapel, Graveside	Ragadale Mortuary.
All Funeral cars must arrive before 200	p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	d. T. B. IV.
Let 78 Grave 13 Box	w Section
Grave space & Care Fund	Pre-Need E-18185 -
Additional spaces and care fund	
Opening/Closing Peta	" " E-18185 D
Burial Container	" E-18/85 -
Handling Fees APR 1 1 LUUU	
	450
Sales taxes	N N N N
	Paid receipt number R- 52314 # 420.00
	Balance due
I hereby certify I am the and this is your authority to make disport that I have the right to make this author any liability on account of said authorization.	of the above named decedent distinction of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	Sommel Jakes Sa
Signature of recorded folibles of devial	Cy 19 24 2 - 64 11 Zip Code
- 4 M O M O	Invoice #
Work Order # E 15656	Acct. #
REA-104 (7-96) This is	nformation 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

72

Florence		IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4 SEX
San Di	ego	SE COUNTY OF DEAT	H-OUTSIDE CALIF	NAME RELATIONSHIP FULL I	Jr., Son	P CODE
'A AHEE YEE NO K	San Diego, CA 92102		1000	5615 Dream St. San Diego, CA S BA. SIGNATURE OF APPLICANT—		E SIGNED
ACKNOWN FORMENT OF A		proposed dispusition stated berein it one of the and was authorized pursuant to Section 7100 of th	dispositions authorized by	Welle When		/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THES PERMIT IS ISSUED IN ACCORDANCE WIT SHOWS OF THE CALIFORNIA WEALTH AND SAFE AND IS THE AUTHORITY FOR THE DISPOSITION IN THIS PERMIT NOTE THIS PERMIT SHEE NO RIGHT OF DEPOSAL OUTSIDE OF	SPECIFIED \$7.00	10 84713726	SQUED SIGNATURE OF E	DCAL REGISTERS 12	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERIAIT TO SHOW FINAL DISPOSITION	PD. ADDRESS OF REGISTRAR OF DISTRICT VICENT RECOVERY TO. Bo San Diego, CA	₩ 85222		OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALIF		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COL	RONER'S USE ONL	
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	L DISPOSITION (Name and)	PENDING-REMAINS LO	OGATED AT
BURIAL	Mt. Hope Cemetery; 37	SI Market St. ego, CA 92102	4-14-00	11C. SIGNATURE OF PER	ISON IN CHARGE OF BI	URIA
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	ED 12C. SIGNATURE OF PER	BON IN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C SIGNATURE OF PER	ISON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING S REMAINS OR CREMATED REMAINS AF		14B. DATE SHIPPE	D 14C ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELI FICIENT TO IDENTIFY FINAL PLACE AND		158 DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPO		ATED RE-

MT. HOPE PEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-00

of	Dora	Esther	Cordova	4-13
na liner		Funeral, date, ti	me todury	12:00 /2:00
Church, Chape, Graves	Control of the Contro	-	Guadalupa	o Mortuary.
All Funeral cars must an	3' N			
will be applied and billed				
/				
Lot 69 Grave	9 Row	Section	2 Division/B	Nock 12
Grave space & Care Fur	nd	***************************************		895.00
Additional spaces and ca	are fund			
Opening/Closing & Setu	p			375.00
Burial Container				19000
Handling Fees				145,00
Flower vases – Marker s	etting fee			
Recording and filing fee				45.00
Sales taxes				14.73
			Total Due	1664.7
	F	Paid receipt number	K-25356	1664 73
	-		Balance due	-0
hereby certify I am the				named decedent
and this is your authority that I have the right to m	ake this authoriz	ation and I agree to	above indicated. I certi hold Mt. Hope Cemeter	ry and represent
any liability on account o	f said authoriza	tion and interment.		
hereby authorize the in	terment in lot I	Biomiture		
hold under deed.		Address	Set ,	
Signature of recorded holder of deed		- X	There's	The Land
		City		Zip Code
		Totophone		
	15657	Invoice #		
Work Order # E	-161-1			

MT. HOPE CEMETERY

City of San Diego

			Date_	7470	-00
You are hereby authoria	7	l, subject to your r	Charles and Charle	Action Control of the Assessment	or the temeir
of	DAG	5-Sther	Cocke	35 1	-13-
in =	Santa Silvinia	funeral, data,	sine-bard		Jan 12:0
Church Chapm Graves			Cundo	ومحصال	Monuen
All Funeral cars must an	tve before to p	m. of regular wor	k day or an ext	ra pherge o	1500
aux on applied and blied	to undersigned.			4	
Lot 69 Grave_	9 70	3 seeds	. 2	Division/Bio	d 12
Grave space & Care Fun	4	Harris Hamis			8950
Additional spaces and se			A.		
ates is a week well a mount. It was					37.Co
Opening/Closing & Setus	OWNERS AND	100 A 1 4 4 2 4 2 4 2 1 1 2 1 2 1 2 1 2 1 2 1	STATE OF THE PARTY		19000
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Handing Past www.		***************************************			145.00
Flower vasas — Marker a	iding fee	************************			-
Recording and filing fee.	***************************************	······································			4500
taxee	รภาคอาเมา		····		147
Memorial Cha	THE COURT PROPERTY AND ADDRESS OF THE PARTY		Total Due		1664.7
		id receipt number			
	ca 92102	on one of the second	16	tence due	42 W
6191544 9111		9334	117:1		ned decedent
and this is your authority test I have the right to ma any liability on account of	to make dispositive the trip such or the s	ion of remains as	haid Mt. Hope FUNERA	od, I oprtify i Corrigtory i	and represent devaless from COL
hereby authorize the inte	erment in lat I	λ			
hold winder deed.	no nere el l'altre de	X			
harmen of residue to the of dame		Address			
		1		1	Se total
(4)		-			
		Invoice A		11	
Work Older # E 1	15657	Acct. #			
16A-104 (7-98)	This infeat	metion is aveiled	ia in alternativ	e formate	MAI PARTIES
HAT IN MAN		Spinner of authorities before	A UL MURITARITA		host radicals.
· Section 1	- No. 10		-		

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) 3. DATE OF DEATH 4 SEX 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 10/21/1957 04/05/2000 DORA ESTER CORDOWA-SARNZ 5A CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF 0. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE PAMELA PAREDES-DAUGHTER NATIONAL CITY SAN DIES 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 76 CALIF, LICENSE NUMBER 333 WOODMAN ST, COMPLEX B GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92114 SAN DIEGO, CA, 92002 FD-1425 8A SIGNATURE OF APPLICANT-Person taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated hereby is one of the dispositions authorized by 04/12/2000 ACKNOWLEDGMENT OF APPLICANT Kindle Stra Section 10376 of the Health and Safety Code, and was pathonned parasant 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 JOSE CHAVEZ 2006602 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. 04/13/2000 \$7,00 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DIFFISHE OF CALFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCUMEED 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 FOR CORONER'S USE ONLY 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS 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 H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKET ST BURIAL SAN DIEGO, CA, 92102 12C. SIGNATURE OF PERSON IN GRARGE 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 REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-150. LICENSE NUMBER 15B. DATE OF SIGNATURE OF PERSON IN SCATTERING AT SEA OF CREMATED RE FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-00

ina LINER	Funeral, date, time SAT 4-1	3 12:00
Church Chapel Graveside	RAGSDALE	Mortuary,
All Funeral cars must arrive before 300 p.m.		
will be applied and billed to undersigned.		
1	Section 2 Division/8	AND DESCRIPTION OF THE PERSON
Grave space & Care Fund		895.00
Additional spaces and care fund SATUR	DAY OVERTIME	600.00
Opening/Closing & Setup		375.00
Burial Container PAID		190.00
Handling Fees PAID		145.00
		45.00
Sales taxes MT. HOPE CEMETA	(P	14.13
ESSEHA SEMERE	eceipt number R-573 28	2264.73
	Balance du	
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 certi and I agree to hold Mt. Hope Cemete	named decedent fy and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	> Semon fesse > 327 Sunwy	atst_
Signature of recorded holder of deed	X Sanbiego City (619) 434-114	92114 CH 200 Codes

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS B. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) IB. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH BAY, YEAR 01/24/1977 04/08/2000 Henok Fesseha Semere SA CITY OF DEATH SB COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Semere Fesseha, Father Cambridge MARKACHUSetts 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B, CALIF. LICENSE NUMBER ADDRESSOR RASSAGE MOTT.; 5050 Federal BIVd. — IF APPLICABLE 327 Sunswept St. San Diego, CA 92114 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT-Person taking permit, BB. DATE SIGNED I territy expressioner as applicant that the proposed disposition stated herein is one of the dispositions authorized by 04/14/2000 Weller ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code DATE PERMIT ISSUED, IIC. SIGNATURE OF LOCAL REGIST THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI 9A AMOUNT OF FEE FAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERSON \$7.00 Certallians NOTE: THIS PERSON GIVES NO MIGHT OF DESPOYAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO DECUR IN ANOTHER DISTRICT IN CALIFORNIA Vicar Recorded P.O. Box 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING-REMAINS LOG (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 BURIA Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CHEMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ALL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 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 15B DATE OF 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SLIF-IND. 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

THAN IN A CEMETERY

-IF APPLICABLE

MT. HOPE CEMETERY INTERMENT ORDER

uppor

City of San Diego

Date 4-11-00

ASA WAUT		000	Tier Har
in a ASH UAULT	Funeral, date, tim	/	70es 4-25-
Church, Chapel, Graveside		1. elophase	Mortuary.
All Funeral cars must arrive before 3.20 p	.m. of regular work d	ay or an extra cha	rge of \$ 150.00
will be applied and billed to undersigned.			
11219 4369			10
Lot 1300 Grave Row	Section		n/Block 10
Grave space & Care Fund	re-Need	C-9056	
Additional spaces and care fund			
Opening/Closing & Setup			105.00
Burial Container	PAID		55,00
Handling Fees			60.00
Handling Fees	APR 1 4 200	0	
Recording and filing fee		TADV	45.00
Sales taxes CIT	Chippinis Challed in Silver Band And Deck		4.26
		Total Due	269.26
Pi	aid receipt number _	222	269.26
	-	Balance	due O
hereby certify I am the \ Sow			ve named decedent
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorizati	ation and I agree to hi	pove indicated. I c	ertify and represent
hereby authorize the interment in lot I hold under deed.	Ackironas	4 Washing	tonPlace
Signature of recorded holder of deed	City (6/	1) 295 0	176 2p Code
= 15659	Invoice #_		
Work Order # E 13633			

E- 15659 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

H1 391

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

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IA NAME OF DECED	ENT-FIRST (GIVEN)	18, MIDDLE	IC. LAST (FAMIL	Y)		2 DATE OF BIRTH MONTH, DAY, YEA		OF DEATH	4 SEX
JOSEPH		JOHN	SZAKAC	S		07/07/1906	04/0	7/2000	M
6A. CITY OF DEATH			58. COUNTY OF I		6 NAME,	RELATIONSHIP, FULL	MAILING AD	DRESS AND 2	P CODE
SAN DIEGO	The second secon			SAN DIEGO	ESTH	ER SZAKACS			*
			R PERSON ACTING AS SUCH 78	CALIF. LICENSE NUMBER —IF APPLICABLE	GREET STATE	WASHINGTO		E	
			DIEGO CA 92108	And the second s	SAN	DIEGO, CA	92103		•
7851 MISSI	100000000000000000000000000000000000000	CT., SUITE 10		THE RESIDENCE OF THE PARTY OF T	BA. SIGNA	TURE OF APPLICANT	-Person taking or	mit 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	WPLICANT Thereby of Section 10	conowledge as applicant that the 1376 of the Health and Safety Code,	proposed disposition stated herest is one and was authorized pursuant to Section 710	of the Health and Safety Code	> H	Steetu	illen	04/1	1/2000
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WIT	TH PROVI-	E PAID 98 DATE PERMIT	American State of the Control of the		LOCAL REGIS	STRAR ISSUIT	IG PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION S	SPECIFIED	04/11/200	00	2006471			
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES N	IO RIGHT OF DISPOSAL OUTSIDE OF	W/ a UU	L.GUILLEN	-	<u> </u>			
THON REQUIRES A NEW	9D. ADDRESS OF AL	EGISTRAR OF DISTRICT	OF DEATH—	ADDRESS OF REGISTRAR					
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20115-5110-5		O. CA 92186-5	5222						
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CO	HONER'S	USE ONL	4
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COPY 1

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.

D. I.P.

MT. HUPE CEMETERY

15+ BURIAL INTERMENT ORDER WALTER BADGLEY City of San Diego

Date 4-12-00

DA LINER	Funeral, date, time	ED: 4-14	9,0
Type of Build Container			-
Church, Chapel, Graveside All Funeral cars must arrive befor	3:00 ELM	ATHERING:LI	Mortuary.
All Funeral cars must arrive befor	re 2000 p.m. of regular work day	of an extra charge of \$	150.00
will be applied and billed to under	signed.		-
74 Grave 6	_ Row Section	1	11
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Division/Block	
Grave space & Care Fund	PRE-NEED T	0-4358 _	-0
Additional spaces and care fund.			-
Opening/Closing & Setup			0
Burial Container			0
landing Fees	*		-0
Flower vases - Marker setting fee	9		
Recording and filing fee		<u> </u>	0
Sales taxes			0
	То	tal Due	0
	Paid receipt number	all and the second seco	
		Balance due	
>		of the above name	ed decedent
hereby certify I am the	disposition of remains as above	ve indicated. I certify an	d represent rmless from
and this is your authority to make hat I have the right to make this a	thorization and interment.		
and this is your authority to make	thorization and interment.		
and this is your authority to make hat I have the right to make this a sny liability on account of said au hereby authorize the interment in	thorization and interment.		
and this is your authority to make hat I have the right to make this a any liability on account of said au	thorization and interment.		
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and this is your authority to make hat I have the right to make this a any liability on account of said au hereby authorize the interment li hold under deed.	n lot I X Significant Address X City X Tutephone		Zp Code

& Printed on recycled paper

E-15660

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 Mae			Badgley		2. DATE OF SIRTH 3. DATE OF DEATH 4. SEX
5A	CITY OF DEATH		58. COUNTY OF DEATH	- OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	San Die		San Biego	Section of the sectio	
7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF PERSON Feathering 111 Mortuary 6322 El Caj		on Bivd.	F APPLICABLE	10928 SW 76 Terrace Ocala, FL 34476	
	San Die	ego, CA 92115	FD	1083	BA. SIGNATURE OF APPLICANT—Person twenty permit. BB. DATE SIGNED
	ACKNOWLEDGMENT OF A	PEICANT I hereby adequatelys as applicant that the proposed dispression 10376 of the Health and Safety Gode, and was author	outlion stated herein is one of the nixed pursions to Section 7100 of th	dispositions authorized by e Health and Safety Code.	Der Junedal 104/13/200
	PERMIT UTHORIZATION OF	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE P.	98. DATE PERMI 04/13/20 T. Truesd	
L	OCAL REGISTRAR	NOTE: THIS POINT GIVES NO INGHT OF DIGPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	3985333	The Control of the Co	OF DISTRICT OF DISPOSITION—
4	TION REQUIRES A NEW	IF DEATH OCCURRED IN CALIFORNIA			UR IN ANOTHER DISTRICT IN CALIFORNIA
Pf	DISPOSITION	O Box 85222 San Biego, CA 921	86-5222	-	
10		OSTTION(S) CHECK APPLICABLE ITEMS	E		FOR CORONER'S USE ONLY
I	A. BURIAL (INCL)	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
I	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		G. SHIP IN TO CALIFO		
	HHHHAE	Mt. Hole Cemetery 3751 Markets San Diego, CA 92102	et St.	4-14-00	1/ -
HE HEND	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	128, DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
ş	SCIENTIFIC USE		RECEIVING REMAINS	138, DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
The same	USE			4	
MILETE ALL APPLIE	USE	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		146. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF 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. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12-00

TAUE DOE	PA# 2000 1128 ME 00-00
Type of Burlai Comminer	- minutes, wants minutes
Church, Chapel, Graveside	Humphrey Mortuary.
All Funeral cars must arrive before 300 p.m.	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	A THE LANGE
Lot 2 Grave 3T Row_	Section Division/Block
Grave space & Care Fund	126.00
Additional spaces and care fund P. A	ID
A CONTRACTOR OF THE CONTRACTOR OF THE CASTOR	165.00
Burial Container MAY 1	8 2000 50.00
With the second	
Handling FeesMT: HOPE	
Flower vases - Marker setting OHTY OF SA	N DIEGO, Cr
Recording and filing fee	45,00
Sales taxes	
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition 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	City Zip Code
	Telephone
	Invoice # 330503
E 45004	1111 01100 111
Work Order # E 15661	Acct. # 000957

@ Printed on receiled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

4-20-00

E-15661

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS DATE OF DEATH 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) THE MIDDLE 1C. LAST (FAMILY) DATE OF BIRTH 02/23/2000 MONTH, DAY, YEAR TANK linknown 5B. COUNTY OF DEATH-OUTSIDE CALLE IL NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA CITY OF DEATH ENTER STATE SAN Diego OF INFORMANT San Diego Rebecca Barr - Public Admiristrator 7A. TYPED NAME AND ADDRESS OF CAUFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF, LICENSE NUMBER 5201-A Ruffin Road -IF APPLICABLE Humphrey Chula Vista Mortuary-753 Broadway San Diego CA 92123 Chula Vista CA 91910 FD-964 BA, SIGNATURE OF APPLICANT - Person being permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated hisran in one of the disposition; authorized by 04/14/2000 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 REGISTRAR ISSUING PERMIT. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A, AMOUNT OF FEE PAID 98 PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 2006761 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT J.E. King NOTE: THIS PERMIT GIVES HIS 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 DISPOSE Vital Records - P.O. Box 85222 IF DISPOSITION IS TO OCCUR BY 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 A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION 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 118 DATE BURIED Mt. Hope Cemetery 3751 Market Street BURIAL San Diego CA 92102 12C. SIGNATURE OF PEBBON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 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 M/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 SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE 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

-# APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

N/A

MT. HOPE CEMÉTERY INTERMENT ORDER

City of San Diego

Date 4-12-00

	DEJAS
in a:	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	; Mortuary.
3: All Funeral cars must arrive before a	00 p.m. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersign	ied.
Lot 148 Grave 11 A	ow Section 2 Division/Block \ 7
Grave space & Care Fund	895.00
Additional spaces and care fund Opening/Closing & Setup	
Burial Container	AY 0.7 7002
nanding rees	
Flower vases - Marker setting M. I. Recording and filing fee	HOPE CEMETARY OF SAN DIEGO, C+
Sales taxes	
	Paid receipt number R-5337 224-06
	. Balance due 671.00
I hereby certify I am the and this is your authority to make dis that I have the right to make this author any liability on account of said author	of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
I hereby authorize the interment in lot hold under deed.	X Sompres 1 Toth Auc#3
	- X SANDIEGO CA 92/01
Signature of recorded holder of dead	2 3 3 9 0 36

CENDEJAS, ANITA	1157	10th Ave., #	3 San Di	ego 92101	233-9036
-----------------	------	--------------	----------	-----------	----------

				DEBIT	CREDIT	BALANCE
04-12-00	Opened Pre-need Lot.					
	Lot 148, Grave 11, Sect	ion 2, Divisi	on 12	895.00		895.00
04 00	Receipt 52321	17	9. 30 01		224.00	671.00
6-13-100	R-32265	1 7	16 80 7		38.00	643.00
7-26-00	R-52710	2			28,00	615.00
8-24-00	R- 52799	3			28 00	567.00
9-26-00	R-52912	4			28 00	559.00
10-21-01	0 R-53996	5			28 00	531.00
12-5-00	R-53114	6			28,00	503.00
01-03-01	R-53202	7			28,00	475.00
01-31-01	R-53303	8			28 00	447.00
02-23-01	R-53392	9			.28.00	419.00
03-28-01	R-53508	10			28,00	391,05
4-30-01	R-53628				-28.00	363.50
3-11-01	R- 33687	13			28.00	335.00
6-3	R 53840	13			28.00	307.00
7-31-01	R- 53964	14			28.00	379.00
8-29-01	R-	1'5			88.00	25 100
9-21-01	8-34154	16			28,00	33100
10-30-01	R-54271	17	-over-		28.00	195.00
6	CENDEJAS, ANITA	E-15662	-over-			
	The second secon					

E-15662 CENDEJAS, ANITA 1157 10th Ave., #3, San Diego, CA 92101 233-9036 BALANCE CREDIT DEBIT 12/03/2001 BALANCE FORWARDED Lot 148, Gr 11, Sec 2, 195.00 12/3/2001 R.54409 CENDEJAS, ANITA E-15662

E-15662

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895-00=

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TO CUSTOMER WHITE . CANARY CEMETERY

MOUNT HOPE CEMETERY

(619) 527-3400

From lints Centers Twenty cight - In full Payment of	Pu- hul Lit	nd	ollars (\$ 28.00	
Lot 148 Grave	\\	ection 2	Division	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77181	00
W.O. E-15662 BALANCE DUE TO	MAY 0 7 7007	Burial Containers Handling Fee Recording & Misc. Fees	100 77182 — 100 77185 — 100 77183 — 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CITY OF SAN DIEGO, CA	Pre-Need Trust Salee Tax TOTAL PAID	63033 9022 60101 78390 \$ 2.8	00

AC-212 (Rev. 5-94)

CITY OF SAN DIEGO, CALIFORNIA

TOTAL PAID

Nº 54926

CANARY CEMETERY MOUNT HOPE CEMETERY PINK (619) 527-3400

From: Anta Centuras Fifty Kirc Payment of P	Address: 1157 10+1 0	ate: 5-2.	20_20_20_ Sen Diego pollars (\$ 55.00	9210
Lot 148 Grave	\\ Row	Section	Division \	
Invoice No	NOTVALIDEOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 83033 9022	0021

E-15662

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~		æ	~	-		Sec.	~	-	ARCH.
-									

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54779

From Anita Cendejas Julenty - Eight	reneed Lot & Just	Dollars (\$	Z8.00	
Lot 148 Grave	12	account	Division Slock	12
Invoice 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/ 190 Closing 77181 - Burial 100 Containers 77182 - Handling Fee 77185 - Recording 8 100 Misc. Fees 77183 -		00
Pre-Need Lot M At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	Piccompand	Pre-Need 63033 Trust 9022 – Sales Tax 60101 78390 – TOTAL PAID \$	28	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA 15662

MOUNT HOPE CEMETERY

54624

(619) 527-3400

0 100	Date	-,	rup	, 20	VC
Swenty - Eight	Address Mrc	ord	Dollars (\$.	28.01	
In Part Payment of Pu	Coupor# 21				
Lot 148 Grave _	II Row	Section	2	Division Block-	12
Acct. No. W.O. E - 1 Ste 23 BALANCE DUE 1408.45	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need On Acct	2 1 0	Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101	28	00
AC-212 (Rev. 5-94)	ISSUED BRULLETTE Crawfor	TOTAL PAID	78390	28	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54623

From Anita Cendijas Julity - Eight In Part Payment of P	Address: On record		ollars (\$	28.00 £ 20	22_
Lot 14 8 Grave	II RowSe	ection 8	2	Division Block	12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77185 —		
Pre-Need Lot As Need On Acct Pre-need Trust Cash Check		Recording & Misc. Fees Pro-Need Trust Seles Tax	100 77183 — 63033 9022 — 60101	28	00
AC-212 (Rev. 5-94) 1201/1201	ISSUED BY Crawford	TOTAL PAID	78390 —	28	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54409

My ita Cens	leyas Address: On Rec	on Speci	ember 3, 20	01
Teresty - Eigh	Address.	Dol	Nars (\$ 28.00)
In Part Payment of	on # 19			
Lot 148 Grave	RowSe	ection 2	Division Block	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 2 9 77184 2 9 77184 100 77181 100 77181 77182 77185 100 77185 100 77183 77183	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Pullty	Trust Sales Tax	63033 9022 60101 78390	00



CITY OF SAN DIEGO, CALIFORNIA 15662

54408

From: Anita Cenderas Fuerdy - Eight In Part Payment of	and Address: The relation of the read Lot	ord	llars (\$.	28.00	2_,
Lot 148 Grave	11 Row So	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 Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 800 9022 — 9022	28	DD
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Daubette Crawford	Sules Tax TOTAL PAID	60101 78390 —	28.	00

Lot

Invoice No. Acct. No. W.O.

