

grave of
Elizabeth Chase

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-21-00

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

of CORA CHASE HEDRICK FRI 1-28

in a ash vault Funeral, date, time MON 1-31

Church, Chapel, Graveside AYD; 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.

Lot 132 Grave 1 Row 3 Section 2 Division/Block 2

Grave space & Care Fund Pre-Paid E-183

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number MC 269.26

Balance due 0

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

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

Signature of recorded holder of deed

X William T. Hedrick
Signature
X 4197 HATHAWAY ST
Address
X SAN DIEGO CA
City
X (858) 278-0342 Zip Code
Telephone

Invoice #

Work Order # E 15500

Acct. #

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) CORA	1B. MIDDLE V	1C. LAST (FAMILY) HEDRICK	2. DATE OF BIRTH MONTH, DAY, YEAR 05/08/1926	3. DATE OF DEATH MONTH, DAY, YEAR 01/20/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM T. HEDRICK—HUSBAND 4197 HATHAWY ST SAN DIEGO, CA 92111	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARING CREMATION SERVICES P.O. BOX 711036 SAN DIEGO, CA 92171-9972			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1516		8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Sandoval</i>
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8B. DATE SIGNED 01/24/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 01/26/2000 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. SANDOVAL
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 1-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 1/26/00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-13-99

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

of

Kwasi Mitchell

In a

Casket
Type of Burial Container

Funeral, date, time

Mon 10-18 1:00

Church, Chapel, Graveside

Church / Graveside: Bayside

Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 56 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-51622 1564.73

Balance due 0

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

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

Signature of recorded holder of deed

X
Signature

X
Address

X
City

Zip Code

X
Telephone

Invoice # _____

Acct. # _____

Work Order #

E 15501

E 15501

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) Kvasi	1B. MIDDLE Levan	1C. LAST (FAMILY) Mitchell	2. DATE OF BIRTH MONTH, DAY, YEAR 03/25/1983	3. DATE OF DEATH MONTH, DAY, YEAR 10/12/1999	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jennie Mitchell, Mother 3806 35th St. #5 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd.; San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 10/15/1999		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/18/1999 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9915636
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St.; San Diego, CA 92109	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51622

Date: 10-18, 1999From: Andrew Ryshole Address: 5050 Federal Blvd San