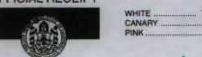
BALANCE DUE

Pre-Need Lot

AC-212 (Rev. 5-94)

Pre-need Trust

Cash



Payment of

TO CUSTOMER CEMETERY AUDITOR

Grave .

On Acct

Check

CITY OF SAN DIEGO, CALIFORNIA

E-15662 54271

Address: On Record	10 30)	, 20	01
and or lot for:	D	ollars (\$ _	28.0	0
Cendajas	ection 2		Division Block	12
NOT YALID 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-Nised Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 — 60101 778390 —	28	00

CITY OF SAN DIEGO, CALIFORNIA

54154

From: Units Cardages Address: 1157 10th an apt 3 Jan Diego Twenty right Dollars (\$ 28.00 In part Payment of Ru Need Lit						
Lot 1 8 Grave	Now Se	ection a		Division Block	R	
Acct. No	SEP C 1 70101 MT. HOPE CEMETAR CITY OF SAN DIEG.	CREDIT 20% Sales Care 80% Sales of Lots Opening/Closing Burtal Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 —	28	00	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY JUNEAU TO	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	28	00	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54078

	Date	8129101	. 20	
From anita Cendejas Twent In part Payment of Pure	ty-eight Dollars Klick Treed Timest		28.00)
Lot 148 Grave	II Row Se	ection 2	Division Bleck	2
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lota 77184 100 of Lota 77184 100 Closing 77181 100 Closing 77181 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 7183 7184 100	28	00
AC-212 (Rev. 594) 1172	ISSUED BY CL. Trunco	TOTAL PAID \$	28	00

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Units Candejas Twenty Eight In part Payment of	Address: 1157 10 th Date:	ne #3 &	120 (\$ 28.00)	9210
Lot 148 Grave	NowSe	ection 2	Division Block	13
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	80% Sales	87007 77184 100 38	00
W.O. E- 15662	JUL 3 1 2001	Opening/ Closing I Surial	77184 100 77181 100	
BALANCE DUE 279.00	JUL 3 1 ZUUI MT. HOPE CEMETAR)	Handling Fee 7	77182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CITY OF SAN DIEGO	Pre-Need Trust Sales Tax	77183 53033 9022 90101	
AC212 (Rev. 5-04)	ISSUED BY J. Mullin	TOTAL PAID	1 28	00



WHITE TO CUSTOMER CANARY CEMETERY ... AUDITOR PINK

From: anta Cenderas Inserts Eight In part Payment of P	Address: 1157 10th; Date	ve apt 3	Ju ollars (\$ 3	28.00	9210
Lot 148 Grave	\\ RowS	ection 2		Division Block	13
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlail Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	28	60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY I BUILDING	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77185 — 100 77183 — 63033 9022 — 60101 78390 —	78	60

CITY OF SAN DIEGO, CALIFORNIA

(619) 527-3400

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

From Onto Cendarias Twenty Cight In Part Payment of Pr	Address: 1157 10th Pate:	1 + 3	Dollars (\$ 2	, 20 9, 00	0 2 9
Lot 14.8 Grave	\\ Row Se	ection a		Division \	a
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Car 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 170 17181 100 77182 100 77185 100 77185	28	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Allella ve asuesi	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 80101 78390	28	00



 CITY OF SAN DIEGO, CALIF

	Address: 1157 - 10th A and Woffer e-Need Lot		Diego	28.00 28.00	92101
Lot 148 Grave	// Row - Se	ection 2		Division /	12
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	28	00
Acct. No. E-15662	PAID	of Lots Opening/ Closing Burisi	77184 —— 100 77181 ——		
BALANCE DUE 363,00	APR 30 2001	Containers Handling Fee Recording &	77182 ——— 100 77185 ———		
Pre-need Lot At Need On Acct Pre-need Trust Cash Check	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees Pre-Need Trust Seles Tax	77183 63033 9022 80101 78390	20	60
AC-212 (Anv. 594) # 1/53	ISSUED BY ALL COCCEPTED	TOTAL PAID		20	



WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

	Date	Morel	1 28	3 ,20	01
From anta Cendejas	Address: 1157- 10th	ane, #	3, 5	Diego,	9210
Twenty - Eight	and NO/100	D	ollars (\$ #	28:00	TX)
In-part Payment of	Pre-Need Lot				
Lot 148 Grave	//	ection 2		Division /	2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77164 —		
Acct, No.	PAID	80% Sales of Lots Opening/	77184 — 100	28	00
w.o. E-15662	MAD 2 0 2001	Closing Burist	77181		
BALANCE DUE 391,00	MAR 28 2001	Containers Handling Fee	77182		
	MT. HOPE CEMETARY	Recording & Misc. Fees	77183		
Pre-Need Lot	CITY OF SAN DIEGO, CA	Pre-Need Trust Sales Tax	63033 9022 — 60101		
	ISSUED BY Kirlings	TOTAL PAID	78390	28	00
AC-212 (Rev. 5-84) # ///6				00	



WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	MOTION

From anita Cenderas Twenty-Eight an In-part Payment of P	Address: 1157 10th Aug and NO/100 redeed Lot	#3, 5,0	D., CA	92101 92101 2800 8. xxx	2/ ,
Lot 148 Grave	// Row Se	ction 2	(Division /	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	28	00
w.o. E-15662	PAID	of Lots Opening/ Closing Burial	77184 — 100 77181 — 100		
BALANCE DUE 419,00	FEB 2 3 2001	Containers Handling Fee Recording &	77182 100 77185 100		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check 又	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101		
AC-212 (Rev. 5-94) # 1/1/	ISSUED BY Statuers	TOTAL PAID	78390	28	00

(P)

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

- Anita Cendejas	Address: 157 -10 th A	Jan - WE#3 SA	3/ - 20 N DIEGO, C	01 A 9211
n PART Payment of	PRE-NEED FOR (AN	ita Cenu	Division	
nvoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	80% Sales of Lots Opening/ Closing	8lock A 177184 100 177184 100 177181	00
Pre-Need Lot At Need On Acct	JAN 3 1 2001 MT. HOPE CEMETARY	Handling Fee 7 Recording & Misc. Fees 7	100 7182	
Pre-need Trust Cash Check		Trust Sales Tax 6	9022 10101 18390	00



WHITE _____ TO CUSTOMER CANARY CEMETERY AUDITOR

From Anita Cende ja Twenty-Eight a	Date: 1157 - 10th and NO/100	January Ave., #3, S	an Diego	9210
In - part Payment of P	Re-Need Lot	oction 2	Division	12
Invoice No	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE PAID	CREDIT 670 20% Sales Care 771 80% Sales 1 of Lots 771 Opening/ 1 Closing 773	84 00 84 00 81	00
BALANCE DUE 475.00 PYMT #7	JAN 0 3 2001 MT. HOPE CEMETARY	Containers 771 Handling Fee 771	00 85	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CITY OF SAN DIEGO, CA	Pre-Need 630 Trust 90 Sales Tax 601 783 TOTAL PAID	33 22 01	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	PAUC I TI		HELO !	97101
-NEED TRUST	AVE. #3,	llars (\$ Z	8. Exy	2)
1 CENDEJAS	Section 2			12
LIDFOR PURPOSE STATED UNLESS STAMPE N THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 ————————————————————————————————————	28	9
DEC () 5 2000)	Burial Containers Handling Fee Recording &	100 77182 ——— 100 77185 ———		
OITY OF SAN DIEGO C.	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 80101 78390	28	90
7/11	PAID DEC () 5 2000) MT. HOPE CEMETARY CITY OF SAN DIEGO: C.	PAID DEC U 5 2000 MT. HOPE CEMETARY CITY OF SAN DIEGC C. PAID DEC U 5 2000 MT. HOPE CEMETARY CITY OF SAN DIEGC C. POR Section 2 CREDIT 20% Sales Care 80% Sales Or Lots Opening/Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	Row Section 2	PAID DEC U 5 2001 MT. HOPE CEMETARY CITY OF SAN DIEGC C. CENDEJAS Division Block PAID DEC U 5 2001 MT. HOPE CEMETARY CITY OF SAN DIEGC C. CENDEJAS Division Broom CREDIT 67007 77184 80% Sales Care 77184 80% Sales Trust Burial 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pra-Need 63033 Trust 9022 Pra-Need 63033 Trust 9022 Sales Tax 69101

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

From: anta Cendejas Twily right ~ In part Payment of B	Address: 115.7, - 10 th	Que \$3	In Diego Oliars (\$ 28,00	921
Lot 148 Grave	\\ Rows	Section a	Division \	2
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77181	00
BALANCE DUE 531.00		Burial Containers Handling Fee Recording &	100 77182 100 77185 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	milliple L ve gaussi	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390 \$ 2.8	0.0



WHITE TO CUSTOMERI CANARY CEMETERY PINK AUDITOR

From anita Cendeja Twenty-eight a In Part Payment of Pa	Address: 1157 10+ address: 1157 10+ e-Need fot	1 4-26 Lave #3 Dollars (\$	50 93	\(\sigma\)
Lot 148 Grave	//Row	ection 2	Division Block	12
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	28	00
W.O E - 15662 BALANCE DUE	SEP 2 5 2000	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 CITY OF SAN DIEGO! CA ISSUED BY WILLIAMS	Misc. Fees 77183 — Pre-Need 63033 Trust 80022 — Sales Tax 60101 76390 — TOTAL PAID \$	28	00

CITY OF SAN DIEGO, CALIFORNIA

52799

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From lite Centejas	Address: 1157 10+1 Q	Date: 8	2 y Den D.	921
In part Payment of	Pre-head Set	ection 3	Ollars (\$ Divisi	on 12
Invoice No. Acct. No. W.O. E-15662 BALANCE DUE 587.00	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	67007 77184 100 77184 100 77181 100 77182 100 77185	28 00
Pre-Need Lot At Need □ On Acct □ Pre-need Trust □ Cash □ Check □ AC-212 (Rev. 5-94)		Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 — — — — — — — — — — — — — — — — — — —	28 00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From: anta Centeges Twenty Eight In part Payment of P	re-New Lat.	ne \$3	de Di Dollars (\$ 3	CORNEL DESCRIPTION OF THE PERSON	190
Lot \\\.8 Grave	District and Comment of the Comment	ection 3	PARAMETER	Division \	3
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77164 — 100 77184 — 100 77181	28	00
BALANCE DUE 615.00		Burial Containers Handling Fee Recording &	100 77182		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	-411.112.	Misc. Fees Pre-Need Trust Sales Tax	77183 ————————————————————————————————————	28	4.7
AC-212 (Rev. 5-94) 11 3 7	ISSUED BY	TOTAL PAID		60	00

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

52562

From Anita Centejas Trouty Eight In part Payment of	Ru-Nud	95-1157-10th	ave # 3 Ju	- 13 - 80 u	ip 92 28.00	10/
Lot 148 Gr	rave 1B	Row	Section 2		Division	13
Acct. No	122	PURPOSE STATED UNLESS S	The second secon	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	78	60
	Acct C	01 100-	Handling Fee Recording & Mass: Fees Pre-Need Trust: Sales Tax	100 77185 — 100 77183 — 63033 — 8022 — 60101 78390 —	28	00
10 010 10m soul	2 ISSUED BY	Meline.	TOTAL PAID		28	00



MT. HOPE CEMETERY INTERMENT ORDER

	City of San Diego		
		Date	12-00
You are hereby authorized and instruc		es and regulations, to	inter the remains
or David U	u Chillman	Then 4	-27_
in a Type of Burlal Container Church, Chapel, Graveside	Funeral, date, ti	- 3F-37000000	CA Burial Montuary.
All Funeral cars must arrive before	oo p.m. of regular work	day or an extra charge	013 /50.00
will be applied and billed to undersign	ed		
Lot 119 Grave 5 Ro	ow Section	DivisionA	Block
Grave space & Care Fund			
Additional spaces and care fund			
Opening/Closing & Setup			
Burial Container	PAID		
Handling FeesAP			
Flower vases - Marker setting fee	K 13 Z000		
Recording and filling fee		inet	1,000.00
Sales taxes. CITY O	F SAN DIEGO, CA		. ——
cremeted		Total Due	1,000.00
and ashes to Ft. Research	Paid receipt number	52323	1,000.00
to H-16sic		Balance du	e
I hereby certify I am the and this is your authority to make disp that I have the right to make this authori any liability on account of said authori	rization and I agree to	above indicated. I cert	
I hereby authorize the interment in lot hold under deed.	Signature	-	
	Address		
Signature of recorded holder of dead	Cay	***	Zip Code
	Telephone	7	
_ 4800	Invoice #		
Work Order # E 1 5663	3 Acct. # _		



THE CITY OF

00/20

F-15663

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 regulations, to disinter the remains of: DAVID W. CHILLMAN from Lot 119 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 Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment. Vanne a. Chillman Widow 5001 Rebel Rd CA 92117 Signature Relation to deceased Address I hereby authorize the above disinterment: Joanne Q. Chillman 4/12/2000 (Lot owner must sign if not legal custodian) Date



E- 15663

APPLICATION AND FERMIT FOR DISPOSITION OF HUMAN REMAINS

WIND WARM THE CHUY-MAKETO SHASSAL WITLOUTS OF OTHER ACTEMATICAL

ARE THE AR LINE AT A THE THE RESIDENCE A RESIDENCE

DATE OF DATE OF DESTREE & SEX IN NAME OF ATTEMPT OF A PARTY ASSESSMENT AND ADDRESS OF THE COOR

CARES A. CHILLMAN-WIRE

04/20/2000

ATE NIGNEO

TO THE OF IS ALL SECRETARIES HAS PERMIT

TOR CORONER'S USE ONLY

THE SECOND PROPERTY AND LOCATED AT

Warne and Address)

IN DATE BESCHO

At the same of the

C SUSPENDE OF PERSON IN CHARGE OF

THE RESERVE TO STATE OF CHEMITION

THE RESIDENCE OF THE OWNER OF TACHLEY

ST ALESS IN THE STANDARDS OF STREET IN CHURCH OF PLACES WITH THE CANDIDE

R. TOURS IN SUPPLY

SPECIAL STATE OF THE STATE OF T The state of the s

COPY . STREET OF MANAGEMENT REPORTED TO SELECT SERVICES CONTRACTOR STREET, SECURIOR SERVICES

THE ADDRESS OF THE PERSON AND THE PE

BUCKLE IN

State of Children Common Commo

VS 9 (REV C 21)

BURIAL

REA-104 (7-98)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-13-00

De to the the	MOOR	E0; "	-21 110
n a DOUBLE VEYT	funeral, date,		-41 110
Church Chapel Graveside		RAGSDA	LE Mortuary.
All Funeral cars must arrive before	. 11/1	day or an extra	charge of \$ 150.00
rill be applied and billed to undersi	gned. X 07		
ot 94 Grave 3			ision /Bloc k
Grave space & Care Fund	Bu-Nud	E- 39	12 <u>+</u>
dditional spaces and çare fund			
pening/Closing & Setup	Pre- Ned	E- 1155	7 _0_
urial Container	11	*1	0_
andling Fees	1(\epsilon \(\text{\text{\$\epsilon\$}} \)	+
lower vases – Marker setting fee			
ecording and filing fee			
ales taxes		14	4
		Total Due	-0
	Paid receipt number		
15.90		Balar	ice due
hereby certify I am the	o Mom	of the	bove 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 certify and represent
my liability on account of said auth	orization and interment	Tiolo IIII. Tiope C	emotery manness nom
hereby authorize the interment in	IN X CA	Vene 4/2	ners
old under deed.	X 54/6	4 TEN	DAD WY
	Addigit	DIFA	11 921V
	1-17/7	wie w	Zio Code
grunure of recorded holder of deed	V619	364- 2	185
grunure of seconded holder of deed	Telephone	364- 2	185

This information is available in alternative formats upon request.

E- 15664

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 IC. LAST (FAMILY) 4 SEX Kim Elizabeth Salvador 0970971957 SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAJEING ADDRESS AND ZIP CODE OF NEDRMANT Carlene Young, Step-Mother San Diego Saurbiero OPEN NAME AND ADDRESS OF CALFORNIA FUNERAL DISECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 5484 Trinidad Way San Diego, CA 92114 San Diego, CA 92102 F-1329 8A. SIGNATURE OF APPLICANT—Person taking nemit. 8B. DATE SIGNED hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by William 04/18/2000 ACKNOWN FROMFAT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 71.00 of the Health and Safety Code 98 DATE SERVICE SOLED SC. SIGNATURE OF LOCAL REGISTRAD ASSUNCEDERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT auelians LOCAL REGISTRAR NOTE: THIS PERSON GRESS NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAIH RECEPTED HIPNO. Box 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION. 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 Mt. Hope Cometery; 3/51 Market St. 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA BURIAL San Diego, CA 92102 APPLICABLE ITEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSONNIN 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 COMPLETE ALL 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-DISPOSITION CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DESPOSEE 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



MT:HOPE CEMETERY INTERMENT ORDER

INTERN	IENI ORDER	
City	of San Diego	10 610
	WED 19 Date 4-	13-00
	M-11-	- W 5
You are hereby authorized and instructed, su	bject to your rules and regulations	, to inter the remains
of Genmy Ber	way PA 200	00/295_
no Dolle Death	Funeral, date, time TUC	4=18 9:0
Type of Buries Contained	Dala Based	Mortuary.
Church, Chapel, Graveside 3:40	Toron Marco	a Tolomon Marchaeller
All Funeral cars must arrive before 900 p.m.	of regular work day or an extra ch	arge of \$ _/5000
will be applied and billed to undersigned.		
Lot a Grave 4B Row	Section Divisi	on /Block \3_
		126.00
Grave space & Care Fund	***************************************	
Additional spaces and care fund		V 2 00
Opening/Closing & Setup		165,00
Durida Comanici		50.00
Handling Fees	4	
Flower vases – Marker setting fee	1 8 2000	
		45.00
Recording and filing fee CITY OF S	AN DISCO	
Sales taxes	-TOESC,	721 00
Menso	Total Due	306,00
Paid Paid	receipt number	
1,,,,,	Balanc	e due
I hereby certify I am the	of the ab	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 is	of remains as above indicated. In and I agree to hold Mt. Hope Cer	certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	Criy	Zip Code
2)	SECTION	
	Telephone	v U
APAGE	Invoice #_ 33054	٩
Work Order # E 15665	Acct. # 00095) '
Trem energy	a sense in	

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX	
Jimie -		Purifoy		12/11/1940	04/01/2000 M	
SA CITY OF DEATH	- 155 E		58. COUNTY OF DEATH ENTER STATE San Diego			MAILING ADDRESS AND ZIP CODE Bublic Administra
7A. TYPED NAME AND A Anderson—R.		t.; 5050 Fede: Diego, CA 92	PERSON ACTING AS SUCH 78. CAL FAI BIVO. 102 F-	1329	5201-A Ruffin San Diego, CA A SIGNATURE OF APPLICANT-	
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 16	cknowledge as applicant that the pro 376 of the Health and Safety Code, and	posed disposition stated herein is one of the d was authorized pursuant to Section 71.00 of th	dispositions authorized by	Detlu Will	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFETY PY FOR THE DISPOSITION SPI 0 NIGHT OF DISPOSIL DISTRICT OF CU	FCIFIED \$7.00			OCAL REGISTRAR ISSUMG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	VICET KEUS	Egistrar of district of the control	85222 F		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIF	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
B. CREMATION	ISE		E. TEMPORARY ENVA	PANIA IDE OF CALIFORNIA	☐ (Name and	
BURIAL	Ht. Mepe	San Diego,		118. DATE BURIED	TIC. SIGNATURE OF PE	RSON IN CHARGE OF BURIAL
CREMATION	T A NAME AND A	DRESS OF CALIFORNIA (CREMATORY	128. DATE CREMATE	0 120 SIGNATURE OF PER	ANGON IN ORARGE OF CREMATION
SCIENTIFIC USE	13A. MAME AND A	DDRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	13B, DATE RECEIVE	ED 19C, SIGNATURE OF PE	rson in Charge of Facility
TRANSIT		DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPPED	0 14G ADDRESS AND SIG	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	- FICIENT TO IDI		OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15G 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.

MT. HOPE CEMETERY

teller

INTERMENT ORDER

City of San Diego

Date 4-13-00

- Siner	Funeral, date, time Mon	4-17 1:0
Type of Burnet Comment	Puneral, date, time 11010	
Church, Chapel Graveside		mortality.
All Funeral cars must arrive before 3:00 p.m	n, of regular work day or an extra ch	narge of \$ 150.00
will be applied and billed to undersigned		
Lot 126 Grave 3 Row	3	(6)
Lot 1 Grave 3 Row	Section 2 Divis	ion/Block 19
Grave space & Care Fund		543.00
Additional spaces and care fund		
Opening/Closing & Setup	I D	375 00
Burial Container	• •	190.00
Handling Fees APR 1.3	2000	145,00
Flower vases - Marker setting fee HOPE C	PARTERNA.	
Recording and tiling tee CITY OF SAN		
THE PARTY OF THE P	J. 100 J	14-73
	Total Due	1664.73
Paid	receipt number VISA	1664.73
1.7/=+1	Balanc	e due
hereby certify I am the Wurke	of the ab	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	on of remains as above indicated. I	certify and represent
	X Ma . E Ra.	11
hereby authorize the interment in lot I nold under deed.	Southern Carlo	12 64
	- Good- Chano	enouve got
Signature of recording holder of deed	San Dergo, C	a 92/15
	16/9-280-4	77/8
F 15666	Invoice #	Barrier
Work Order # E 13000	Acct.#	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	E BLACK INK ONLY	-MAKE NO ERASURES	. WHITEOUTS OR C	THER ALTE	RATIONS O	
1A. NAME OF DECEDE MELVIN		1B. MIDDLE	IC. LAST (FAME. BENSON	n	MO	NTH, DAY, YEAR MONTH	E OF DEATH 4. SEX
5A. CITY OF DEATH BOULEV	ARD		ENTER STATE	AN DIEGO		ATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
BAYVIEW CRE	MATION & BE Mont Mesa I	A FUNERAL DIRECTOR OF RIAL SERVICE SIVE. SHITE I	PERSON ACTING AS SUCH 78.	GALIF LICENSE NUMBER —IF APPLICABLE FD 1661			91905
ACKNOWLEDGMENT OF A			reposed disposition stated herein is one in and was authorized personal to Section 7109		► M	.much	04/13/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S DISSIST OF DISPOSAL OUTSIDE OF	PECIFIED \$ 7.00	98 DATE PERM 04/14/20 M. MOL		SIGNATURE OF LOCAL REG 2006687	BISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERALT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF DISTRIC	85222	ADDRESS OF REGISTRAL			
B. CREMATION		AINS OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C			I. DISPOSITION PENDIN (Name and Address)	3 REMAINS LO AT
BURIAL	MT. HOPI	DRESS OF CALIFORNIA CEMETERY, 3 30, CA 92102	751 MARKET ST.	118. DATE BURIL	D IIC SI	GNATURE OF PERSON IN	CHARGE OF BUILD
CREMATION	12A, NAME AND AD	DDRESS OF CALIFORNIA	CHEMATORY	128, DATE CREMA	TED 12C, SI	GNATURE OF PERSON IN	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AE	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAIN	S 138. DATE RECE	IVED 13C. SI	gnature of Person in	CHARGE OF FACILITY
TRANSIT		ddress in receiving s cremated remains ar	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIP		DDRESS AND SIGNATURE PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	F 15B. DATE OF DISPOSITION		gnature of Person in Harge 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.



VS 9 (REV. 6/91)

MY HOPE CEMETERY

INTERMENT ORDER

Citý of San Diego

Date 4-13-00

ina LINER	Funeral, date, time MON 4-17 1:00
Church Chapel Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before and will be applied and billed to undersign	p.m. of regular work day or an extra charge of \$ 150.00
Lot 184 Grave N	ow Section 2 Division/Black 12
Grave space & Care Fund	PAID
	375.00
Burial Container	PR 18 2000 375.00
Handling Fees	OPE CEMETARY OF SAN DIEGO, C
	45.00
	10 72
Bring Check	Paid receipt number R-52342 1664.7
100	Balance due
I hereby certify I am the and this is your authority to make dis that I have the right to make this author any liability on account of said authori	of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
I hereby authorize the interment in lot hold under deed.	Address Sel Levil
Signature of recorded holder of deed	Telesmone Zip Code
Work Order# E 15667	Invoice #

S Francis on resocial paper

E-15667 WHEN SHOW THE WAY

INTERMENT ORDER

KALAN TA PENLER

UNES TO THE PERSON OF THE PERS

18-4

MATTER

PASSA SALLAN

E 15667

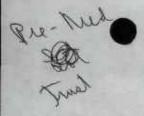
and the same of th

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	,	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 04/11/2000 F
A. CITY OF DEATH	NORTH HO		58 COUNTY OF DEAT ENTER STATE LOS ANGEL	-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL NOF INFORMANT BUFORD FIELDS,	MAILING ADDRESS AND ZIP CODE
ANDERSON-I	DDRESS OF CALIFORNI RAGSDALE MOT	A-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78. CA	F APPLICABLE	11529 HELA AVEN LAKEVIEW TERRAC	IUE .
ACANOWLEDOMENT OF A			aposed disposition stated hereon is one of the of was authorized gurament to Section 7100 of th		Kalle Cro	by 64 14 2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP D RIGHT OF DISPOSAL OUTLINE OF C	Y CODE PECIFIED \$7.00			CAL ROBISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF IN CALIFORNIA JEROA ST., L	1	ASPOSITION IS TO OCCUR	F DISTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUCO	01-01 0000
B CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM		E TEMPORARY ENV	RNIA		PENDING REMAINS LOCATED A ddresa)
D. SCIENTIFIC U			THE RESERVE OF THE PARTY OF THE	DE OF SHEET OFFICE		
BURIAL BURIAL	MT. HOPE	DRESS OF CALIFORNIA CEM. 3751 MARI		118. DATE BURIED	110. SIGNATURE OF PER	ISON IN CHARGE OF BURIAL
BURIAL	MT. HOPE (CEM. 3751 MARI	KET STREET	118. DATE BURIED	Sul F	SON IN CHARGE OF BURIAL
BURIAL CREMATION SCIENTIFIC USE	11A NAME AND AC MT. HOPE (SAN DIRGO, 12A NAME AND AC	CEM. 3751 MARI CA 92102 DRESS OF CALIFORNIA	KET STREET	118. DATE BURIED 4-17-00 128. DATE CREMATE	D 120. SIGNATURE OF PER	- pun
BURIAL CREMATION SCIENTIFIC	11A. NAME AND ACMT. HOPE (SAN DIRGO, 12A. NAME AND ACMINAL NAME AND ACMINA	CEM. 3751 MARI CA 92102 DRESS OF CALIFORNIA DRESS OF CALIFORNIA	CREMATORY FACILITY RECEIVING REMAINS TATE OR COUNTRY WHERE	118. DATE BURIED 4-17-00 128. DATE CREMATE	D 120. SIGNATURE OF PER	SON IN CHARGE OF FACILITY SON IN CHARGE OF FACILITY MATURE 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.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

4-14-00

Type of Bursel Container		E		
Observed Observed Overvedate	_	Funeral, date, time		-
Church, Chapel, Graveside	5108			Mortuary.
All Funeral cars must arrive before	e 3430 p.n	n, of regular work day or an	extra charge o	1\$ 150.00
will be applied and billed to under	rsigned			
Lot 5091 Grave	Row	Section	Division/Blo	10
LOI O II Grave	_ How	Section	DIVISION/GIO	OK-
Grave space & Care Fund				
Additional spaces and care fund.		+ 100		-
Opening/Closing SAup D	d	of 105,00	***************************************	\$10.00
Burial Container	5	at 55,00		110.00
Handling FeesAPR 1 4 2001	9	at 60,00		150.00
	PAD'			
Flower vases - Marker setting to MT. HOPE CEME Recording 1707 JOP SAN DIEC	O Co	at 45.00		90.00
	2	at 4.26		8.52
Sales taxes				238.5
		Total Du	e	220.2
	Pak	receipt number N-3	15 221	2 20 13
			Balance due	-0
			of the above na	med decedent
hereby certify I am the			cated. I certify	and represent
I hereby certify I am the and this is your authority to make	dispositio	n of remains as above ind	Inna Compton	harmlace from
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 au	uthorizatio	on and I agree to hold Mt. F	lope Cemetery	harmless from
and this is your authority to make that I have the right to make this a any liability on account of said au	uthorization	on and I agree to hold Mt. F	lope Cemetery	harmless from
and this is your authority to make hat I have the right to make this a any liability on account of said au hereby authorize the interment in	uthorization	on and I agree to hold Mt. F	mass.	harmless from
and this is your authority to make that I have the right to make this a any liability on account of said au hereby authorize the interment in	uthorization	on and I agree to hold Mt. F	Mass.	harmless from
and this is your authority to make that I have the right to make this a	uthorization	on and I agree to hold Mt. F. and interment.	Mass.	harmless from
and this is your authority to make hat I have the right to make this a any liability on account of said au hereby authorize the interment li hold under deed.	uthorization	on and I agree to hold Mt. F and interment.	Mass.	harmless from
and this is your authority to make hat I have the right to make this a any liability on account of said au hereby authorize the interment li hold under deed.	uthorization	on and I agree to hold Mt. F. and interment.	Mass.	harmless from
and this is your authority to make hat I have the right to make this a any liability on account of said au hereby authorize the interment li hold under deed.	uthorization thorization	and I agree to hold Mt. F and interment. Separature Address City	Mass.	Zp Code

O Printed on receded pages

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

€ 15 668

52121

MOUNT HOPE CEMETERY 527-3400

From: Chiyoko Masum Two Ithodas N. 1 In All Payment of Fo		814 Cec	ALC: U.S. C.		1	-	819
Lot 5090 1509 Grave	271.14	Row	Section		Division Block	10	
Acct. No	NOT VALID FOR PURPO "PAID" IN THIS SPACE	SESTATED UNLESS ST	20% Sales C 80% Sales of Lots Opening/ Closing Burial Containers Handling Fe Recording & Misc. Fees	100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —		00	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Acc212 (Rev. 594)	ISSUED BY	Lynd	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390 —	296	56	

Que. Tuck

MT. HOPE CEMETERY

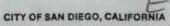
INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instr	ucted subject		The state of the s	
of semigenous	1-27	my ra	unidone	
In a Type of Suran Container	Fune	ral, date, time		
Church, Chapel, Graveside			CH WELL	Mortuary.
All Funeral cars must arrive before 3	3:00 1:00 p.m. of re	gular work day or	an extra charge	01\$ 150.00
will be applied and billed to undersig	ined.			
Lot 5093 Grave	Row	_ Section	Division/Bl	eck_10
Grave space & Care Fund				
Additional spaces and case 15d				2 2 20
Opening/Closica & Saffin		105.00		2 0.00
Burial Contain APR 1 4 2000	ل ما	55.00		110.00
Handling Fees	2 01	60.00)	120.00
Flower VALL HORE CEMETAR	1			
CITY OF SAN DIEGO.	त्व भ	of 12	.00	90.00
Sales taxes	2 0	1,26		8.53
		Total	Due	538.52
	Paid receip	D	52331	538.52
			Balance due	-0
I hereby certify I am the and this is your authority to make di that I have the right to make this authory liability on account of said authory	horization and	I agree to hold M terment.	indicated, I certify t. Hope Cemetery	harmless from
I hereby authorize the interment in lo hold under deed.	× ×	Duly guille of Co.	rusuden	
Signature of recorded holder at deed	7	CHY		Zip Code
	1	Telephone		
F 1566	0	Invoice #		
Work Order # E 1566	v)	Acct. #		

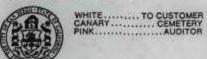
OFFICIAL RECEIPT





52122

ader and



MOUNT HOPE CEMETERY 527-3400

		Date: Fo	brusy 10	3000
From Pessy & Shipmari TS		Ave	Challe Vist	2 (1)
	inely Six and 8%00-	D	ollars (\$ _ BAS	680
In L 11 Payment of Fu	undation and two was	- 5		
30,700,000		,		
Lot 5052 5053 Grave	Row Se	ction	Division Block	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007	1
Acct. No.	"PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots	77184 100 77184	
F C		Opening/ Closing	100	
w.o. 151590		Burial Containers	7710000	0 60
BALANCE DUE		Handling Fee	11100	6 00
		Recording & Misc. Fees	77183 299	75
Pre-Need Lot At Need On Acct O		Pre-Need Trust	63033 9022	
Pre-need Trust Cash Check	ASSUED BY Lynd	Sales Tax	78390	1 5h
AC-212 (Rev. 5-94)	PISSUED BY Lind	TOTAL PAID	35 296	0 80



City of San Diego

Date_4-14-00

they don to	Funeral, date, time W 4-2 2.3
Type of Bures(Commune	VELL'S COLOURAL
Church, Chapel Graveside	Widthay.
All Funeral cars must arrive before 2000 p	o.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 17 Grave 2 Row	Section Division/Block
Grave space & Care Fund	(n- hed c-0715 -
Additional spaces and care fund	AID
Opening/Closing & Setup	105.00
Burial ContainerAPR	17.2000
	10.00
Flower vases - Marker setting HOPI	E CEMETARY
	AN DIEGO. CA
Sales taxes	4.26
00031003	Total Due 269.26
	0- = 3340 31936
P	aid receipt number 1/2 3 2 3 10 20 12 0
X B.	A / Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization and 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 Mt. Hope Cemetery harmless from
any naturny on account or said authorizati	X Pourso Ato
I hereby authorize the interment in lot I hold under deed.	× Segreture 503/- Learn S. C.
	Address D. D. 921/12
Signature of recorded holder of direct	City Zin Chide
	Telephone
12020	Invoice #
E 15670	
Work Order # E 15670	Acct. #

O Frented on Accorded payor

76904

E- 15670

HT 578

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18	NAME OF DECEDE	175	1B. MIDDLE YORIKO	1C. LAST (FA	MILY)	2. DATE OF BIRTH MONTH, DAY, YEAR 06/16/1928	S. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 04/13/2000 F
5A	SAN DIEGO	1 3 4 5		58. COUNTY O	F DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MOOF INFORMANT ELMOOD ITO - BRO	AILING ADDRESS AND ZIP CODE
7.A	LEWIS COLO	NIAL/BENBO	A-FUNERAL DIRECTOR OR P UGH MORTUARY SAN DIEGO, CA		78. CALIF. LICENSE NUMBER —F APPLICABLE FD-480	5031 LYON ST SAN DIECO, CA 92	102 Person taking permit, 8B. DATE SIGNED
	ACKNOWLEDGMENT OF AF		chrowledge as applicant that the prop 376 of the Health and Salety Code, and			Marie To America	04/14/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIC IN THIS PERMIT.		PROVI- CODE CIFIED \$7.00	THE RESERVE AND PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN		CAL REGISTRAA ISSUINO PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW SANT TO SHOW FINAL DISPOSITION.	ATAM OFFI	EGISTRAR OF DISTRICT OF D IN CAUFORNIA ORDSPO BOX CA 92186-522	85222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFO	ENCA
10	B. CREMATION	OF CREMATED REM		F. DISINTERMI	All commences	L DISPOSITION (Name and A	PENDING REMAINS LOCATED AT
	BURIAL	A SECULIAR DE LA CASA DEL CASA DE LA CASA DE	CAMETERY, 3/51 O, CA 92102	MARKET ST	118. DATE BURI	ED THE SIGNATURE OF PER	SON IN CHARGE OF BU
WEE HEMS	CREMATION	CYPRESS V	DESS OF CALIFORNIA C IEW CREMATORY, DIEGO, CA 9211	3953 IMPERI	AL WINDL	ATED 12C. SIGNATURE OF PERS	SON IN CHARGE OF CREMATION
APPLICA	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA F	ACILITY RECEIVING REM	IAINS AND DATE RECE	SIVED SC. SIGNATURE OF PER	SON IN SHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148, DATE SHIP	PED 14C ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN CHARGE HE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA			150. SIGNATURE OF PER CHARGE OF DISPOS	

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.

himstriaid

MT. HOPE COMETERY

City of San Diego

	4-1	U-	D	0	
Date			-		

OF FLORENCE	BALDW:N
ina	Funeral, date, time MON 5-8
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 124 Grave 20 Row_	Section 100F - Division/Block 14
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees DLALTLE	ment tel 350.00
Flower vases - Marker setting fee	
Recording and file feA. L.D	
Sales taxes	5 70 00
APR 1 4 2000	Total Due
MT HODE CEMETARY Pa	id receipt number R-523 32 350 00
CITY OF SAN DIEGO, CA	Balance due
I hereby certify I am the and this is your authority to make disposit	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.	X Kare a. Rosonaust X 6223 BRANTING ST
Signature of recorded holder of dead	X SAVIDIEGO 9212Z (858) 453 - 4141 24 Code (1849) 453 - 4141
Work Order # E 15671	Acct. #

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

E- 15671

(88)	HUMBER	STATE	ERTIFICA OF CALIFORNIA			DISTRICT A	TE RUNDER 80	09	64
н	IL NAME OF DECEASED			IC. LAST MAME			OF DEATH	E BAT. PLAT	B. HOUR
61	Florence	-		Baldw:	1424	the second section is a second		961	3:00 A
9910 3		OR RACE 5. BIRTHPLACE ,		S. DATE OF B		7. AGEILM	- Inti	NECH LYEAR	WHERE IS NOTED
	Female Whit			Sept.		62	OF WHAT COUNTR		
PERSONAL S	& NAME AND BIRTHPLACE	TO MANAGE STATE OF THE STATE OF	SAN STREET, ST	E AND BURTHPLA		BENEFIT OF THE PERSON NAMED IN			SECURITY HUNGER
DATA	George H. F	arrand, Eng.		eth Moy	MY OR PIRM IT MIN!	Brit	Sub.	Not BUSINESS	10
/ 3	Housewife	40	The same of both	_		1000000	A HOUSE WATER		
Y	M. FOREST WAS EVEN IN U		D. Seige Banker	MA. NAME OF	PRESENT SPOUSE		IN. PRESENT	OR LAST OCC	JPATION OF SPOU
953	No	Marri		W1111	am E. Bald	iwin	Tax Of	ficer	
9888	IBA. PLACE OF BEATH-IS				DORESS-HAVE STREET		IS DE LOCATION SO	HOT USE P. D. BO	CORP. MATERIAL C
PLACE		The bear		5060 0	aylord Driv		and the second second	Course City	- Cantonia
DEATH .	ISE CITY OR TOWN	1 12 10 10		ISO. COUNTY	The same of	194 LENGTH	OF BEATH		H OF STAY IN
88894	San Diego			San D			KB . YEAR		VKS . YEAR
RESIDENCE	20s. LAST USUAL RESIDEN	NCE-STREET ADDRESS (Best blost	CORPORATE IN	HITE CHES CHE	TAL COMPONALE PINTS	ZIA NAME	OF INFORMANT	SIF GENER BONE	SPOUSEI
WHERE DIS SCEENESS	12 Smith Rd		20s. COUNTY	The second second second	STATE	Die Archite	SS OF INFORM	LIVE IN SHIRING	net out hiera manifest
TER RESERVE ACTUME	Cleveleys		Lancash		England	AIR. HEWIT		ar automi	
RED P	22A. PHYSICIAN: CRESTER	INTERY THAT BEATH OCCURRED AT	THE HOUR BATE MAD IN	CHARLES DE	HAZEICION OR COL	IONES SON	rigit		DESAUX ON TITL
PHYSICIAN'S	ABOVE, PHOM THE CAUSES STATE	S BELLIN AND THAT I ATTEMBED IN		0	4 By: Wan	Day I'A	Coroner		Deputy
OR CORONER'S CERTIFICATION	Autopay	The Causes Everes and In the	4712	7 MUD 32	3322 Cong		COLUMN TO BE TO THE	1/2	L/61
FUNERAL DIRECTOR	Cremation	14/26/61	Cypres	S VION	Crematory	ET POS		DOD TA	tty.in fa
AND LOCAL REGISTRAR	Pacific Bes	ich Mortuary	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	STATE OF THE PARTY	LOCAL SEASON	Car	Cew M	AQ.W.	#
4201	30, CAUSE OF DEATH		ENITS	CHLF CHE CAUSE PER	UNE FOR SELVER, MINIS	10	70-20-00-		420,
1001	MARTI SEATH WAS CAUSED BY: Acute cardisc decompensation					4	APPROXIMA		
CAUSE	CONDITIONS, IF								BUTWEEN
WACETE -	ANT. WHICH DUE TO	Coronary	occlusion					-	CNSET AN
OF DEATH	ANDVECAUSE) AN STATEMENT						DEATH		
	SAFE ILLET O DOE TO IC. Arteriosclerotic coronary heart disease.								
OPERATION	The married or						ANTHONY PERSONS		
AND AUTOPSY	Managemen D	COLUMN SERVE STATE	Transport to the party of the p	"		Color Color	POST PRESENT UTE	Witte.	I Street of the
1	344. SPECIFY ACCIDENT.	SUICIDE OR NONICIDE	34s DESCRIBE	HOW INJURY OC	CURRED	tory as the manualty			
. /		1000 Table							
INJURY	OF MAIRY	CHECK TAR HEND	1 14						
	THE RESERVE THE PARTY OF THE PA		No literature and the second						
643-1-2	354 INJURY OCCURRED	135c. PLACE OF	INJURY 155 M W.A.	MUZ STREET, PARK. 194	b. CITY. TOWN, OR L	DCATION.	C00	NTT.	BEATE

310838





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 FLORENCE -			IC. LAST (FAMILY) BALDWIN		MONTH, DAY, YEAR ME	DATE OF DEATH 4. SEX DATH DAY, YEAR 4/24/1961 F
The same	SAN DIEGO,		SB COUNTY OF DEATH	N DIEGO	NAME, RELATIONSHIP, FULL MAILIN OF INFORMANT KARL ROSENQUIST	SON IN LAW
74	THE R. L. P. LEWIS CO., LANSING, MICH.	OUIST ING ST SAN DIEGO, CA 92122	CTING AS SUCH 78. CALL	APPLICABLE	6223 BRANTING ST SAN DIEGO, CA 921 A SIGNATURE OF APPRICANT—PETRIN	taking permit 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dopos Section (6076 of the Health and Solety Code, and was authory	door stated horsen in one of the cost pursuant to Section 7:00 of the	Sepositions authorized by Presitts and Safety Code	Kone Kusong	1 05/02/2000
	PERMIT UTHORIZATION OF OCAL 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. NOTE: THIS POINT CHES NO BUSH OF DEPOSAL OUTSIRE OF CALIF	\$7.00	05/02/2 00	1 no	REGISTRAR ISSUING PERMIT
23	ON REQUIRES A NEW ERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	The state of the s		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA	
10	The second secon	OSITION(S) CHECK APPLICABLE ITEMS	.7 6		FOR CORON	ER'S USE ONLY
Company of the company	B. CREMATION		E TEMPORARY ENVAL F DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTS!	RMIA	(Name and Addre	
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER		1 18 DATE BURNED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	AY	128, DATE CREMATE	D 12C SIGNATURE OF PERSON	IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CHEMATED REMAINS ARE TO BE SHIPPED CREMATORIUM GARDENS BLACKPOOL, ENGLAND		148 DATE SHIPPED	0 14C. ADDRESS AND SIGNATUL OF PLACING WITH THE	
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 <u>DISTRIC</u>		158 DATE OF DISPOSITION	15C, SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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.





THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

4-14-00 MONTH YEAR

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

FLORENCE RALDWIN

ivision _ n Lot	Grave		Row	Block
		ENGLAN		
uthorizat	ion, and th	at they are	related t	right to make this to the decedent as
ndicated bemetery	ion, and the colow. The charmless fr	at they are undersigned fu	related to rther agre- cility on	to the decedent as e to hold Mount Hope account of said
ndicated hemetery tuthorizat:	ion, and the colon, The control of the colon, disinte	at they are indersigned fur om any liah rment, removal	related triper agreed in the control of the control	to the decedent as e to hold Mount Hope account of said

BUSAN & PERSING Sucan July

DIVERSITY BRINGS US ALL TOGETHER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-00

of	bene	overo Vallejos	
ina Sir	Type of BUILD Because	Funeral, date, time Tue	\$ 4-18-00 9:00
Church, Chape		: MAKIA	Mortuary.
All Funeral car	s must arrive before	3:00 p.m. of regular work day or an e	extra charge of \$ 150.00
will be applied	and billed to unders	igned.	
LOI 163	Grave 8	Row Section	Division/Block 12
Grave space 8	& Care Fund		_895.00
Additional spa	ces and care fund		
Opening/Closic	ng & Setup	PAID	375.00
			190.00
Handling Fees		APR 17 2000	145,00
Flower vases -	- Marker setting fee	APR 1 / 2000	
Recording and	filing fee	MT. HOPE CEMETARY	
Sales taxes		CITY OF SAN DIEGO, C	14.73
manta	to pros	M039389033	1664 1
uch for	h -	Paid receipt number 523	
10-04.	Vn	52341	Balance due 649.44
that I have the	r authority to make right to make this au	of disposition of remains as above indiculation and I agree to hold Mt. Ho norization and interment.	the above named secedent ated. I certify and represent pe Cemetery harmless from
	rize the interment in	XX.	Dens .
Signature of recorded	bolder of deed	Address Original Company of Compa	6-1035 THE COM
Work Order #	E 156	7.2 Invoice #	

& Printed on recolad paper

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 IA. NAME OF DECEDENT-FIRST (GIVEN) 4. SEX DATE OF BIRTH 3 DATE OF DEATH 18. MIDDLE IC. LAST (FAMILY) 1171372000 GENOVEVA VALLEJUS 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH SR COUNTY OF BEATH-OUTSIDE CALIF. OF INFORMANT SAN DIEGO ENTER STATE SAN DIEGO URRIE SERAFIN - DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 78. CALIF. LICENSE NUMBER MONROE AVENUE MERKLEY-MITCHELL MORTUARY, 3655 FIFTH -IF APPLICABLE 92116 AVENUE, SAN DIEGO, CA 92103 FD-115 BA SIGNATURE OF APPLICANT THOUGH BOTH BB. DATE SIGNED 04/17/2000 I hereby acknowledge as applicant that the proposed disposition stated becomes one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Safety Code, and was softeneed pursuant to Section 7100 of the Health and Safety Code SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. GA AMOUNT OF FEE PAID 884715757WUBBUED PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 200682 \$7.00 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED .I.MITCHELL' > AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR MOTE: 1185 PERMIT GIFES NO HIGHT OF INSPOSAL CHITTEE OF CALIFORNIA. 9E 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 IF DEATH OCCURRED IN CALIFORNIA TICH REQUIRES A NEW PERMIT TO SHOW FINAL .O. BOX 85222, SAN DIEGO, CA 92186-DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT 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 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL PRESENTERY, 3751 MARKET STREET BURIAL SAN DIEGO. CA 92102 (SAN DIEGO COUNTY) 4-18-00 ITEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 128. DATE CREMATED 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE AL 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A: NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 150, 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 THAN IN A CEMETERY

VS 9 (RE.

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 HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-00

Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
3:cc All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$ 150.00
vill be applied and billed to undersigned.	
ot 75 Grave 3 Row	Section 2 Division/Block 12
	895.00
dditional spaces and care fund	
pening/Closing & Setup	0
urial Container	m 60 -
landling Fees	Collections -
lower vises - Ma: Resetting fee	Collectino
tecording and filling fee	20101
Mes taxes 10 00	3 4109
Sop Dis Hold In	224.00 Paid (Speipt Number R- 2333 4 224.00
300 000 1000 12	Paid (Poeint Number R- 5233 4 224.00
1 20 10 All &	M P A Balance due 671.00
hereby certify am the	of the above named basedont
nd this is your authority to make dispos	sition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authorizati	ion and interment
hereby authorize the interment in lot I	XXBEDELLE.
old under deed.	X 730 ELWOOD AUE
	- X SAN DIEGO 92114
gnature of recorded holder of deed	CON 1 2 A 5 7010 20 COOM
11etions 744-310	DD 1 (6147) 8/62, 1917
Mario 13	THE PROPERTY OF THE PROPERTY O
006C Vork Order # E 15673	Invoice #

O Printed on recycled paper

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Karen Belcher Eighty Four and	Address:	Date:	cord		er 320	03
in Payment of Payment of Grave	3 A		etion		Division /	2
Acct. No	SEP 0 3 2 MT. HOPE CEN	003 METARY	CREDIT 20% Sales Care 90% Sales Care 90% Case Opening Closing Bural Containers Handling Fee Recording &	57007 77184 100 77184 100 77181 100 77182 100 77182 100 77185	84	00
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X AC-212 (Flex. 10-92) /8 53	ISSUED B Paul Z	tteC.	Misc. Fees Pre-Need Trust Sales Tax	77183 ————————————————————————————————————	84.	00

CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

TO CUSTOMER
CEMETERY
AUDITOR WHITE

MOUNT	HOP	ECE	MET	ERY
	619) 5	27-340	0	

From Karen Belcher	Date: 930 Elwood L			92/14	
Fifty - Six and			ollars (\$ _5		
Lot 75 Grave _	3 se	ection 2	S	vision	12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	57007 77184 — 100 77184 — 100 77181 — 100	56	00
BALANCE DUE 419,00	MAR 19 2001	Burial Containers Handling Fee Recording & Misc. Fees	100 77182		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Pre-Need Trust Sales Tax	63033 9022 60101 78390	F1	00
AC-212 (Rev. 5-04) # 1656	1000Ca a. Mariante	TO THE PAID		56	-



THE CITY OF SAN DIEGO

March 14, 2003

Ms. Karen & Pearline Belcher 930 Elwood Ave San Diego, CA. 92114

Reference: Customer Contract

Dear Ms. Belcher:

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was March 19 2001 leaving a balance of \$419.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-15673, date issued April 14, 2000 cemetery location Division 12, Section 2, Lot 75, Grave 3.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Ray Snided

Cemetery Manager

RS:ph

cc:

file



AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 14th day of AFRIL , 1800, between KAREN BELCHER , herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 15, Grave 3, Row, Section Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 675.00, payable as follows: \$ 30.00 on the 10 th day of 500 which is hereby acknowledged; \$ 30.00 on the 10 th day of 500 which is hereby acknowledged; and the balance in installments of \$ 28.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

Deed to be issued to: 23 payments at 28.00

Name

Address

643

i,

PURCHASER

KARELI BELCHER

BECCLER

Signature

930 ELWOOD AUG Street Address (Mail)

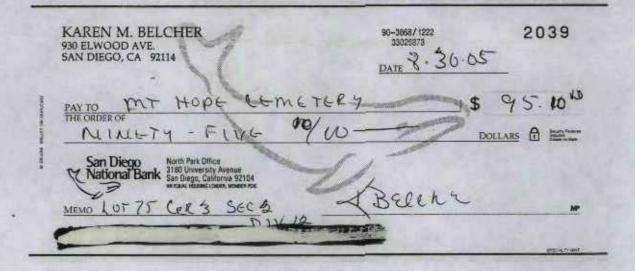
SALL DIEGO LA GANY City State Zip Code

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Sue Shellton

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

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER MOUNT HOPE CEMETERY E CANARY . CEMETERY (619) 527-3400 Date: 8/30/ Relcher Address: 930 Flwood CA 92114 SD. Five dollars. 60 Dollars (\$ 95. 10 _Payment of _Pre-need 2039 in Check Blk/ Row Sec Lot Grave Invoice No. NOT VALID FOR PURPOSES STATED UNLESS CREDIT E-15673 STAMPED "PAID" IN THIS SPACE. 20% Sales Care 80% Sales of Lots Opening/ Closing Burial 77184 100 77184 W.O. 100 77181 Burial Containers BALANCE DUE 77182 Handling Fee Recording & Misc. Fees Pre-Need 77185 100 Pre-Need Lot ☐ At Need ☐ On Acct ☐ 63033 77166 60101 Trust Sales Tax Pre-need Trust ... Cash Check 2039 78390 ISSUED BY 95. 10 AC-212 (Rev. 4-04) TOTAL PAID This information is available in alternative formats upon request



E-15673 BELCHER, KAREN & PEARLINE 930 Elwood Ave., San Diego 92114 263-7813 CREDIT BALANCE DEBIT 04-14-00 Opened Pre-need Lot. 895.00 895.00 Lot 75 Gr 3 Sec 2 Div 12 04-14-00 224.00 Receipt 52334 52515 8-1-00 7-5-00 R-52632 00 00 - 52868 9-13-00 00 10-9-00 R-52942 50

R-53127 56,00 12-06-00 Coupen 8+9 56,00 K-53469 delinquest letter united collections 500

03-19-01 3-14 03 4-21 03 Congens 000 56850 5000 7-21 of mail payment to Pre-need Lot

Sechelle Peren Colcuetion 744 3199 HS 6060C

JD#2553585

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-00

You are hereby authorize	ed and instructed	subject to your ru		gulations, to int	er the remains
ina liner	- J	Funeral, date,	11	d 4-19	11:0
	ide)		827	lairome	Mortuary.
All Funeral cars must an	3:00		day or an	extra charge o	
will be applied and billed			1 772		
			-		
Lot 4 Grave	3Row_	Sectio	, 2	Divisio n/Dto	ex 19
Grave space & Care Fur	nd	The state of the s		- The state of the	895.00
Additional spaces and ca		D			
Opening/Closing & Setu	PAI	ש			375,00
Burial Container	CAN DECEMBER OF THE PARTY OF TH	2000			190.00
	APR 17	2000	*************************		145.00
Handling Fees Flower vases - Marker, s	MT HOPE CE	METAR)			-
Recording and filing fee				***************************************	45.00
					14.73
Sales taxes				0	1664.7
	D.	aid receipt number	R- 52	337	1664.73
	r.	aid receipt number			-0
Phone court for the	X3BOAL	100		Balance due	- demoderat
I hereby certify I am the and this is your authority	to make disposit	tion of remains as	above indi	of the above na cated. I certify	and represent
that I have the right to many liability on account of	of said authorization	tion and I agree to on and interment.	hold Mt. H	ope Cemetery	harmless from
Walling to the state of the sta	RRY	X Trans	- 130	achen	
I hereby authorize the in hold under deed.	terment in lot i	× × 1	NY	1-15 Sy.	
		Address		· CA	
Signature of recorded holder of deed					
		Telaphone	. 52	7-118	0
		· ·			
Work Order # E	15674	Invoice i			
Work Order #		Acct. #	The Carlot Marie	a Maria de Caracteria de C	
REA-104 (7-96)	This info	rmation is availab	ile in altern	ative formats	upon request.

O Printed on recorded poper

REA-104 (7-96)

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	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH.	OF DEATH DAY, YEAR	4. SEX
5.A	CITY OF DEATH	CITY	GILBERT	ENTER STATE	TH-OUTSIDE CALIF.	OF INF	11/15/1956 RELATIONSHIP, FULL M ORMANT RY BLACKHON-	AILING ADD		P COD€
7A	SAN DIEGO 2441 UNIV	MEMORIAL CERSITY AVE. CA 92104	eznowiedze za spolicant that the proposed d	position stated herein is one of t	ALIF LICENSE NUMBER OF APPLICABLE O-1575 To disposition authorized by	821 SAN	DIEGO, CA	Q @102		E SIGNED
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED SHOWN OF THE CALIF AND IS THE AUTHORIC IN THIS PERMIT	376 of the Hallft and Eafely Code, and was ap JED IN ACCORDANCE WITH PROVI FORTHA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIES O RIGHT OF DISPOSAL OUTSIDE OF CALFORNAL	9A. AMOUNT OF FEE			DEC. SIGNATURE OF LO ≥ 2006905	CAL REGIS	TRAR ISSUIN	G PERMIT
Ŧ	Y CHANGE IN DISPOSI- ON REQUIRES A NEW BIMIT TO SHOW FINAL DISPOSITION.	VITAL RE	EGISTRAR OF DISTRICT OF DEA S IN CAUTORNIA CORDS; P.O.BOX 85 D. CA 92186-5222	1 1	DORESS OF REGISTRAN DISPOSITION IS TO OCC			RINGA		
10	B. CREMATION	OF CREMATED REM		E TEMPORARY END F DISINTERMENT G SHIP IN TO CALE H: TRANSIT TO OUT			FOR COR	PENDING		
	BURIAL	MT HOPE C	DDRESS OF CALIFORNIA CEMET EMETERY; 3751 MAR , CA 92102	100000000000000000000000000000000000000	4-19-00	1	SHINATURE OF PER	SON IN CH	ARGE OF BU	JRIAL
BLE ITEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMA	TORY	128 DATE CREMA	TED 12C	SIGNATURE OF PERS	SEN IN CH	AGE OF CA	MATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEI	VED 130.	VED 130. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO 8		14B, DATE SHIPP	ED 140.	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
ō	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR CHIEFY FINAL PLACE AND CA DIST		16B DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		OF CREM MAINS D —IF APP	KATED 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.

DIP IST BURIANDO O SCAR GRANLOW

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-17-00

ina Siner	Funeral, date, time	THUR 4-27	1 11:6
Church Chapel Graveside	:60	LAOB GOOM	Mortuary.
All Funeral cars must arrive before 3400 p.m.	of regular work day	or an extra charge of \$	150.00
will be applied and billed to undersigned.			
Lot 174 Grave Row	Section	Division/Black	10
Grave space & Care Fund	Bre-Ned	D-2683	-0
Additional spaces and care fund	,		
Opening/Closing & Setup	he- hud	E-15048 _	-0
Burial Container	11		-0
Handling Fees			-0
Flower vases – Marker setting fee		<i>-</i>	
Recording and filing fee			4
Sales taxes			-0
	Total Due		0
Paid	receipt number		
X		Balance due	
I hereby certify I am the Advantage and this is your authority to make disposition	n of remains as about	of the above name	
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 has	miess from
arry macinity or account of said authorization	X &	h. 1.	
hereby authorize the interment in lot I hold under deed.	Bignuttire	manion	TO+
	X 3/83	morey	18/
Signature of excerded holder of deed	X 200 1	277-77	19 Zip Code
	Telephone		
Work Order # E 15675	Invoice #		
Work Order # L 13675			

- 10610	ORI			MT. HOPE	CEMETE
	CITY OF SAN DIE	GO, CALIFORN			
CHARGE Eract	4 6	DATE	2 - ;	3	1973
	The second secon	777			-
ADDRESS 3/83 /	mobile	St	1.0	.92	123
NAME OF DECEASED	scar J'	Dia	nia	201-0	
OWNER Tlothe	O. S.	anlow			
ADDRESS 40					
MORTUARY GO			Ci-	Mas)	
Y-	1160			1) 7	
174	-		58KD //	2 1/2	1- 4
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OPENING TIME 1 PM	DATE	4		110	00
VALUE BOX WE	ll_SIZE_	# 5		73	50
REMOVAL OR FOUNDATION VE	J				
			TOTAL	431.	00
PAID RECEIPT NUMBER	1995	8			
			BALANCE		
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		FEB	5 1973		
	-	MT. HOPE	DIFGO C	ALIF.	
THE CITY CHARTER MAKES	NO PROVISIONS	FOR THE EXTE	NSTON OF	CREDIT.	
AGREE TO ABIDE BY THE	HE MULES AND MEG	ULATIONS OF	MI. HOPE	CEMETER	7.4
N PERSON & //	1/	ORDER	11	111.	
PHONE BY Zacl XXX	ranton-	TAKEN BY	100	me	1
NO. NO. D 268	05	INVOICE	NO. C	nsh	_
FORM PR-974 REV.					

-1-15

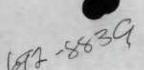
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 18. MIDDLE 1C. LAST (FAMILY) 07/02/1904 NORMA JACKSON OLEDA 5A. CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF. II. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE YUCCA VALLEY BERNARDINO GRANLOW: SON YA. TYPEO NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 78. CALIF. LICENSE NUMBER 3183 MOBLEY STREET - IF APPLICABLE SAN DIEGO. CA 92123 COODBODY MORTHARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115 FD-790 BA. SIGNATURE OF APPLICANT-Person taking permit, BB. DATE SIGNED I hereby acknowledge an applicant that the proposed disposition stated belief is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 04/20/2000 Section 10376 of the Health and Saleta Code, and was authorized purposed by Section 7100 of the Health and Saleta Code. THIS FEBRIT 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 04/21/2000 AUTHORIZATION OF IN THIS PERMIT \$7,00 lenge 16-NOTE: THIS PERMIT CINES NO WORLD OF DISPOSAL DUTSING OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH INO GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW COUNTY HEALTH DEPT .- 351 N. MOUNTAIN SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION: DIEGO, CA 92186-5222 VIEW AVE., SAN BERNARDING, CA 92415 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 CHEMATED 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 THE DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY BURIAL 3751 MARKET STREET. SAN DIEGO. CA 92102 11-17-00 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 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-16B DATE OF 15C. SIGNATURE OF PERSON IN SCATTERING AT SEA 150. LICENSE NUMBER 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.



INTERMENT. ORDER

City of San Diego

LENASANA TONE SOME		to later the supplier
You are hereby authorized and instructed, s		to mer me remains
in a	Funeral, date, time THUR Y-	-20 11:00
Church/Chapet/Graveside	: D hemon	ial Mortuary.
All Funeral cars must arrive before 300 p.m	of regular work day or an extra cha	arge of \$ 150.00
will be applied and billed to undersigned		
Lot 393 Grave Row	Section Divisio	on/Black 9
Grave space & Care Fund	PAID	100.00
Opening/Closing & Setup		125.00
Bunai Container		
Handling Fees		
Flower vases - Marker setting fee CITY Of	- SAN DIEGO G	112.00
Recording and filing fee		45,00
Sales taxes		
methody to Bail	receipt number R-52348	270.00 270.00
Accel o	Balance	due O
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 about of remains as above indicated. I do n and I agree to hold Mt. Hope Cern	ve named decedent
I hereby authorize the interment in lot I hold under deed.	Synthia And Significant 3483 1710110	EKSON WINY
Signature of recorded holder of deed	19) 429-80 6	9 92154 9
Work Order # E 15676	Invoice #	
Work Order #	Acct. #	

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)	18. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEA	
	LEMAJANA TONÉE JONES-ASE			LOCK		04/16/2000	04/16/2000		
5A.	CHULA VIS	ATD A	101121	5B. COUNTY OF DEATH ENTER STATE	- OUTSIDE CALF.,	OF IN	, RELATIONSHIP, FULL MA	AILING ADDRESS AND	
7A			IAFUNERAL DIRECTOR OR P	PERSON ACTING AS SUCH 78. CA	AN DIEGO		RCAMEO ASHLO		
225	SAN DIEGO	MEMORIAL VERSITY AVE	CHAPEL		F APPLICABLE	SA	83 ALONQUIN N N DIEGO, CA S	92154	ATE SIGNED
-	The second second second second	CA 92104	erknowledge as applicant that the con-	pessed disposition studed herein is one of the	-1575	16%	II. Blake	Agt 84/	10/100
_	ACKNOWLEDGMENT OF A			was a financial message to Section 7100 of th		1	Michodophic	11/	18/2000
	PERMIT THORIZATION OF IGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID RIGHT OF DEPOSAL OURSEN OF CAL	CODE	04/19/20	000	● 2006972	CAL REGISTRAR ISSU	ING PERMIT
		9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF	DEATH- 9E. AD		OF DIST	RICT OF DISPOSITION-	MIN	-6
TH	ON REQUIRES A NEW	IF DEATH OCCURRE		The state of the s	DISPOSITION IS TO OCC	CUR IN AN	OTHER DISTRICT IN CALIFOR	HIA	-4291
FE	DISPOSITION.		CORDS; P.O.BOX					- 4	
10	AUTHODIZED DIOD	OSITION(S) CHECK A	O, CA 92186-52	22			FOR CORO	ONER'S USE ON	
		DESCRIPTION OF THE PARTY OF	Credital Hama	Table 1			ron conc	onen o due on	-1
늗	A. BURIAL (INCL)	UDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT			PENDING—REMAINS	LOCATED AT
İ	B. CREMATION		TO A STATE OF THE	E. TEMPORARY ENVA	ULTMENT		L DISPOSITION F		LOCATED AT
	B. CREMATION C. DISPOSITION	OF CREMATED REM	AINS OTHER						LOCATED AT
	B. CREMATION	OF CREMATED REM	AINS OTHER	F. DISINTERMENT	ORNIA				LOCATED AT
	B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY SE	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFFINA OFFICALIFORNIA	-		(dresa)	
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM EMETERY SE	DORESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	-	(Name and Ad	(dresa)	
	B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY SE 11A. NAME AND AI HT HOPE C	DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFFINA OFFICALIFORNIA	-	(Name and Ad	(dresa)	
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM EMETERY SE 11A NAME AND AI MT HOPE C SAN DIEGO	DDRESS OF CALIFORNIA C EMETERY 3751 M , CA 92002	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY IARKET ST.	ORNIA IDE OF CALIFORNIA 118. DATE SURIE	ED 110	C. SIGNATURE OF PERS	ON IN CHARGE OF	BURIAL
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LL AFFLICABLE HEARS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION	OF CREMATED REM EMETERY ISE 11A. NAME AND AI MT HOPE C SAN DIEGO 12A. NAME AND AI	DDRESS OF CALIFORNIA C EMETERY 3751 M , CA 92002 DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY LARKET ST.	118. DATE BURIE	TED 120	C SIGNATURE OF PERS	ON IN CHARGE OF	BURIAL
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TELE ALL APPLICABLE HENS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REM EMETERY SE 11A. NAME AND AI MT HOPE C SAN DIEGO 12A. NAME AND AI 13A. NAME AND AI	DORESS OF CALIFORNIA C EMETERY 3751 M , CA 92002 DORESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY ARKET ST. REMATORY ACILITY RECEIVING REMAINS	118. DATE BURIE	TED 116	C SIGNATURE OF PERS	ON IN CHARGE OF COME IN CHARGE OF COME IN CHARGE OF COME IN CHARGE OF CUTURE OF PERSON I	BURIAL REMATION FACILITY
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				E OF DEATH 4. SEX
EMAJANA		TONE'E	JONES-ASHI	OCK		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	16/2000 P
5A CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
CHULA VIST	PA .		ENTER STATE	N DIRGO	CANADA STATE OF THE STATE OF TH	CAMEO ASHLOCK-MO	THER
7A. TYPED NAME AND AL SAN DIEGO	MEMORIAL C RSITY AVE.	chrowledge as applicant that the proposed dis-	position states terem a one of th	D-1575	SAN	ALONOUTH MAY DIEGO, CA 92154 TURE OF APPLICANT—PESSON DAMING	3483
	Section III	276 of the Health and Safety Code, and was suffi JED IN ACCORDANCE WITH PROVI-	AND PROPERTY OF THE PARTY OF TH		IDOHER D	C SIGNATURE OF LOCAL REG	ISTRAR ISSUING PER
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT	ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O RIGHT OF DISPOSAL OUTSER OF CALFORNIA.	\$7.00	04/19/20 J. JOHNS	000	2006971	
LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE VITAL RE	EGISTRAH OF DISTRICT OF DEAT	H— RE AL	DRESS OF REGISTRAR	OF DISTRI	The second section of the second section is a second secon	3
10. AUTHORIZED DISP						FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	OF CREMATED REM	I [[AINS OTHER []	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			L DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	MT HOPE C	DDRESS OF CALIFORNIA CEMETE EMTERY 3751 MARKE , CA 92102		4 20-06	01.	SIGNATURE OF PERSON IN	limes
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMA	ORY	126, DATE CREMAT	ED 12C.	SIGNATURE OF PERSON OF	HARRIE OF CHEMATION
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIV	/ED 13C.	SIGNATURE OF PERSON IN (CHARGE OF FACILI
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 140.	ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O INTIFY FINAL PLACE AND CA <u>DISTR</u>		15B DATE OF DISPOSITION	15C.	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

INTERMENT ORDER

City of San Diego

and regulations, to inter the remains You are hereby authorized and instructed, subject to your rules Funeral, date, time Church, Chapel, Graveside Mortuary. 3:00 All Funeral cars must arrive before 200 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. Grave space & Care Fund ... Additional spaces and care fund R. ... Opening/Closing & Setup...... MT. HOPE CEMETARY Burial Container..... Handling Fees .. Flower vases - Marker setting fee Recording and filing fee Sales taxes..... Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of direct Invoice # 15677 Work Order # Acct. #

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	1C. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	EDWINA	LYNN	THOMPSON	07/07/1956 04/13/2000 F
5/	CITY OF DEATH		58. COUNTY OF DEATH-OUTSIDE CA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
	SAN DIEGO		SAN DIEGO	OF NEOBYANT WARD-SISTER
7	AYVIEW CREM		PD 1661	SAN DIEGO, CA 92114 BA. SIGNATURE OF APPLICANT TRUSH LANG DEITH, 8B. DATE SKINED
	ACANOMILEDOMENT OF AP	PLICANT I hereby acknowledge 85 applicant that the proposed Section 10376 of the Health and Safety Code, and was a	disposition stated herein is one of the dispositions authoric athorical parament in Section 7100 of the Health and Safety (ed by M M (M 04/19/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SICING OF THE CALE-ORNAL MEALTH AND SAFETY DOI AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. HUTE: THIS FERMIT GIVES NO MIGHT OF DISPOSAL DISTREE OF CALFO	\$ 7.00 M M	PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9/2000 DLINA 2006921
1	OV CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW FINAL DISPOSITION.	DO. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUFORNIA	# DISPOSITION IS T	ISTRAR OF DISTRICT OF DISPOSITION— TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10	. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
STATISTICS.	B. CHEMATION		E TEMPORARY ENVAULTMENT P DISINTERMENT G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF CALIF.	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	MT. HOPE CEMETERY, 3751 M	TERVET ST.	BURIED , 11C SIGNATURE OF PERSON IN CHARGE OF BUR
WELL HEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREM CREMATION SERVICES INC. 2570 Fortune Way Vista, C	14.37	CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
TE APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS 13B. DATE	RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
WINTER A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO I		SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		OF 150 SIGNATURE OF PERSON IN 150 LICENSE NUMBER OF CREMATIC REMAINS DISPOSER —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

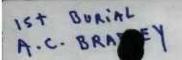
Date 4-17-00

of Jorge	L. Armenta Jr.
ina T. S. VAULT	Funeral, date, time web 4-19-00 9:34
Church, Chapel, Graveside	: CA Bucia \ Mortuary.
All Funeral cars must arrive before 300 p	.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	AM B
Lot <u>73</u> Grave 1 Row_	Section / Division/Block /A
Grave space & Care Fund	895,20
Additional space and directiond	
Opening/Closing & Setup	375.00
Opening/Closing & Setup	101 59AC 080.5
Handling Fees CEMETARY	180,
Flower VMT HOPE CEMETARY CITY OF SAN TIPEGE	152 35,00 AF 30, - 45,00
Recording and filing fee	70,
Sales taxes	101131
, as proules	Total Due
bury check Po	aid receipt number N- 32017 1016101
VO -	Balance due
hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization liability on account of said authorization.	of the above named decedent tion of remains as above indicated. I certify and represent ition and I agree to hold Mt. Hope Cemetery harmless from on and interment.
hereby authorize the interment in lot I hold under deed.	Harlo S. 45 S.T
Signature of recorded holder of deed.	Sign 01-20 CA 32 City -269-6610
F 15678	Invoice #
Work Order # E 13070	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	Acmenta, J		-	2 DATE OF BIRTH 12/22/1955		2005	4. SEX
SA CITY OF DEATH	ago		SER COUNTY OF DEAT	H-OUTSIDE CALIF E	2515	RELATIONSHP, FULL MA	-wife	RESS AND Z	P CODE
Califor	rnia Cremet ighland Ave	ion & Burial ., National	City, CA 91990 F-	-1689	San	7 Donax Ave. Diego, CA 9	2154		E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the 176 of the Health and Safety Code	e proposed deposition stated herein is one of the and was pathergod pursuant to Section 7100 of t	he Health and Safety Gode	PVIC	· I flotile	0	والمنتوال	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE W ORNIA HEALTH AND SAF Y FOR THE DISPOSITION O RIGHT OF DISPOSAL OUTSIE ()	SPECIFIED \$7.00	M.Mitchel	1	2668928 of Loc ▶	AL REGIS	TRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	CA 92186-52	85222	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUP		RCY OF DISPOSITION— THER DISTRICT IN CALIFORN	HIA		•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S	USE ONLY	
B. CREMATION	SE 11A. NAME AND A	ORESS OF CALIFORNI	F. DISINTERMENT G. SHIP IN TO CALIF	DRNIA	1110	L DISPOSITION F (Name and Ad	dress)		
BURIAL	3751 Marke	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Lego, CA 92102	4 17.00	1	Ky F	les	wyell .	
CREMATION	12A. NAME AND AC	ODRESS OF CALIFORNI	A CREMATORY	128 DATE CREMATE	D 120	SIGNATURE OF PERS	ON IN CHA	AGE OF CA	
SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 190	SIGNATURE OF PERS	ON IN CH	ARGE OF FA	ACILITY
TRANSIT TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPEI	D 140	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF- CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15G	SIGNATURE OF PERSI CHARGE OF DISPOSIT		15D INCENSE OF CREM MAINS D —IF APPL	ATED RE-



INTERMENT ORDER

City of San Diego

Date 4-18-00

	RADLEY	7 4-2	5
Type of Basial Container	Funeral, date, tim	18 Jues 7	1:0
Church, Chapel, Gaveside		rags dale	Mortuary.
All Funeral cars must arrive before 900 p.m.	of regular work d	ay or an extra charge of	\$ 150.00
will be applied and billed to undersigned. 2			
Lot 49 Grave 11 Row	Section	Division/Bla	# 1a
Grave space & Care Fund	E- NEED	E-4069	0
Additional spaces and care fund			
Opening/Closing & Setup	- NEED	E-10911	0
Burial Container	41	D.	0
Handling Fees	11	14	0
Flower vases - Marker setting fee			
Recording and filing fee	14	14	+
Sales taxes	- 11	11	0
*		Total Due	Đ
Paid	receipt number		
		Balance due	
hereby certify I am the		of the above na	med decodest
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 he	ove indicated, I certify	and represent
	X		
hereby authorize the interment in lot I hold under deed.	Signature	Letter to be	
	Address		
Signature of recorded holder of deed	City		Zip Code
	X Selephone		
	Invoice #		
Nork Order # E 15679	Acct. #		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

Dorothy Marie			Bradle			2. DATE OF BURTH MONTH DAY YEAR 10/24/1921	SOUTH BA		4. SEX	
A. CITY OF DEATH	Diego			SB. COUNTY OF DE	ATH-OUTSIGE CALIF.	OF INF	RELATIONSHIP, FULL I			
A TYPED NAME AND AL		E.; 5050 F.			CALIF LICENSE NUMBERIF APPLICABLE 7-1329	Powa	5 Dashway by, CA 9206 ATURE OF APPLICANT—		BB. DATE	E SIGNED
ACKNOWLEDGMENT OF N	PPLICANT I heroby a Section 10	chrowledge as applicant that 176 of the Health and Safely Ca	the proposed disposition ade, and was authorized	on stated hence is one of Laurouant to Section 7100	the dispositions authorized by of the realth and Safety Gode.	Me	bullet	Cenn	04/20	/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE ORNIA HEALTH AND SI Y FOR THE DISPOSITIO I NIERT OF DISPOSAL OUTSIDE	N SPECIFIED	\$7.00	98 PATE PERMIT 04/20/200	00	9C. SIGNATURE OF LO	CAL REGISTRA 20	NR ISSUIN	3 PERMIT
TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.		San Diego,	Box 85222	2	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU			жна		
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		de a series			FOR COF	RONER'S US	E ONLY	
				E. TEMPORARY E	WARETMENT			PENDING-RE	MAINS LO	CATED AT
BURIAL BURIAL	OF CREMATED HEM EMETERY SE	ones of callfordemetery; 3	INS SEMETERY.	et St.	UTSIDE OF CALIFORNIA	1	Name and		GE OF BU	
B CREMATION C DISPOSITION THAN IN A CE D SCIENTIFIC BE	OF CREMATED HEM EMETERY SE 11A NAME AND A Mt. Hope	oness of Califor	NA SEMETERY NATIONAL CA 92102	G SHIP IN TO CAL H. TRANSIT TO OR BET ST.	TIBL DATE BURIE			ISON IN CHAR	W	•
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC BE BURIAL CREMATION SCIENTIFIC LISE	OF CREMATED REMEMETERY SE 124 NAME AND ALL 124 NAME AND ALL 124 NAME AND ALL	press of Callege Cemetery; 3 San Diego,	INA CEMETERY CA 92102	G SHIP IN TO CAL H. TRANSIT TO OR Et St. 2	118. DATE BURIE 4-25-00 129. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHAR	E OF CRE	EMATION .
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE 12A NAME AND AS 13A NAME AND AS 13A NAME AND AS	opress of California San Diego,	CA 92102 HINA CREMATOR INIA FACILITY RI	G SHIP IN TO CAL H. TRANSIT TO OR ECT St. 2 Y ECCEIVING REMAINS	118. DATE BURIE 4-25-00 129. DATE CREMA	VED 19C	SIGNATURE OF PER	SON IN CHARGE	GE OF FA	EMATION CILITY



INTERMENT ORDER

City of San Diego

Date_ 4-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to int	er the remains
in a T.S. VAULT Funeral, date, time MON 4-2	4 11:0
Church Chapel Graveside CA BURIAL	Mortuary.
All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge o	1\$ 150.00
will be applied and billed to undersigned.	
Lot 169 Grave Row Section Row Division/Blo	· 12
Grave space & Care Fund	895.00
Additional spaces and care tue AID	
Opening/Closing & Setup APR 1 9 2000	3/5.00
Burial Container APR 19 2000	2 5 0,00
Handling Fees MT. HOPE CEMETARY	185.00
Flower vases Marker Setting Res SAN DIEGO	3.10
Recording and filling fee	45,00
Sales taxes	17.00
Paid receipt number V\SA	193.16
X dausater Balance due	_0_
I hereby certify I am the	and represent
I hereby authorize the interment in lot hold under deed.	45
Signature of recorded holder of deed \$\frac{\sqrt{\sqrt{\text{City }}}{\sqrt{\text{Signature}}} \frac{\sqrt{\text{Signature}}}{\sqrt{\text{Signature}}} \frac{\text{Signature}}{\text{Signature}} \fra	Zip Code
Invoice #	
Work Order # E 15680 Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT-FIRST (GIVEN) 1B, MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
Vernell	la Jean	Ceasar	03/11/1937 04/18/2000 F
Chula V	/ista	SALT BLOOD	6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VOLUME CBASAR-GAUGHTER
Califor	ADDRESS OF CALIFORNA FUNERAL DIRECTOR OR PERSON ACT Thia Cremation & Burial Chapel Cajon Blvd., San Diego, CA 9:	2115 F-1357	727 Elizabeth Street San Diego, CA 92113 BA SIGNATURE OF APPLICANT - Dring taking pointel, BB DATE SIGNED 04/23/2006
ACKNOWLEDGMENT OF	Section 10.576 or the beauty and sallery Love, and was authorite	ed pursuant to Section 7100 of the Health and Safets Curle.	Milano parents
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 ONLY IN RIGHT OF DEPOSAL OUTSUE OF CALEDINIA.	SERIO MINISTER DE LA COMPANIONE DEL COMPANIONE DE LA COMPANIONE DE LA COMPANIONE DELA COMPA	AT ISSUED SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2000 2007143
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VICAL RECORDS-P.O. Box 85222 San Diego, CA 92186-5222		RE OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
O AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE (TEMS		FOR CORONER'S USE ONLY
A. BURIAL (INC	LUDES ENTOMBMENT)	E. TEMPORARY ENVAULTMENT	I DISPOSITION PENDING-REMAINS LOCATED AT
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	(Name and Address)
B. CREMATION DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 1 118. DATE BURI	(Name and Address) A IED 11C SIGNATURE OF PERSON IN CHARGE OF BUP
B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC	OF CREMATED REMAINS OTHER SEMETERY USE LIA NAME AND ADDRESS OF CALIFORNIA CEMETERY LODGE CREMETERY	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE BURI CA. 92102 4-24-06	(Name and Address) A SED 11C SIGNATURE OF PERSON IN CHARGE OF BUR
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC BURIAL	OF CREMATED REMAINS OTHER LEMETERY USE LIA NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. Hope Cemetery 3751 Market St., San Diego,	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE BURI CA 92102 4-24-06 12B. DATE CREM	(Name and Address) A IED 11C SIGNATURE OF PERSON IN CHARGE OF BUP
B. CREMATION C. DISPOSITION THAN IN A C. BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER CHAPTERY USE LIA NAME AND ADDRESS OF CALIFORNIA CEMETERY 3751 Market St., San Diego, 12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR -	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE BURI CA 92102 4-24-06 12B. DATE CREM	(Name and Address) A SED 11C SIGNATURE OF PERSON IN CHARGE OF BUP ATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION EIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY

COPY 2

INTERMENT ORDER

City of San Diego

Date 4-19 -00

of	_	tructed, subject to your rules a		1349
ina ti	TOF	Funeral, date, time		01
Church, Chapel, Gr	Sumi Container aveside	r.	Pagsdale	Mortuary.
All Funeral cars mu	st arrive before	150.00 980 p.m. of regular work day	3	15 150.00
will be applied and t	oilled to unders	igned.		
Lot 2 Gra	we_4T_	RowSection	Division/Blo	ck _13
Grave space & Care	Fund			126.00
Additional spaces a	nd care fund			
Opening/Closing &	Setup	PAI	D	165.00
Burial Container				50.00
Handling Fees		JUN 27	LuuU	
Flower vases - Mar	ker setting fee	MT. HOPE CE	METABO	
Recording and filing	tee	CITY OF SAN D	IEGO, CA	45.00
Darnel	Orice	То	tal Due	386.00
Darner		Paid receipt number		
V II			Balance due	
that I have the right	nority to make to make this au	disposition of remains as about inhorization and I agree to hold norization and interment.	of the above na re indicated. I certify Mt. Hope Cemetery	and represent
I hereby authorize the	he interment in	lot I Synature		The Park
		Address		
Signature of recorded holder	of deed	City		Zip Code
		Telephone		
		Invoice #	331189	
Work Order # E	1568		000952	1 5

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 (FAMILY)	J-ROME	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
John Vestor SA CITY OF DEATH		SB. COUNTY OF DEATH	-OUTBIDE CALIF.	02/07/1945 04/13/2000 M 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
	San	Diego		San Diego		Darnell Price, Public Administret
77		Ragadale Me Sar	ort.; 5050 Feder n Diego, CA 921	02 F-	329	5201-A Ruffin Rd. San Diego. CA 92123 BA. SIGNATURE OF APPLICANT—PRISON DATE DEED. DATE SKONED
	ACKNOWLEDGMENT OF A			ed disposition stated herein is one of the authorized pursuant to Section 7100 of th		Alltu William 04/2012000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPRIETY OF CHIRAL PROPRIETY OF THE DISPOSITION SPECIAL PROPRIETY OF CAUSE OF CAUSE	FIED \$7.00	98. DATE PERMIT 04/21/20	1000 Secret State of Local Registrar Issuing Permit
1	OT CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	DIN CALIFORNIA Drds; P.O. Box (Diego, CA 921)	85222 F		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
200	B. CREMATION	SE .	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA IDE OF CALIFORNIA	I DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) D 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
0	BURIAL		Cemetery; 3751 San Diego, C	Market St.	118. DATE BURIEL	SIND SIGNATURE OF PERSON IN CHANGE OF BURIAL
BLE ITEMS	CREMATION	- NAME AND AL	DDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	1SA. NAME AND AD	DDRESS OF CALIFORNIA FAC	OLITY RECEIVING REMAINS	138. DATE RECEIV	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		rest point on shoreline, o entify final place and ca o		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MARKS DISPOSER —IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 4-19-00

ina LINER	Funeral, date, t	time		
Type of Burial Container Church, Chapel, Graveside	90 00	MA	IER	Mortuary.
All Funeral cars must arrive be	3.00			
will be applied and billed to un	We have a series of the contract of the contra	6-007251891Pro-		
		Settle		_
Lot 91 Grave 10	Row Section	" 9	Division/Block	13
Grave space & Care Fund	PRE - NEED	E-	15 272	0
Additional spaces and care fun				
Opening/Closing & Setup				0
Burial Container				0
Handling Fees			uannominini	₽_
Flower vades - Marker setting	fee			
Recording and filing fee				0
Sales taxes				0
		Total Di	Je	0
96	Paid receipt number			
			Balance due	\rightarrow
hereby certify I am the			of the above same	d decedent
and this is your authority to ma that I have the right to make this any liability on account of said	ake disposition of remains as is authorization and I agree to	hold Mt.	licated, I certify and Hope Cemetery har	miess from
any liability on account of said	authorization and interment.	1	1	1
hereby authorize the interment	nt in lot I	+	+	-/
iloid di idei deed.	Advess	-4		V
1		1		(
Signature of recorded holder of seed	Cay	-+		Zip Code
Bignature of recorded holder of seed	Cay		,	Zip Gode
Signature of recorded holder of seed	Telephone		•	Zip Code
F 150	Involon	*	•	Zip Code
\vee		,	•	Zip Goda

INTERMENT ORDER

City of San Diego

Date 4-19-00

otle	Dillie Caleman,	10.
na dosble dept	Funeral, date, time Tuesd	ay 4-25-00 11
Church Chapel, Graveside	: Ragsda	le Mortuary.
	3:00 3:60 p.m. of regular work day or an extra	
vill be applied and billed to undersi	igned.	
ot 2918 Grave	Row Section Di	vision/Block 10
Grave space & Care Fund	PAID	995.00
additional spaces and care fund	APR 25 ?NNI)	
pening/Closing & Setup	APR 25 APR	375.00
Jurial Container	MT. HOPE CEMETAR)	380.00
landling Fees	ITY OF SAN DIEGO	320.00
		-
		- International
Mortuary to	Total Due	2144.45
bring	Paid receipt number R-523	64 3144.42
		ince due
hereby certify I am the	of the	above named decedent
and this is your authority to make on that I have the right to make this au any liability on account of said auth	disposition of remains as above indicated thorization and I agree to hold Mt. Hope Corization and interment.	I. I certify and represent Cemetery harmless from
	mesting.	Calman
hereby authorize the interment in old under deed.	10t1 Square 5 Sq. 41	8 th Sf
ignature of recorded holder of deed	- San Diego	CA 92113
	Telephone G19 26	2-4137 Pip Code
F 1568	nvoice #	
Nork Order # E 1300	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

76

Willie	ENT-FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)	n, Jr.	2 DATE OF BIRTH MONTH DAY YEAR 05/16/1923	3. DATE OF DEATH MONTH, DAY, YEAR 04/18/2000	4. SEX
SA. CITY OF DEATH	onal City		68 COUNTY OF DEATH	-OUTSIDE CALIF.,	OF INFORMANT Earnestine Coler	MILING ADDRESS AND Z	P CODE
Anderson-		in-FUNERAL DIBECTOR OR PERS Pt.; 5050 Federal Diego, CA 92102		1220	415 S. 48th St. San Diego, CA 93 A SIGNATURE OF APPLICANT—		E SIGNED
ACKNOWLEDGMENT OF A		actnowledge an applicant that the proposed 1376 of the Health and Safety Code, and was a		Martin and Only Project	Alfre Well	can 104/2	0/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WITH PRO FORMIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFIE IN MIGHT OF DISPOSAL OUTSIDE OF CALIFORN	ED \$7.00	20120/200	SSUED, 9C. SIGNATURE OF LO	CAL REGISTRAR ISSUIN	G PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION:	VICET REES	edistran of district of de Passiff No. Box 85 an Diego, CA 921	5222		OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CALIFO	RNIA	•
IO AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
B. CREMATION	SE 11A, NAME AND A	DDRESS OF CALIFORNIA CEME Cemetery; 3751 M San Diego, CA	Market St.	IRNIA IDE OF CALIFORNIA I 11B. DATE BURIED	☐ (Name and A		
		Dan Diego, CA	32102	14-25-00	I WILL	house	
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM	Total Control of the	12B. DATE CREMATI	D 12C SIGNATURE OF PERI	GON IN CHANGE OF CR	EMATION
CREMATION SCIENTIFIC USE			MATORY	12B. DATE CREMATI	12C SIGNATURE OF PERI		
SCIENTIFIC	13A. NAME AND AI	DDRESS OF CALIFORNIA CREM	LITY RECEIVING REMAINS OR COUNTRY WHERE	12B. DATE CREMATI	ED 13C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY

INTERMENT ORDER

City of San Diego

Date 4-20-00

LAVADA	THOMPSON AT	tu
ina ASH VAULT	Funeral, date, time AY D	4-21
Type of Bural Container Church, Chapel, Graveside	RAGSDALE	Mortuary
All Funeral cars must arrive before a	3:00 00 p.m. of regular work day or an extra charge	ors 150.0
will be applied and billed to undersign	ned.	
uh 4 _	· ·	u
ot TV Grave 1 R	PRENEED E-AY98	Hook 11
Grave space & Care Fund	FRENCEO E-ST 10	~
Additional spaces and care fund		10 F 00
The state of the s		105.00
Burial Container	PAID	55.00
landling Fees	PAID	60.00
lower vases - Marker setting fee	APR 2 0 2000	UZ 00
Recording and filing fee	AFN ZU ZUUU	45.00
ales taxes	MT. HOPE CEMETARY	4.00
RTVARY TO	CITY OF SAN DIEGGLEGUE	264.96
ine check, we	Paid receipt number 52351	269-24
Lob refe axy	Balance due	
hereby certify I am the	of the above	named decedent
hat I have the right to make this author	position of remains as above indicated. I certi orization and I agree to hold Mt. Hope Cemeter	ry and represent ry harmless from
any liability on account of said author	ization and interment.	
hereby authorize the interment in lo	Signature	
old under deed.	Address	
ignature of recorded holder of dend	7 City	Zip Gode
		2.0 000
	elephone	
E 4500	Invoice #	
Vark Order # E 1568	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	Lavada	NT-FIRST (QIVEN) 18. MIDDL		IC. LAST (FAMIL	pson		DATE OF BIRTH	DATE OF DE	EATH 4. SEX
5A	CITY OF DEATH	Diego		SE COUNTY OF C	EATH-OUTSIDE GALIF.	OF INFOR	LATIONSHP, FULL MAI MANT TA PALLETSO	TO STATE OF THE PERSON OF THE	SOUR MININGS
74	Anderson-	Ragadale Hort.; San Diego,	5050 Federal	Blvd.	CALIF. LICENSE NUMBERI —IF APPLICABLE P-1329	1006 Imper	10th St. ial Beach. RE OF APPLICANT—Pes	CA 9193	2
	ACKNOWLEDGMENT OF A		pricant that the proposed disposed and Safety Code, and was authori		of the dispositions authorized by) of the Health and Safety Gode.	> 6-1	E. 11. 1689	The second second	04/11/2000
	PERMIT LITHORIZATION OF OGAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCOUNT OF THE CALIFORNIA HEALT AND IS THE AUTHORITY FOR THE DIN THIS PERMIT. NOTE: THIS PERMIT GMES NO INSERT OF THEP	N AND SAFETY CODE	9A. AMOUNT OF FI \$7.00	PAID 88 PATE PERMI	I ISSUED PC.	SIGNATURE OF LOCA	AL REGISTRAN 2006	ISSUING PERMIT
- 11	Y CHANGE IN DISPOSE ON REQUIRES A NEW PRAIT TO SHOW FINAL DISPOSITION.	OD. ADDRESS OF REGISTRAR OF THE DEATH OCCURRED IN CALLEON SON Diagon	Box 8522	2	ADDRESS OF REGISTRAR IF DISPOSITION IS 10 OCC			14	•
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE IT	EMS	1			FOR CORO	NER'S USE	ONLY
	B. CREMATION			F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C			I DISPOSITION PE (Name and Add		INS LOCATED AT
	BURIAL	Ht. Hope Cemeter	california cemeter y; 3751 Mari Jiego, CA 92	tet St.	4-21-00	D 11C. S	IGNATURE OF PERSO	IN IN CHARGE	OF BURIAL
IBLE ITEMS	CREMATION	12A NAME AND ADDRESS OF Pacific Cremator Lake E		Crane St.	128. DATE CREMA	TED 12C. S	IGNATURE OF PERSO	MIN CHARGE	OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND ADDRESS OF	CALIFORNIA FACILITY	RECEIVING REMAIN	S 138. DATE RECEI	VED 13C S	IGNATURE OF PERSO	IN CHARGE	OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN F REMAINS OR CREMATED	RECEIVING STATE OR (COUNTRY WHERE SHIPPED	14B. DATE SHIPP		DDRESS AND SIGNAT F PLACING WITH THE		ON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT FICIENT TO IDENTIFY FINAL	ON SHORELINE, OR OTH- PLACE AND CA DISTRIC	HER DESCRIPTION SU T OF DISPOSITION	IF 16B. DATE OF DISPOSITION		IGNATURE OF PERSO HARGE OF DISPOSITI	ON ! O	ICENSE NUMBER OF CREMATED HE NAMES 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.

Bre-rund

MT. HOPE CEMETERY

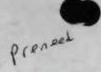
INTERMENT ORDER

City of San Diago

Date 4-20-00

	us J	Armas			-
ina TS Va	11+	Funeral, date, ti	me		
Church, Chapel, Graveside					Mortuary.
All Funeral cars must arrive be	3.00 fore 3.00 p.m	of regular work	day or an	extra charge	of \$ 150.00
will be applied and billed to und	dersigned.				
	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)			-	Fallen.
Lot 160 Grave	Row	Section	1	_ Division/BI	ock to 1
Grave space & Care Fund					895.00
Additional spaces and care fun					
Opening/Closing & Setup					
Burial Container		110			
Handling Feeş	APR 2	n 2000			185m
					180.00
Flower vases Marker setting	MT. HOPE	CEMETARY	AZZERAKA EL SEKALIAN		
Recording and filing feeC					THE RESERVE OF THE PARTY OF THE
Sales taxes	*****************				A Property of the Control of the Con
	250	receipt number			19031
	Paid	receipt number _	9-3		136-31
				Balance due	
I hereby certify I am the and this is your authority to me that I have the right to make this any liability on account of said. I hereby authorize the intermer	s authorization authorization	in and I soree to I	sbove indic	cated. I certifope Cemeter	harmless from
hold under deed.		Signmure 14	20 1	Brookes	Ave
Signature of recorded holder of deed		Address S		CA . 1965	Zip Code

& Printed un recorded paper



INTERMENT ORDER

City of San Diego

Date 4-20-00

of D	aune Ive	7	
in a		time	
Type of Burial Continuer			
Church, Chapel, Graveside	3:00		Mortuary.
All Funeral cars must arrive before a	e0 p.m. of regular work	k day or an extra charge o	1\$ 150.00
will be applied and billed to undersig	ned.		
Lot 612 Grave		Di deles /Ples	- 1O
			-
Grave space & Care Fund			795.00
Additional spaces and care fund			
Opening/Closing & Setup	DIAGIA		
Burial Container	d life.		
Handling Fees	NOV 2 2 2002	2	
NUV	A CONTRACTOR OF THE PARTY OF TH		
Flower vacon - Marker cetting for			
Flower vases - Marker setting fee	ME HOPE CEMET	TARY	
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SE	MT HOPE CEMET	TARY	
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SO Sales taxes	ME HOPE CEMET THY OF SAN DIEG	TARY IC. C	
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SO	ME HOPE CEMET ETY OF SAN DIEG	TOTAL Due	
Flower vases – Marker setting fee	ME HOPE CEMET CITY OF SAN DIEG	Total Due	
Flower vases – Marker setting fee Recording and filing fee CITY OF Sales taxes	ME HOPE CEMET ETY OF SAN DIEG	Total Due	995.00
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SO	ME HOPE CEMET TY OF SAN DIEG Paid receipt number	Total Due	995.00 249.00 746.0
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SO Sales taxes	ME HOPE CEMET HTY OF SAN DIEG Paid receipt number	Total Due	9 95.00 249.00 746.0
Flower vases – Marker setting fee Recording and filing fee MT. HOPE CITY OF SO	Paid receipt number	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE CITY OF SO Sales taxes Thereby certify I am the and this is your authority to make dithat I have the right to make this authority have this authority to make this authority have the right to make the right to	Paid receipt number	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE CITY OF SE Sales taxes Thereby certify I am the and this is your authority to make dithat I have the right to make this authory liability on account of said author thereby authorize the interment in Ice	Paid receipt number sposition of remains as norization and I agree to rization and interment.	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE CITY OF SE Sales taxes hereby certify I am the and this is your authority to make di hat I have the right to make this authory liability on account of said author hereby authorize the interment in le	Paid receipt number asposition of remains as norization and I agree to the second of t	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE Recording and filing fee MT. HOPE CITY OF SO Sales taxes hereby certify I am the and this is your authority to make di hat I have the right to make this authory liability on account of said authority to hereby authorize the interment in lo	Paid receipt number sposition of remains as norization and I agree to rization and interment.	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE Recording and filing fee MT. HOPE CITY OF SO Sales taxes hereby certify I am the and this is your authority to make di hat I have the right to make this authory liability on account of said authory liability liability on account of said authory liability liability on account of said authory liability liability liability on account of said authory liability lia	Paid receipt number asposition of remains as norization and I agree to the second of t	Total Due	9 95.00 249.00 746.0
Recording and filing fee MT. HOPE Recording and filing fee MT. HOPE CITY OF SO Sales taxes hereby certify I am the and this is your authority to make di hat I have the right to make this authory liability on account of said authority to hereby authorize the interment in lo	Paid receipt number sposition of remains as norization and I agree to rization and interment.	Total Due	995.00 249.00 746.0 med decevent and represent harmless from
Recording and filing fee MT. HOPE Recording and filing fee MT. HOPE CITY OF SO Sales taxes hereby certify I am the and this is your authority to make di hat I have the right to make this authory liability on account of said authority to hereby authorize the interment in lo	Paid receipt number sposition of remains as norization and I agree to prization and interment. Address City Telephone	Total Due	995.00 249.00 746.0 med decevent and represent harmless from
Recording and filing fee MT. HOPE CITY OF SO Sales taxes Thereby certify I am the and this is your authority to make dithat I have the right to make this authority have this authority to make this authority have the right to make the right to	Paid receipt number sposition of remains as norization and I agree to prization and interment. Address City Telephone Invoice	Total Due	995.00 249.00 746.0 med decevent and represent harmless from

IVEY,	DWAYNE	5797	Tooley	Street,	San Diego	92114	264-7230	

		DEBIT	CREDIT BA	LANCE
4-20-00	Opened Pre-need Lot. 199 20/3			
	Lot 612 Division 10 796 80%	995.00		995.00
04-20-00	Receipt 52352		249.00	746-00
6-12-00	R- 5955 Crupm 1		31.00	7 7 00
7-20-00	R-56690 Coupon 2		3100	684 00
8-24-00	R 52797 3		31100	653.00
9-21-00	R-52894 " " 4		31.00	6.2.00
10-25 00	R- 53003 5		31.00	591 00
11-22-00	R-53079 6		31.00	540.00
12-27-00	R-53187 7		31.00	529.00
01-31-01	R-53198 8		31,00	.498,00
3-2-01	VISA		31,00	467.00
4-4-01	VISA 10		31.00	436.00
4-18-01	R- 11		31.00	405.00
5-22-0	VISA		31/00	374.60
7-25-01	R-53956 (NO # Coupon Submitted)		-31.00	343 00
9-24-01	VISA		31,00	3/200
10-22-01	Visa		-31.00	281,00
12-4-01	Visa		-31.00	850,00
1- 23-02			-31.00	279 00
	IVEY, DWAYNE Pre-need Lot			

Ivey, Dwayne 8. 5197 Fooley St. SD Ca 92114 Balance Forwarded

4-4-02 Pard by CR 1707

5-0-03 PAID By VISA (for February)

5-0-02 PAID By VISA (for March)

1-2-02 VISA IVEY, Dwayne Preneed lot E-15686

F-15686

Mt. Hope Cemetery Prepayment Plan Record

Dwayne Ivey 5797 Tooley Street San Diego, CA 92114 264-7230 E-15686

Preneed for: Dwayne Ivey

Lot 612 Division 10

Payment NO. 3
Payment Due Date August-00
Payment Amount Due 31.00
Balance Due 653.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Dwayne Ivey 5797 Tooley Street San Diego, CA 92114 264-7230 E-15686

Preneed for: Dwayne Ivey

Lot 612 Division 10

Payment NO. 2
Payment Due Date July-00
Payment Amount Due 31.00
Balance Due 684.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Mt. Hope Cemetery Prepayment Plan Record

Dwayne Ivey 5797 Tooley Street San Diego, CA 92114 264-7230 E-15686

Preneed for: Dwayne Ivey

Lot 612 Division 10

Payment NO. 1
Payment Due Date June-00
Payment Amount Due 31.00
Balance Due 715.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

E- 15:686

Mt. Hope Cemetery Prepayment Plan Record

Dwayne Ivey 5797 Tooley Street San Diego, CA 92114 264-7230 E-15686

Preneed for: Dwayne Ivey

Lot 612 Division 10

Payment NO. 4
Payment Due Date September-00
Payment Amount Due 31.00
Balance Due 622.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

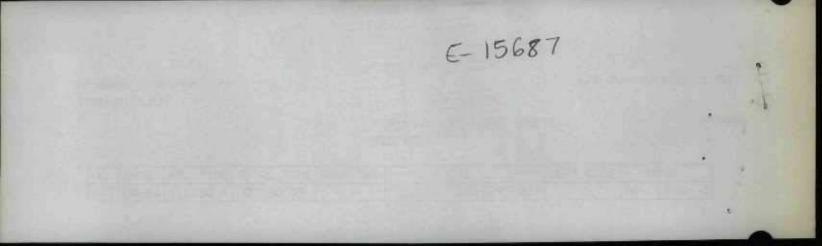
X- DEEP MT. HOPE CEMETERY 1ST BURIAL INTERMENT ORDER VELMA MENEFIELD Gity of San Diego

Date 4-24-00

+ S. VAULT	Funeral, date,	THUR	4-27	Reo
in a Type of General Committee		MERKLEY	MITCH	T
Church Chapet Graveside 3:00		5001	1	_ Mortuary.
All Funeral cars must arrive before 3469 p.	Contract of the Contract of th	k day or an extra	charge of \$	150.00
will be applied and billed to undersigned.	_			-
Lot 37 Grave 5 Row	Section	17 pin	isio n/Block	7
Grave space & Care Fund	le-Need	D- 0 11		0
Additional spaces and care fund				75 00
Opening/Closing & Setup	AID		<u>2</u>	13,00
Burial Container				70.00
Handling FeesAPR	2.7.7000		<u>1</u>	35.00
	PE CEMETAR	L	<u>F</u>	5.00
Sales taxes	97.03			1.30
MORTURE Lecki PA	id receipt number	Total Due	70 8	74.38
Bring X		Balar	nce due	-0
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization	ion and I agree to	above indicated.	above named I certify and emetery han	represent
I hereby authorize the interment in lot I hold under deed.	Signature	Jee.	المروح	
Signature of recorded holder of deed	City Tuttephone	ullo	J	Zip Code
Wash Order # E 15687	Invoice i	*		

E- 15687	ORDE	32	MT, HOPE CEMETER
CHARGE MASS		DATE 9-	13 1991
ADDRESS 3022	Island	lare.	
NAME OF DECEASED OF OWNER THE			ield_
ACORESS	··c		
A MORTUARY Sharp	del	239	1-1637
AX	- DEEP		D.I.F
LOT 37	GR 5 ROW TO	SEC/7 DIVZ	217.50
OPENING TIME LOA	DATE 9-	14-71	11000
VAULT - PATKL	4WN SIZE 5		
REMOVAL OR FOUNDATION	(ET)		
		total	327,50
PAID RECEIPT NUMBER _			
		BALANCE	
12"x24" Sing	elefteel.	marked	Coly_
30 Day his	te		
belle merk	rooter.		
THE CITY CHARTER MAK I AGREE TO ABIDE BY			
AUTHORIZED IN PERSON - Mails	Many 1918	ORDER XLL	deline
	1811	INVOICE NO.	7825

FORM PR-974 HEV.



				0	
X- DEEP	100000000000000000000000000000000000000	ENT ORD		1	
ST BURIAL	The second second second second	And Attacked to the Parket			
ELMA MENEF	ELU CITY	of San Diego	1 - 1	1-24-00	
			Date		
You are hereby authorized	and instructed, sui	bject to your rules	and reputat	ons, to inter the remains	
	MENE	FIEL	V		
me t.S. VA	ULT,	Funeral, date, tim	THUR	4-27 3:00	2
Church Chape Graveside	2	W	PRKLEY	HITETT Mortuary	1
All Funeral cars must arrive	3:00 before 3:00 p.m.	of regular work de	my or an entre	charge of \$ 150.00	-
will be applied and bitled to	undersigned 🔀		1		3
27	5 sow		17	7	3
MAI CHARLE		Section	N DI	- NoolBlack	1
Grave space & Care Fund	A VE	- nua	0-01		
Additional spaces and care			The second second	275.00	
Opening/Closing & Setup				350.00	1
Burial Container				125,00	
Handling Fees			Section of the second		
Flower vases - Marker sett	100000000000000000000000000000000000000		3 3 5	UC 00	
Recogling and filing fee			-	10 72	-
Salar taxes	g			214, 48	
MORTUANTE	()		rotal Due		-
HORTO ART E	rature	eceipt number	-	nce due	
	^	Son	1 7	C THE RESERVE TO SERVE THE PARTY OF THE PART	-
I hereby certify I am the and this is your authority to that I have the right to make any liability of account of a	make disposition	of remains as ab	ove indicated	I I certify and represent	1
any liability on account of se	id authorization ar	d Informent	in		i
I hereby authorize the interr	ment in lot I	Man	11%	W/	
nold under deed.		X2341	E. 6	7105	
Regression of recognition for dead		X3A11	CALK	CHUN RY	121
		[301]	942 -	2692 4000	1
		San agent			
F 41	CRM	Invoice #_	-		1
Work Order # E 1	5687	Acct. #		+	1
REA-104 (7-86)	an again and Children		n alternative	formats upon request.	3
	- Proute	of an expedient gargers	4	V \$5	15

€ 15687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	1B. MIDDLE	100	IC. LAST (FAMILY)		1/2	2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
MOSES		-	1	MENEFI	ELD	3	0973171926	M472	272000	14
SA. CITY OF DEATH	SAN DIEGO		1	SB COUNTY OF DEAT		NAME.	RELATIONSHIP, FULL I	MAILING AD	SON	ZIP CODE
7A. TYPED NAME AND A			R OR PERSON ACT	ING AS SUCH TB. CA	LIF LICENSE NUMBER	234		SOUT	H	
MERKLEY-MITC SAN DIEGO, C	HELL MORTUA A 92103	IRY, 3655 F	IFTH AVE.	. F	5-PHSABLE 8	SAL A. SIGNA	T LAKE CITY	St. Contraction of the last of	84121 mnil 88. DA	TE SIGNED
ACKINOMILEDGMENT OF A		cknowledge as applicant the 375 of the Health and Safety				Th	- (m	the	2. 04/2	26/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF	Y FOR THE DISPOSITI	BAFETY CODE ON SPECIFIED	7.00	DA/27/200	BEAR DOORS OF REST	C. SIGNATURE OF LO 2007375	OCAL REGI	STRAR ISSUI	NG PERMIT
	P.U. BUX 3	SZZZ, SAN			DRESS OF REGISTRAR O			AIMRC		•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR COR	RONER'S	USE ONL	Y
B. CREMATION	UDES ENTOMBMENT)		-	TEMPORARY ENV	NULTMENT		L DISPOSITION		-REMAINS L	OCATED AT
C. DISPOSITION THAN IN A CI		AINS OTHER		DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT	ORNIA SIDE OF CALIFORNIA			y in the section	334	
THAN IN A CI	EMETERY SE	CEMETERY,		SHIP IN TO CALIF	SIDE OF CALIFORNIA	j 11C.	SIGNATURE OF PER	ISON IN C	HARGE OF E	IURIAL .
BURIAL CREMATION	MOUNT AND A SAN DIEGO,	CEMETERY,	NA SEMETRIX R	SHIP IN TO CALIF	118. DATE BURIED	1	SIGNATURE OF PER	1/27	Fer	0
THAN IN A CI	MOUNT AND AS SAN DIEGO, 12A NAME AND AD	CEMETERY, CA 92102	RNIA CEMETERY	A SHIP IN TO CALIF I. TRANSIT TO OUT	118. DATE BURIED 128. DATE CREMATE	120.	Ricky 4	SON IN CH	ARGE OF C	REMATION
BURIAL CREMATION SCIENTIFIC	SAN DIEGO, 12A NAME AND AL	CENETERY, CA 92102 ODRESS OF CALIFOR	RNIA CREMATORY RNIA FACILITY RE	E SHIP IN TO CALIF IL TRANSIT TO OUT IN THE STREET CEIVING REMAINS	118. DATE BURIED 128. DATE CREMATE	D 12G.	Ricky 4	SON IN CH	HARGE OF F	REMATION



INTERMENT ORDER

City of San Diego

Date 4-24-00

t.s Vault	Funeral, date, time	1:30 P.m.	4.25-0
Church, Chapel, Graveside	. 0	mad	Mortuary.
Il Funeral cars must arrive before 3.00 p.	m. of regular work day	or an extra charge	01\$ 150.00
vill be applied and billed to undersigned.			
4000			10
ot 4903 Grave Row_	Section	Division/B	took
Grave space & Care Fund	Ru- rud	LE-8144	0-
additional spaces and care fund			
Dening/Closing & Setup	וט		375.00
Jurial Container ADD 9-4	2001		250.00
landling Fees			185.00
lower vases - Marker seMT HOPE C	EMETAR		
CITY OF SAN	Diesc		45.00
ales taxes			19.38
	То	tal Due	874-31
Pa	id receipt number R	-52356	874.38
,		Balance due	· D
hereby certify I am the TOAVA	HTER	of the above r	named decedent
nd this is your authority to make disposit nat I have the right to make this authorizat	ion of remains as abor- tion and I agree to hold	ve indicated. I certif	fy and represent y harmless from
ny liability on account of said authorization	on and interment.		
hereby authorize the interment in lot I	X Jol	ue Teath	co
old under deed.	× 1549	WATWOOD	RO
ignature of recorded holder of duets	X LEHON	GEOVE CA.	91945
	V 6/9	WATWOOD GEOVE CA. -464-01	28 In Code
	Invoice #		
F 15688			
Vork Order # L	Acct.#		

O Promot on received paper



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Nº 11666

DEED E-15688

OWNERSHIP AND INTERMENT PRIVILEGES

OWN	KSHIP AND INTERMENT PRIVILEGES	
TO Stefan Hunyadi	for the sum of \$ _695.00	(DOLLARS)
LEGAL DESCRIPTION LO	4903, Division 10	
AS DESCRIBED ON PURCHASE OR	DER NUMBERE-8144	
held for burial privileges only with hereafter be adopted, including the Cemetery. The rights hereby conve-	y filed in the office of the County Recorde endowed care. Subject to all rules and re right to ingress and egress with essentials red for interment privileges shall not be reli d every case and must be recorded in the o	egulations now in force or may for care and operation of the inquished without the consent
repairs to any monument, head stone after be erected or placed on said lo of plot. In no case will the Cemete	that said Cemetery Division does not un , vaults or other improvements of like nature or plot. Cost of same shall be assumed by ry Division be responsible for damage, mali reserves the right to remove any object the type of memorial will be permitted:	e that is already, or may here- legal owner or representatives icious mischief, vandalism and
Sandla L. Word	Leat	ull -
PY-III	Pro	perty Director

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	STEFAN	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY) HUNYADI		MONTH DAY, YEAR M	DATE OF DEATH 4. SEX
5/	EL CAJON			SAN DIEGO	H-OUTSIDE CALIF., (NAME RELATIONSHIP, FULL MAIL TRENE SUTKA - DAU	
7/	CONRAD LEM	ON GROVE MO	A-FUNERAL DIRECTOR OR PERSON (RTUARY) GROVE, CA 91945-		F APPLICABLE	1549 WATWOOD ROAD LEMON GROVE, CA 9 A SIMATURE OF ASSELUCANT—PROD	1945
	ACKNOWLEDGMENT OF AF	PPLICANT I territy a Section 10	cknowledge as applicant that the proposed disposed of the Health and Salety Code, and was author	sition stated herein is one of the seed pursuant to Section 7100 of to	Aspositions authorized by	Countrions	04/24/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIGNS 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 DISPIT OF DISPOSAL OUTSIDE OF CALFERMA.	9A AMOUNT OF FEE P	Grane K. Cos 04/24/200	squeo sc. signature of Local	L REGISTRAR ISSUING PERMIT
-	NY CHANGE BY DISPOSI- TION REQUIRES A NEW ERAIT TO SHOW FINAL DISPOSITION.	CO. OF SAN DI	GISTRAR OF DISTRICT OF DEATH O IN CAUSONIA FRALTH SING RUE 92186-52228522	TICES ! "		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPO					FOR CORON	ER'S USE ONLY
The same of the same of	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	I. DISPOSITION PE (Name and Addi-	NDING REMAINS LOCATED AT
	BURIAL	3751 MARK	DRESS OF CALIFORNIA CEMETER E CEMETERY ET STREET , CA 92102	Υ.	4-25-00	110. SIGNATURE OF PERSON	N IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATE	D 12C SIGNATURE OF PERSON	IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AC	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATE OF PLACING WITH THE	JRE OF PERSON IN CHARGE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA DISTRIC		158 DATE OF DISPOSITION	15C SIGNATURE OF PERSON CHARGE OF DISPOSITION	

OIP IST BURIAL MT. HOPE CEMETERY INTERMENT ORDER T. PAUL SWINNEY CITY OF SAN DIGTO

of MARY SWIN		
n a June of Bernet Demander	Funeral, date, time Wed, 11	:00
Church, Chapel, Graveside	: conrad	Mortuary.
All Funeral cars must arrive before 300 p	o.m. of regular work day or an extra charg	e of \$ 150.00
will be applied and billed to undersigned.	A	
	Inne	~3
Lot Grave G Row	Section 100 F Division/	Block
Grave space & Care Fund	Pre-Need B-7136	-0
Additional spaces and care fund		110
Opening/Closing & Setup	AID	375.60
Burial Container	110	190.00
Handling Fees	4 2000	145.00
Flower vases - Marker setting fee MT. HOPE		
Recording and filing fee	E CEMETARY AN DIEGO: G/	14 50 1777
THE RESERVE OF THE PARTY OF THE	AN DIEGO, OF	14-73
	Total Due	769.73
P	aid receipt number R-52357	769-73
V	Balance du	ie -0
hereby certify I am the GRA	JA S.J of the above	named decedent
and this is your authority to make disposithat I have the right to make this authorization library and lability on account of said authorizations.	of the above indicated. I certain and I agree to hold Mt. Hope Cemete ion and interment.	ify and represent bry harmless from
hereby authorize the interment in lot (X	
hold under deed.	1500 1400	white or
Signature of recurded holder of deed	Address 1570	920 F3
	Jan 761-598-89	1 O Zip Code
	Terophone	
45050	Invoice #	
Nork Order # E 15689	Acct. #	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT	E- 15689			
CANARY CEMETERY FINK AUDITOR GOLDENHOD BETAIN	MOUNT HOPE CEMETERY	100 To 100	Nö	306	39
		DMIE	- 27		2
FIVE HUNDRED FOR	ADDRESS 2414 69Th	57.	LC	9209	15
	CTY THREE + 3/100 -	DOLL	ARS (S	743,8	30,
IN FULL PAYMENT OF	J. PAUL SWI	WNEY			
				1	
LOT 7 GRAVE	ROWSE	CTION 100	F	OCK 9	13
INVOICE NO CHECK 1/22	NOT WALLD FOR PURPOSE STATED TESS	CHEDIT 20% SALES CARE	67007 77184	-	1
T. 34 -0	AID	OF LOTS	77184		
w.o. E-3459	DEC 27 1982	DPENINGS	77181	265	00
	THE PROPERTY OF THE PARTY OF TH	BOXES	77182	230	00
	MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.	REMOVALS FOUNDATIONS	77183	39	0
UNPAID BALANCE	ISSIED BY NE	BALES TAX	9020	13	

BALES TAX TOTAL PAID S

AC-PIZ (MEV. HAT)

E-15689

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

8 // H | 3. DATE OF DEATH | 4. SEX

MARY	NT—FIRST (GIVEN) 18. MIDDLE LOUISE	SWINNEY		12 DATE OF BUTTH 3. DATE OF DEATH 4 SEX
SAN DIEGO		SB. COUNTY OF DEATH-	A	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE PANFORMAN SWINNEY - GRANDSON
CONRAD LE	DORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON MON GROVE MORTUARY DWAY - LEMON GROVE, CA 91945	-IF/	PPLICABLE V	500 SHADOWRIDGE DRIVE, #167. ISTA, CA 92083 SUMMITURE OF APPLICANCE—Parton taking period, 88. DATE SIGNED
ACHNOWLEDGMENT OF A	PLICANT I threby acknowledge as applicant that the proposed dup Section 10376 of the results and Safety Code, and was author	nation stated haven to one of the di-	pusitions authorized by	Ocenhon no 04/24/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE GALIFORMA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERIMIT. NOTE: THE FEMILE SHEET OF REPUSAL CHISDE OF CALFORMA.	\$7.00	04/25/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007286
TION REQUIRES A NEW	OF ADDRESS OF REGISTRAR OF DISTRICT OF DEATH CO. CA SAN DIECO DEPT. OF BEALTH SER VITAL RECORDS P.O. BOX 8522 SAN DIEGO, CA 92186-5222	VICES F DIS		PI ANOTHER DISTRICT IN CALIFORNIA
B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC U	TIA NAME AND ADDRESS OF CHIEDRINA CEMETER	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID	VÍA	I DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	3751 MARKET STREET SAN DIEGO, CA 92102		4-26-00	Sill + payer
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATI	ORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	ISB. DATE RECEIVE	D 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 SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON 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		16B, DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF CREMATED REMAINS 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.

RUTH HALL INTERMENT ORDER RUTH RUTH RUTH City of San Diego Diego

MT. HOPE CEMETERY

ina liner	Funeral, date,	time	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive b	3:00 efore 50 p.m. of regular wor	k day or an extra charge	ors 150.00
will be applied and billed to ur	ndersigned.		
888			10
Lot Grave	Row Section	in Division/8	tock
Grave space & Care Fund	.,,,,.		445,00
Additional spaces and care fu	nd		
Opening/Closing & Setup	gg		375,00
Burial Container	PAID		
Handling Fees			145.00
Flower vases - Marker sering	3 ₁₀ 2 5 2000		
Recording and filing MT. HC	PE CEMETARY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45.00
Sales taxes CITY OF	SAN DIEGO		14.73
		Total Due	1764.73
	Paid receipt number	R-52365	1264.73
1	-0	Balance due	-0
I hereby certify I am the	Sixter	of the above r	named decedent
that I have the right to make the	take disposition of remains as his authorization and I agree to	above indicated. I certifo hold Mt. Hope Cemeter	y and represent y harmless from
any liability on account of said	10	1	1
I hereby authorize the interme	ent in lot I	gelin M Fra	inham
hold under deed.	XPO	B4 15872	
Signature of recorded holder of deed	- XJa	~ Drego, Ca.	92175
	Teleghorin	19-461-263	8 Zu Code
	690 Invoice	1	E 27
	Be to be a fine		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

City	of San Diego Date Y-2Y-00	
You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the rem	ains
ina DOUBLE DEPTH	Funeral, date, time WED 4-26 1	00
Church, Chapel, Graveside	: AZTLAN Mortu	
	of regular work day or an extra charge of \$ 150.	00
will be applied and billed to undersigned.		-
Lot Q Grave 5 B Row	Section Division/Block	3_
Grave space & Care Fund	126.1	00
Additional spaces and care fund		_
Opening/Closing & Setup	PAID 165.6	
Burial Container	50.0	00
Handling Fees	IUN 27 LUUU	
Flower vases - Marker setting feeMT. 1	HOPE CEMETARY	
Recording and filing fee	OF SAN DIEGO, CA.	00
Sales taxes		- 2
JOHN EDWARDS	Total Due	90
L- M- MI	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 a	of the above named deced n of remains as above indicated. I certify and repre- n and I agree to hold Mt. Hope Cemetery harmless f and interment.	sent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City Zip	Code
	Temphone	
	Invoice # 33 22	
Work Order # E 15691	Acct. # 000953	
REA-104 (7-98) This informs	ation is available in alternative formats upon requ	est

di Printed or respelled paper

5 -3-00

E-15691

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48

	USE BLACK INK ONLY-MAKE NO ERASURE	S. WHITEOUTS OR OTH	IER ALTERATIONS POUND,
A NAME OF DECEDING		ILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX
	ATE RETIRE	SANDOISGO M	NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HEN EDWARDS—DEPUTY PUBLIC GUARDI
	DDBSSS OF CALLEGRINA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH!	B. CALIF LICENSE NUMBER DZ	201-A ROFFIN RD., NH DIEGO, CA 92123
ACSNOWLEDGMENT OF A	I I hands advantable or surficial that the executed formalise shall be on a	e of the dispositions authorized by	A. SIGNATURE OF APPLICANT—Person taking perind, 88. DATE SIGNED 04/25/2000
-00557MIT 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. \$ 7.00		
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— VILLE SAND IESO, CA 92186-5222	E. ADDRESS OF REGISTRAR OF PROPERTY OF COLUMN	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	1 1	FOR CORONER'S USE ONLY
A BURIAL ONCL	OF CREMATED REMAINS OTHER		FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
A BURIAL ONCL B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHER	IT CALIFORNIA	I DISPOSITION PENDING—REMAINS LOCATED A
A BURIAL ONCL B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	OF CREMATED REMAINS OTHER EMETERY OF A CREMATED REMAINS OTHER OF CREMATE	CALIFORNIA OUTSIDE OF CALIFORNIA	I DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
A BURIAL ONCE B. CREMATION C. DISPOSITION THAN WA A C D. SCIENTIFIC U	OF CREMATED REMAINS OTHER OF CREMATED REMAINS O	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATED	I DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
A BURIAL ONCL B. CREMATION C. DISPOSITION THAN W. A. C. D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER OF CREMATERY OF CREMATED REMAINS OTHER OF CREMATERY OF CR	DUTSIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATED 138. DATE RECEIVE	I DISPOSITION PENDING—REMAINS LOCATED A (Name and Address) 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION D 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY

and half wants

where oak wants

what is in quare

will bring when a permit MT. HOPE CEMETERY



INTERMENT ORDER

City of San Diego

Date 4-25-00

You are hereby authorized and ins	PRINCIPAL AND A STREET OF THE PRINCIPAL AND ADDRESS OF THE PRINCIPAL AND A	wen !	Mark.	1		
of Jan Jan		1	- Leave	mue		Treat
in a Type of Burial Continuer &	A CONTRACTOR OF THE PROPERTY O	ral, date, time	e Judy	0	0	HELDO
Church, Chapel, Graveside	seemtile		TOF	6	19	Mortuary.
All Funeral cars must arrive before	3.00 p.m. of re	gular work da	ay or an ex	otra char	ge of \$ _	15000
will be applied and billed to unders	signed					
3 4			11			1
Lot Grave	Row	Section _	7	Division	/Block _	0
Grave space & Care Fund						
Additional spaces and care fund						-
Opening/Closing & Setup	LID				···· 70	15.00
Burial Container						
Handling FeesAPR	E 2000					
rationing roos	J. Trinn		******			
Flower vases - Marker setting fee	CEMETAR	Υ				
Flower vases – Marker setting fee MT. HOP! Recording and filing (CTY OF S		Y				
Flower vases – Marker setting fee MT. HOP! Recording and filing (CTY OF S	CEMETAR AN DIEGO,	Y С.				
Flower vases – Marker setting fee MT. HOP! Recording and filing CTTY OF S	E CEMETAR AN DIEGO,	Č				
Flower vases – Marker setting fee MT. HOP! Recording and filing (CTY OF S	E CEMETAR AN DIEGO,	Y С.	Total Due	236	3 70	
Flower vases – Marker setting fee MT. HOPI Recording and filing terry OF S Sales taxes	E CEMETAR AN DIEGO,	Č	Total Due	236 Salance d	3 70	5.00
Flower vases – Marker setting fee MT. HOPI Recording and filing terry OF S Sales taxes	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Flower vases – Marker setting fee MT. HOPI Recording and filing to CITY OF S Sales taxes	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Recording and filing terry OF S Sales taxes 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 aut	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Flower vases – Marker setting fee MT. HOPI Recording and filing terry OF S Sales taxes	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Recording and filing terry OF S Sales taxes I hereby certify I am the and this is your authority to make that I have the right to make this an any liability on account of said aut I hereby authorize the interment in hold under deed.	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Recording and filing terry OF S Sales taxes I hereby certify I am the and this is your authority to make that I have the right to make this ai any liability on account of said aut	Paid recei	pt number	otal Due	Balance d	3 \to	5.00 5.00
Recording and filing terry OF S Sales taxes 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 aut I hereby authorize the interment in hold under deed.	Paid recei	pt number emains as ab li agree to honterment.	otal Due	Balance d	3 \to	5.00 5.00
Recording and filing terry OF S Sales taxes 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 aut I hereby authorize the interment in hold under deed.	Paid recei	pt number emains as ab li agree to honterment.	otal Due	Balance d	3 \to	5.00 5.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8

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

A. NAME OF DECEDE										
JEAN	NT-FIRST (GIVEN)	JESSOP	IC. LAST	ERVEY MA	CDONALD	07	DATE OF BIRTH		OF DEATH	4 SEX
A. CITY OF DEATH	N DIEGO	-	58. COUN	TY OF DEATH-O	OUTSIDE CALIF., 6	NAME, RE	LATIONSHIP, FULL I	MAILING AD	DRESS AND ZI	
A. TYPED NAME AND AC	DRESS OF CALIFORN		OR PERSON ACTING AS SU	ICH TB CALIF L	LICENSE NUMBER PLICABLE	755 B SAN D	ANGOR STR	EET 92106		
ACKNOWLEDGMENT OF AF	PLICANT I hereby in Section 18	cknowledge as applicant that t 0.76 of the Health and Salety Co	he proposed disposition stated here de, and was authorized pursuant to S	en is one of the disposection 7100 of the frea	esitions authorized by with and Salety Code.	TE	~CM.	Li.	06/08	/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE IN FORMIA HEALTH AND SA TY FOR THE DISPOSITION	N SPECIFIED		98 DATE PERMIT IS 06/08/2000 TC MITCHE		SIGNATURE OF LO	DCAL REGI	STRAR ISSUIN	3 PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE		CA 92186-5222		SS OF REGISTRAR O					2
O. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS	THE PARTY			- 1	FOR COL	RONER'S	USE ONLY	
The second second second second	IDES ENTOMEMENT)			HARY ENVAULT					-REMAINS LO	
D SCIENTIFIC US	11A NAME AND A 1/3 CREMA	DORESS OF CALIFOR	G. SHIP IN	CEMET-	OF CALIFORNIA	1110.0	GNATURE OF PER		HARGE OF BUILDING	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND A 1/3 CREMA ERY, 3751	DORESS OF CALIFOR	G. SHIP IN TRANS	CEMET-	OF CALIFORNIA	1		RSON IN G	edi	8
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	METERY SE 11A NAME AND A 1/3 CREMA ERY, 3751 12A NAME AND A	DDRESS OF CALIFORN TED REMAINS MARKET ST.	G. SHIP IN TRANS	TO CALIFORNI IT TO OUTSIDE CEMET- CA 92102	OF CALIFORNIA 11B. DATE BURIED 6/2-CV	12C. 8	IGNATURE OF PER	RSON IN CA	SARGE OF CRE	8 MATION
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	METERY SE 11/A NAME AND A 11/3 CREMA ERY, 3751 12A NAME AND A 13A NAME AND A	DORESS OF CALIFORN TED REMAINS MARKET ST. DORESS OF CALIFORN DORESS OF CALIFORN	G. SHIP IN TRANS IIA CEMETERY TO MT. HOPE SAN DIEGO. IIIA CREMATORY IIIA FACILITY RECEIVING	TO CALIFORNI IT TO OUTSIDE CA 92102	OF CALIFORNIA 11B. DATE BURIED 6/2-CU 12B. DATE CREMATE	D 13C S	IGNATURE OF PER	RSON IN CA	HARGE OF FA	MATION CILITY

COPY 2 IS RETAINED BY 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- 26-00

	f, subject to your rules and regulations, to inter the remains
or JAMES CH	EEK
ina lines	Funeral, date, time Man 5-1 11.00
Church, Chapel, Graveside	Statherngell Mortuary.
All Funeral cars must arrive before 200 p	o.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 199 Grave 4 Row	Section 2 Division/Black 17
Grave space & Care Fund	0 5.00
Additional spaces and care fund	
Opening/Closing & Setup	D 375.00
Burial Container	190.00
Handling Fees APR 2.7	7000 145.00
Flower vases - Marker selling in PE CI	EMETARY
	DIEGO C YS.00
Sales taxes	19-13
Pi	Total Due 166 4 7 3 aid receipt number 8 - 523 68 166 4 7 3
	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization.	of the above named decedent thion of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	X Sther Sachs X Synature De Aubuen De .
Segnature of renorded Holder of doesd	Con 619 284-2857 Zacode
Work Order # E 15633	Acct. #

B- 15693

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 0771571935AR 0472572000 Cheek M Enmes Henry 5A. CITY OF DEATH 5B. COUNTY OF DEATH—OUTSIDE CIALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTE STATDLESO ESTREEM Cheek, wife San Diego 5202 Auburn Dr. 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER -IF APPLICABLE Featheringill Mortuary 6322 El Cajon Bavd. San Diego, CA 92105 FD1083 San Diego, CA 92115 BA. SIENATURE OF APPLICANCE Person taking permit, BB. DATE SIGNED I bereby adenomining an applicant that the proposed disposition stated hereo is one of the dispositions authorized by 04/28/2000 ACKNOWLEDOMENT OF APPLICANT Section 10375 of the Health and Safety Code, and was authorized pursoont 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 SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE 04/28/2000 2007508 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AUTHORIZATION OF \$7.00 C. Maggard 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 DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL PO Box 85222 San Diego CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL UNCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 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 118 DATE BURIED 11C. SIGNATU SON IN CHARG OF BURIAL BURIAL San Diego, CA 92102 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 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 15B. DATE OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY

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

Bre-Red

MT. HOPE CEMETERY

INTERMENT OF DER

City of San Diego

Date 4-27-00

of MARVYN T, 2	subject to your rules and regulations, to inter the remains KAZUE MURRAY
in a DOUBLE DEPTH	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 300 p.n	n, of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	A CONTRACTOR OF THE PARTY OF TH
	Section Division/Black
Grave space & Care Fund	16- 46+0 D-5326 -0
Additional spaces and care fund	559
Opening/Closing & Setup	375.00 750.00
Burial Containe A. A. I. D.	380.00
Handling Fees	320.00
Flower vaserAt War for tel 1004e	at 45.00 90.00
Recording and filing fee MT. HOPE CEMETAR)	20,00
Sales CITY OF SAN DIEGO, C.	27.43
	Total Due 136 14
Paid	d receipt number N-3 x 3 6 / 3 \$ 100
	Balance due 11/149
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 n and interment.
I hereby authorize the interment in lot I hold under deed.	X Kozul murray
TIVIN GROUP GOOD.	Address 1) north 5" NOTE
Signature of recorded holder of deed	X nutional circh -
	Tutophoon (3-1383 9/950
	20/
West Outer# E 15694	Invoice #
Work Order #	Acct. #

MIDDAY	CADIUM TO C MARINE 21 Names Holl to	01050	E-15	6694
MURRAI, I	MARVYN T. & KAZUE 21 North "S" Ave., National Ci	су, 91950		
4-27-00	Opened Pre-need Trust Trust includes	DEBIT	CREDIT	BALANCE
_	2 Opening/closings, Double Depth Crypt, Handling Fee, 2 Recording fees, tax on crypt.	1569.45		1569,45
	(Lot 156, Grave 2, Section 1, Division 11)	2503.45		1309.43
04-27-00		CR	392.00	1177.45
6-2-00		(day	49.00	1138.45
7-5-00	R- 52624 3		-49.00	1079.45
8-7-00	. R- 52743 3.		-49.00	1030,45
9-12-20	R- 55835 1 x 2		-98.00	138.45
11-7-00	R- 53934 6+7		-9800	834 45
12-5-00	R-53126 829		-98,00	736,45
	R-53260 10+11		-98.00	638.45
12-02-01	2-53312 12+13.		1-98.00	540. 45
3-6-0	R- \$3433 14 + 15		98.00	442,45
4-01	R-53539 16417		98.00	344.45
5-4-01	R-53646 18+19		-98,00	246,45
6-4-01	R-53772 20+21		- 98,00	148145
7-03-01	R-53877 22+23		- 98,00	50.45
8-1-01	R- 53973 24		50 45	10
	MURRAY, MARVYN T. & KAZUE Pre-need Trust			



TO CUSTOMER
CEMETERY
AUDITOR WHITE PINK.

MOUNT	HOPE	CEME	TERY
4	(619) 52	7-3400	

From Marvyn & Kazue Ninety - Eight In - part Payment of PR	MURRAYGress: 21 North S and NO/100 e- Need TrusT	. Ave.,		
Lot 156 Grave	2 Row — Se	ction	Division	11
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.		87007 77184	
Acct. No. E-15694	PAID	Opening/	100 77184	
BALANCE DUE 344, 45	APR 0 5 2001	Handling Fee	100 77182 100 77185	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Pre-Need I	100 77183 63033 9022 98	00
Pre-need Trust ▼ Cash □ Check ▼ AC-212 (Rev. 5-94) # 5653	ISSUED BY Alleluss		90101 78390 1 98	00



TO CUSTOMER CANARY CEMETERY PINK

NINety - Eight and	onal City, CA collars (\$ 98,00	919		
n = ParT Payment of	Pre-Need Trust 2 Row = s	ection/	Division	7
Acct. No. = 1.5694	NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lote Opening/ Closing Burtal	67007 77184 100 77184 100 77181	
Coupens # 18 4 19	MAY 0 4 2001 MT. HOPE CEMETARY	Containers Handling Fee Recording & Misc. Fees	77182 100 77185 100 77183	
re-Need Lot At Need On Acct re-need Trust Cash Check	CITY OF SAN DIEGO, CA	Pre-Need Trust Sales Tax	63033 9022 60101 78390	00
C-212 (Rev. 5-94) # 5673	ISSUED BY A TUTULO CO	TOTAL PAID	• 98	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52527

From Kazue Muning	Address	that 16 .s	N. S. Ouc	Toll of	a cid cidy	9195
Lot 156 Grave _	3	Row	Section	1	Division Block	11-
Acct. No.	WOT VALID FOR PL "PAID" IN THIS SP.	PPOSESTATED UNLESS	STAMPED CREDIT 20% Sa 80% Sa of Lots Openin	es Care 77 es 77	7007 7184 100 7184	
W.O. E-15697 BALANCE DUE 1138.45			Closing Burial Contain Handlin	77 ers 77 g Fee 77	100 1182 100 1185	
Pre-Need Lot Ar Need On Acct Pre-need Trust Cash Check	Se (11 1 10	Record Misc. Fo Pra-Net Trust Sales T.	es 77 ed 63 ex 60	7183 9033 9022 9101	00
425 Sept 500	ISSUED BY	Muldlin	TOTAL P		s 4 ⁴	900

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

53260

Ninety - EIGHT a In - part Payment of	RAY Address and NO/100 PRE-Need TR	21 North "S	Date: Jan. "Ave., N.C.	CA 9	.200 1950 98,00 78,00	2/
Lot Grav	2	Row	Section/	67007	Division //	/
W.O. E-15694 BALANCE DUE 638.45			Opening/ Closing Burial Containers Handling Fe Recording 8	100 77181 - 100 77182 - 100 77185 -		
Pre-Need Lot ☐ At Need ☐ On Acc		. 01	Misc. Fees Pre-Need Trust Sales Tax	77183 - 63033 9022 - 60101 78390 -	98	00
AC-212 (Rev. 5-94)	ISSUED BY	as white	TOTAL PAID	3	98	00



WHITE	TO CUSTOMER
CANARY	
PINK	HOTIQUE

	Date:	Feb - 02	- ,20 0	
From: KAZUE HURRY	Address: 21 North S.	AVE NATIONA	H CHY, CA	9195
menety eight dolla	15	00/100 Dollars (98 60	_)
In PART Payment of	INTERMET PRE -1	NEED		
	MEIRRAY, A	JARUVN &	KAZUE	
Lot 156 Grave		ection	Division //	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184		
w.o. E-15694	PAID	60% Seise 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100		
BALANCE DUE \$ 540.45	FEB 0 2 2001	Containers 77182 - 100 Handling Fee 77185 - Recording & 100		
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ■	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees 77183 - Pre-Need 63033 Trust 9022 - Sales Tax 60101 78390 -	98 0	Ō
AC-212 (Rev. 5-94)	ISSUED BY Marie Chetate	TOTAL PAID \$	98 .0	0

Date:



TO CUSTOMER WHITE CANARY CEMETERY PINK AUDITOR

From: Marvin & KAZUE MURRAY Address: 21 North

MOUNT HOPE CEMETERY (619) 527-3400

			-	
ion_/		Bio		11
Annual Control of the			-	11
CREDIT 20% Sales Care	67007 77184 -			-
80% Sales	100			
of Lots	77184 -	_		
Opening/ Closing	77181 -			
Burial	100			
Containers	77182 -	_		
Management with	100			
Handling Fee	77185 -			
Recording & Misc. Fees	77183 -			_
Pre-Need	63033		98	00
Trust	9022 -	_	10	
Sales Tax	60101			
	78390 -		ai	1 00
TOTAL PAID			98	00

July 3rd

	NINETY-EIGHT .	NO/100		
	In - part Payment of	Pre-Nee	& TRUS	T
	Lot 156 Grave	2	Row	s
	Invoice No.	NOT VALID FOR PURP PAID IN THIS SPACE	AID	TAMPED
	W.O. E - 15694 BALANCE DUE	JUI	0 3 2001	
)	Personal Check # 5719 Pre-Need Lot At Need On Acct	MT. HC	SAN DIEGO, C	
	Pre-need Trust Cash Check	ISSUED BY	uluras	_



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

From Maryon + Kozue Marray Address: 21 Nonth 5 Ave., N. C., CA 919. Ninety-Eight and NO/100 Dollars (\$ 98-20) in-part Payment of Pre-Need Trust				
Lot 156 Grave	2 Row — se	ection /	Olvísion //	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6 20% Sales Care 7 80% Sales	7007 7184 100	
Acct. No W.O. E- 15694		of Lats 7 Opening/ Closing 7	7184 100 7181	
BALANCE DUE 148,45	PAID		100 7182 100 7185	
Coupon 204 21 Pre-Need Lot □ At Need □ On Acct □	JUN 0 4 2001	Recording & 7 Misc. Fees 7 Pre-Need 8	100 7183 3033	
Pre-need Trust Cash Check	MT. HOPE CEMETARY	Sales Tax 6	9022 0101 8390	
AC-212 (Rev. 5-94) CK# 5694	CITY OF SAN DIEGO	TOTAL PAID	3 98 00	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Rayue Munay Loty Vice in . Sort Payment of	Par - N	ddress: 21 hoth	~ & ave '	Not (S	ity 9	195
1356	rave 2	Row	Section\		Division	١
Acct. No	NOT VALID F "PAID" IN TH	OR PURPOSE STATED UNLESS S	20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need On One	Acct □	M 14 .	Recording & Misc. Fets Pre-Need Trust Sales Tax	77183 — 63033 — 60101 — 78390 —	49	00
AC 212 (Pau 504) 5	117 ISSUED BY	& Middlion	TOTAL PAID	\$	49	00

WHITE TO CUSTOMER CANAARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Lazur Munay Total Payment of Re	Address: 21 North D	Date: 8-7	pt lin	91951 —)
Lan 156 Grave	RowSe	ection \	Division Block	11
Pre-Need Lot At Need On Acct Pre-need Trust D Cash Check D	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	### CREDIT 20% Sales Care 7716	04 00 00 00 00 00 00 00 00 00 00 00 00 0	00
AC-212 (Rev. 5-94) 2472	ISSUED BY J Mullim	TOTAL PAID	: 49	00



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

rom lane Murry Lenty Eight - n path Payment of	Address: 21 hth I Date:	Luc Notion Dollars	15 98,000	919
	7 Row Se	ection\	Division Block	11
ALANCE DUE 932.45	NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 5700: 20% Sales Care 7718- 80% Sales 100 of Lots 7718- Opening/ 100 Closing 7718- Burisl 100 Containers 7718- Handling Fee 77188		
e-Need Lot At Need On Acct On-need Trust At Cash Check	MINI	Recording & 100	98	00
212 (Rev. 5-94) 5499	ISSUED BY D Mullin	TOTAL PAID	98	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53034

From MARVYN T. & KOZUE P NINETY EIGHE IN PART Payment of	Pre-need Trust)	WE- NATION	NAL (de Soc	91,
ot 156 Grave	2	ection /		Division Block	//
voice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	aa	100
E-15/Q21	PAID	of Lots Opening/ Closing	77184 100 77181	-10	100
ALANCE DUE \$ 834.00	NOV 0 7 2000	Buriel Containers	77182		
W. 1	MT. HOPE CEMETARY		77185 100 77183		
e-Need Lot At Need On Acct Ce-need Trust Cash Check	CITY OF SAN DIEGO, C.	Pre-Need Trust Sales Tax	63033 9022		
>212 (Rev. 5-94)	ISSUED BY WWW WILL	TOTAL PAID	78390	98	



WHITE ... TO CUSTOMER CANARY ... CEMETERY

From Kazue Munay Lendy Tight In part Payment of	Ru-Neck	2 Atril	, ave	Tollars (\$	18.00	<u>919</u> 5
Lot 15% Grave	2	RowS	ection		Division Block	
Invoice No	NOT VALID FOR PURPOSES "PAID" IN THIS SPACE	And the second second second second	CREDIT 20% Sales 6 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 — 100 77181 — 100 77182 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		1111	Handling F Recording Misc Fees Pre-Need Trust Sales Tex		98	00
AC-212 (Rev. 594) 5555	ISSUED BY	- Albertal	TOTAL PAID		98	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

(619) 527-3400

From: Kazue munory Pendy Eight In part Payment of	Pur heel trust.	loc hot	rollars (\$ 98!00	95
Lot \ 156 Grave _	₹ Row So	ection_\	Division Block	1
Acct. No. W.O. F- 15691 BALANCE DUE 442, 45	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opering/ Closing Burtal Containers Handling Fee Recording &	67007 77154 100 77184 100 77181 100 77182 100 77185 100 17185	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check B	ISSUED BY Maldlin	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 69005 9022 60101 78390	00





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-1-00

of the Dimer	
in a Type of Period Container	Funeral, date, time THUR 5-4 11,0
Church, Chaper Graveside	: Ragidale Mortuary.
All Funeral cars must arrive before of p	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot 3073 Grave Row	Section Division#Block9
Grave space & Care Fund	100.00
Additional spaces and care fund	AID
Opening/Closing & Setup	
Burial Container MAY	.0.1.2000
Handling Fees	DE CEMETARY
Flower vases - Marker setting Pry OF	SAN DIEGO C
Recording and filing fee	
Sales taxes	27. 20
	Total Due
Pi	aid receipt number VLSA 270.08
*	Balance due
	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.	Xmuhile Wrught X344 So. Mecdow Brook Dr. #A
Signature of recorded horizer of deed	XSan Diego CA 97114 XII.a.a. 1170 - 9270
Work Order # E 15695	Invoice #

E- 15695

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 Simone	(C. LAST (FAMILY) Wallace		MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 04/16/2000 F
5/	La Mesa		SE COUNTY OF DEATH		NAME RELATIONSHIP, FULL MAI OF INFORMANT Michele J. Wrigh	The state of the s
71	A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Anderson—Ragadale Mort.; 5050 Federal San Diego, CA 92102		F-	ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 344 BIVd IF APPLICABLE San		ook Dr. 1114 un tawng pumit 88. DATE SIGNED
	ADMINUTED GIVENT OF A	PRICANT I here's acknowledge as applicant that the proposed a Section 10376 of the Health and Safety Code, and was as	reposition stated herest is one of the discrete pursuant to Section 7100 of the	Health and Sefers Code.	Wille Will	un_05/01/2000
	PERMIT JUTHORIZATION OF OCAL 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. NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	05/04/	2000 Berget	AL REGISTRAR ISSUING PERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FRIAL DESPOSITION	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEA VITAL RECORDS; P.O. Box 85 San Diego, CA 92	222		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORN	RIA .
10	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORO	NER'S USE ONLY
Charles Charles	B. CREMATION		E TEMPORARY ENVAL	RNIA	I. DISPOSITION P (Name and Add	ENDING—REMAINS LOCATED AT dress)
	SURIAL	Mt. Hope Cemetery; 3751 Ma San Diego, CA 9		1 118. DATE BURIED	11C. SIGNATURE OF PERSO	ON IN CHARGE OF BERIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	NTORY	12B. DATE CREMATE	D 120 SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECEIVE	13C. SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	TRANSIT - 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTI		148. DATE SHIPPEL	0 14C. ADDRESS AND SIGNA OF PLACING WITH THE	TURE OF PERSON IN CHARGE E CARRIER
0	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 PERSO 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.



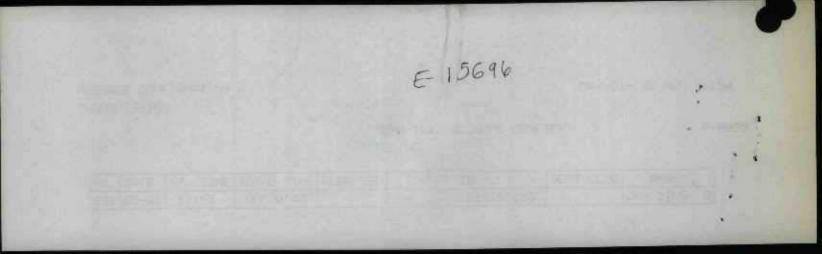
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-00

of	BRENDA	GRA					
in a	LINER	F	Funeral, date, t	ime Thu	R 5	-4	1:0
Church,	hapel Graveside			RAGST		Mo	rtuary.
All Funera	d cars must arrive befo	31.00 re 2000 p.m.	of regular work	day or an ext	a charge	of \$ _/S	0.00
will be app	plied and billed to unde	rsigned. 👤					
LOI 60	Grave 6	_ Row	Section	2	Division/B	lask 1	2
Grave spa	ice & Care Fund	***************************************				895	,00
Additional	spaces and care fund	PA	1D				,
Openiani	Clasina & Catuo					3/3	.00
Burial Cor	ntainer	O. YAM	3.2000	***************************************		190	00
Handling I	Fees		CEMETARY	·	,	145	.00
Flower va	ses - Marker setting (AT. HOPE	N DIEGO.	ìt		-	_
Recording	and filing fee					45	00
Sales taxe	JS	***************************************	***************************************	******************		14.	73
ORTU	nay to			Total Due		166	4.73
*ING	check	Paid r	eceipt number	_R-573	81	1661	1.7
					lance due		0
hereby o	ertify I am the			of th	e above r	named de	cedent
that I have	s your authority to make the right to make this y on account of said at	authorization	and I agree to	above indicate hold Mt. Hope	d. I certif Cemeter	y and rep y harmles	oresent as from
	uthorize the interment	in fot I	*				
hold unde	r deed.		*	- Ja	2		
Bignature of re	corded holder of dead	-	×	35	1	ly	
			A CHA	do	White	*	Zip Code
			Perophane		THE REAL PROPERTY.		170
		~ ~	Invoice i	"			
Work Orde	F 156	96	Acct. #				



€- 15696

E- 15696

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		MONTH DAY YEAR MON	ATE OF DEATH 4. SEX
54	CITY OF DEATH	tional City		SB. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Ebony L. Grant, Da	
TA	TYRED NAME AND ADDRESS OF CALIFORNIA FUNEBAL DIRECTOR OR PERSON INDEEDS OF FEDERAL SAN Diego, CA 9210		OR PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER 672		6720 Doriana St. #67 San Diego, CA 92139		
	ACKNOWLEDGMENT OF A	novices I heraby a	schowledge as applicant that the propose 1376 of the Health and Sallete Gode, and wa	ed disposition stated becam is one of the	disposition authorized by	A SIGNATURE OF APPLICANT—Person to	05/02/2000
	PERMIT UTHORIZATION OF OGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPOSITION SAFETY C TY FOR THE DISPOSITION SPECI IN MIGHT OF DISPOSAL OUTSIDE OF CALLED	FIED \$7.00	10 05/03/200 Weekelen	SQUED, PC, SIGNATURE OF LOCAL P	EGISTRAR ISSUING PERMIT 2007757
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION.		Edistrar of District of the Cause of the Cau	5222		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONE	R'S USE ONLY
The second second	B. CREMATION		AINS OTHER	E. TEMPORARY ENVI	DRNIA	L DISPOSITION PEND (Name and Address	ING REMAINS LOCATED AT
	BURIAL	Mt. Hope	Cemetery; 3751 San Diego,	Market St.	11B. DATE BURIED	110. SIGNATURE OF PERSON	CHARGE OF BUR
BLE ITEMS	CREMATION	12A NAME AND AL	DDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON II	CHARGE OF CREMATION
LL APPLICABL	SCIENTIFIC USE				138. DATE RECEIVE	13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHE REMAINS OR CHEMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
ŏ	SCATTERING AT SEA OR DISPOSITION OTHER DESCRIPTION OF DISPOSITION OTHER THAN IN A CEMETERY 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION OF DISPOSITION OTHER THAN IN A CEMETERY				15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N TSD. LICENSE NUMBER OF CREMATED RE- MAINS DEPOSER

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-2-00 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Sat. 5-13-00 Church, Chapel, Graveside an extra charge of \$ /50.00 All Funeral cars must arrive before 3.00 p.m. of regular work day or an will be applied and billed to undersigned. Lot 50 92 Grave Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Prensed E15669 Handling Fees annitawides, Fee Recording and filing fee
MT. HOPE CEMETARY Sales laxes... CITY OF SAN DIEGO. CA Paid receipt number Balance due of the above named decedent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature of recorded holder of deed

REA-104 (7-96)

Work Order #

hold under deed.

This information is available in alternative formats upon request.

15697

Invoice #

Acct. #

E- 15697

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

88

NAME OF DECEDE Shigenori	ENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMLY) TSUTUGONS			TE OF DEATH 4, SEX		
6A. CITY OF DEATH Chura Vista		58. COUNTY OF DEAT ENTER STATE	Diego	6 NAME, RELATIONSHIP, FULL MAILING OF INFORMANT PORTY FOR THE			
	TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON		LIF. LICENSE NUMBER F APPLICABLE 682	898 Beech Ave Chula Vista Ca 91911			
ACKNOWLEDGMENT OF AS	PPLEANT I hereby admissionly as applicant that the proposition of the Health and Safety Code, and so	ed disposition stated herein is one of the as authorized pursuant to Section /100 of the	dispositions authorized by a Health and Safety Cook	BA. SIGNATURE OF APPLICANT—Person toler	BB. BATE SIGNED		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPEC IN THIS PERMIT NOTE: THE HERMIT GIVES NO INSULT OF DISPOSAL OUTSIDE OF CALIF	S7.00	ND 98. DAYE PERMIT 05/01/20 B. Heldenbi	issued 9C SIGNATURE OF LOCAL RE 2007562 cand	GISTRAFI ISSUING PERMIT		
TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH, OCCURRED IN CAUFORNA BOLL 85.	222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA			
B. CREMATION		E. TEMPORARY ENVI	ORNIA	(Name and Address)			
BURIAL	Mount Hope Cemetery 3751 San Diego Ca 92102		118 DATE BURIE	11/	CHARGE OF BURIAL		
CREMATION SCIENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CR Pacific Crematorium Inc 6 Lake Elsinore Ca 92530	EMATORY OL-D Crane st		TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	138 DATE RECEI	VED 130, SIGNATURE OF PERSON IN	CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATI REMAINS OR CREMATED REMAINS ARE TO		148 DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAP			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CHEMATED 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.

MT. F. PE CEMETERY INTERMENT ORDER

City of San Diego

1000	Att
A 1	Morale
rhmas	- P-02
A. 1	retin
46	

rentin regular		Date_		
You are hereby authorized and			tions, to inter	the remains
OF YEMANE	GHEBREMI	CHAEL		11,00
in a Type of Burist Container	Funeral, date	, time MoN	7-31	- Chile
Church, Chapel, Graveside	+	64,00	NO 2 00	Mortuary.
All Funeral cars must arrive bet	ore 5.00 p.m. of regular wo	ork day of an ext	a alaber	150.00
will be applied and billed to und	ersigned	21		
Lot 6 Grave	Row Sect	100 F	Division/Block	30
Grave space & Care FurpA				
Opening/Closing & Setup	5 2000			
Burial Container MT. HOPE (Handling Fees CITY OF SAM	GEMETARY ENT	FEE	<u> 1</u>	000.0
Flower vases - Marker setting for	DE			
Recording and filing fee				
			COLUMN TO STREET, STRE	<u> </u>
SHARON OLIVEP		Total Due	- J	000,00
283-1882	Paid receipt number	er 16-25P	<u> </u>	000.00
Y		Ва	lance due _	-0-
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	authorization and I agree	as above indicate to hold Mt. Hope	e above name ed. I certify ar Cemetery ha	nd represent
I hereby authorize the interment hold under deed.	in lot I Surround	47350 Seshan	v. Pou	192020
Signature of recorded holder of deed Ecomoci Ghebly	michaely Totaphon		7 6	Zip Code
Work Order # E 156	100 Acct. A			

yemii Chobreniched 4725 # 211 W. Firsell Greshin Onegon 97030



THE CITY OF

1

SAN DIEGO

E- 15698

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

May 2, 2000 MONTH YEAR

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

YEMANE GHEBREMICHAEL

from Lot 61	Grave _	Section _IC	OF ROW _	Block 3	30	-
Division _	and to	remove the same	to and re	einter said	remains	
in Lot	Grave	Section	_ Row	_ Block		
Division_	Cemetery	ERITREA	ASM	ARA	AFRICA	0
legal customerization indicated in Cemetery authorization	odians of the colon, and the colon. The colon harmless friends ion, disinte	y certify and ne remains and nat they are numbersigned furton any liabingment, removal,	have the related to ther agree lity on and rein	right to ma the decede to hold Mou account o terment.	ke this lent as int Hope f said	
Femui 6	Chehremi -	Brother	4	725 W	Powell	2
				OR 97		-
Am)	0					8
Signa	ture	Relation to de	ceased	Addre	ss	
I hereby a	uthorize the	above disinter	ment:			
(Lot owner	r must sign	if not legal cu	stodian)	Date		
					JAN.	1



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Committee of the Control of the Cont	A REAL PROPERTY AND ADDRESS OF THE PARTY OF			THE RESERVE OF THE PARTY OF THE	COLUMN TO SERVICE STATE OF THE PARTY OF THE				
. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10	C. LAST (FAMILY)			2. DATE OF BIRTH	a DATE	OF DEATH A S
Yemane		Abraha	., {G	hebremicha	el		03/24/1949	06/02	1993 M
CITY OF DEATH			56	COUNTY OF DEATH	-OUTSIDE CALIF., (6. NAME	RELATIONSHIP, FULL M	EAILING ADDR	RESS AND ZIP COL
	Diego			San Diego		Zemu	FORMANT I Ghebremich	hael, 1	Brother
ATI AT SOT ALL	DORESS OF CALIFORN	A-FUNERAL DIRECTOR	OR PERSON ACTIN	IG AS SUCH 78. CAL	IF. LICENSE NUMBER	4621	Wilson #8		
inder Bolt .		ego, CA 9210		F-1	220		Diego, CA 92		
-			The same of the same of			BA. SIGN	ATURE OF APPLICANT—	105500	M 88. DATE SV3
ACKNOWLEDGMENT OF A	PPLICANT Section 10	chrowledge as applicant that the 376 of the Health and Salety Code	te, and was authorized as	states herein is one of the irruport by Section 7100 of the	dispositions authorized by Health and Safety Code.	Ne	Hellelle	ems	07/10/2
PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORI'	IED IN ACCORDANCE WORNIA HEALTH AND SAF Y FOR THE DISPOSITION	FETY CODE SPECIFIED	\$7.00	07/19/200		9C. SIGNATURE OF LO	CAL REGIST	RAR ISSUING PER 2011929
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT D IN CAUFORNIA rds; P.O. Bo Diego, CA 9	ox 85222	1 11 5	RESS OF REGISTRAR (ISPOSITION IS TO OCCUR		RICT OF DISPOSITION— OTHER DISTRICT IN CAUSO	RNIA	
AUTHORIZED DISPO						_	I FOR COR	ONER'S L	SE ONLY
B. CREMATION	UDES ENTOMBMENT)		Party .	TEMPORARY ENVAL	ULTMENT			PENDING-	REMAINS LOCATE
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE		X f.		RNIA	1110	T I DISPOSITION	PENDING-I ddress)	HEMAINS LOCATE
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY SE	AINS OTHER	X f.	DISINTERMENT SHIP IN TO CALIFOR	RNIA DE OF CALIFORNIA	1110	i Disposition (Name and Ar	PENDING-I ddress)	HEMAINS LOCATE
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM CMETERY SE 11A. NAME AND AL	AINS OTHER	X F. G. X H. IA CEMETERY	DISINTERMENT SHIP IN TO CALIFOR	RNIA DE OF CALIFORNIA	1	i Disposition (Name and Ar	PENDING ddress)	REMAINS LOCATE
B. CREMATION C. DISPOSITION THAN IN A CE D SCIENTIFIC US BURIAL	OF CREMATED REMETERY SE 11A. NAME AND AS 12A. NAME AND AS	ORESS OF CALIFORNI	A CEMETERY	DISINTERMENT SHIP IN TO CALIFOI TRANSIT TO OUTSI	RNIA DE OF CALIFORNIA 118. DATE BURIED 1 128. DATE CREMATE	D 120	i. Disposition (Name and Additional Addition	PENDING ddress) SON IN CHA	RGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CE D SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM EMETERY SE 11A. NAME AND AD 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD ARBERT EXAMPLES	DRESS OF CALIFORNI DRESS OF CALIFORNI DRESS OF CALIFORNI DRESS IN RECEIVING DRESS IN RECEIVING THA TESTEMENTS ARE THE OP HOUSE NU	A CEMETERY A CREMATORY IA FACILITY REC	DISINTERMENT SHIP IN TO CALIFOR TRANSIT TO OUTSI EIVING REMAINS	RNIA DE OF CALIFORNIA 118. DATE BURIED 1 128. DATE CREMATE	D 120	i. Disposition (Name and Additional Control of Personature OF Pers	PENDING ddress) SON IN CHA	RGE OF BURIAL RGE OF CREMATI

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.

DIP IST BUNIAL LEONARD QUIDENCIO

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of Sar Diego

Date 5-3-00

C) AGOOUL	ubject to your rules and regulations, to inter the remains
OI TO THE TOTAL OF	Funeral, date, time FRI 5-5 12.00
Church, Chapel Graveside	General Mortuary
2:00	KEN BURBE
All Funeral cars must arrive before p.m. will be applied and billed to undersigned.	, of regular work day or an extra charge of \$ 150.00
The state of the s	Section Division/Block
Grave space & Care Fund	E- NEED D- 3689 0
Additional spaces and care fund	
meaning and suite as march succession and successio	E-NEED E-149 40 -0
Burial Container	Xx + 5 UKULT 60.00
Handling Fees PAID	for harding the 40.00
Flower vases — Marker setting fee MAY U 3 7000	A
CITY OF SAN DIEGO .	Total Due 104.65 Total Due 104.65 receipt number R 52383 104.65
11	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 and I agree to hold MI. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Significant ST. Approves
Signature of recorded holder of deets	(619) 463-3516 Zip Code
Work Order # E 15699	Invoice #

C Printed or expedial paper

This information is available in alternative formats upon request.

E- 15 699

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

4 A-1	The Salar State of the Salar S		AND ADDRESS OF THE PARTY OF THE						THE RESERVE TO A PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE			1C. LAST (FAMILY)	1C. LAST (FAMILY)			3. DAYE OF DE		
	AURORA -		QUIJENCIO				MONTH, DAY, 05/03/20		
SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF. 8. ENTER STATE		RELATIONSHIP, FULL MA	ILING ADDRESS	AND ZIP CO	
						OF INFORMANT LEONARD QUIJENCIO: SON			
7A. 1	YPED NAME AND A	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS		LIF. LICENSE NUMBER		"T" STREET		
	GREENWOOD	MORTUARY:	I-805 & IMPERIA	L AVENUE	IF APPLICABLE	SAN I	DIEGO, CA 921	113	
	4		SAN DIEGO, CA 9	2102	FD-843 8	A SIGN	NTURE OF APPLICANT—Per	non falling permit, BE	. DATE SIGNED
1	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	convelence as applicant that the proposed 10% of the Newth and Safety Code, and was	disposition stated terein is one of the	to dispositions authorized by the Health and Solety Code	11	stour m	enc 10	5/04/2000
	PERMIT HORIZATION OF CAL REGISTRAR	THIS PERMIT IS ISSU BIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PRO ORNIA HEALTH AND BAFETY CO Y FOR THE DISPOSITION SPECIFI IN MORT OF DISPOSAL OUTSEX OF CALIFORN	9A. AMOUNT OF FEE S	HARMONIA PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRES	EZA	9C. SIGNATURE OF LOG 2007883	AL REGISTRAR	SSUING PERMIT
	CHANGE IN DISPOSIS	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DE		DRESS OF REGISTRAR C		RICT OF DISPOSITION—	na.	
	AT TO SHOW FINAL DISPOSITION.	P.O. BOX			-	-	THE SCHOOL IN CALIFORN		
10. AUTHORIZED DISPOSITION(6) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY		
-				=			I. DISPOSITION P		
	B. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE		and the same of th	SIDE OF CALIFORNIA			an hi ciudos	
	C DISPOSITION THAN IN A C	THA NAME AND A	DDRESS OF CALIFORNIA CEMI	Q. SHIP IN TO CALIF H. TRANSIT TO OUT		1110	SIGNATURE OF PERSO	ON IN CHANGE	OF BURGAL
ABLE TEMS	DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A NAME AND AI MOUNT HOPE 3751 MARKE	DDRESS OF CALIFORNIA CEME CEMETERY	A SHIP IN TO CALIF H. TRANSIT TO OUT ETERY LEGO, CA 92102	SIDE OF CALIFORNIA	-	JEL .	1	
쁘	G DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	11A NAME AND AI MOUNT HOPE 3751 MARKE 12A NAME AND AI	DEFINITION OF CALIFORNIA CEME CEMETERY T STREET, SAN D	G. SHIP IN TO CALIF H. TRANSIT TO OUT ETERY LEGO, CA 92102 MATORY	SIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE	D 120	Hours	ON IN CHARGE	OF CREMATION
쁘	G DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAE CREMATION SCIENTIFIC	11A NAME AND AI MOUNT HOPE 3751 MARKE 12A NAME AND AI 13A NAME AND AI 14A NAME AND AI	DORESS OF CALIFORNIA CEMI CEMETERY T STREET, SAN DI DORESS OF CALIFORNIA CREM	G. SHIP IN TO CALIF H. TRANSIT TO OUT ETERY LEGO, CA 92102 MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE	SIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE	ED 130	SIGNATURE OF PERSO	ON IN CHARGE	OF FACILITY

COPY 2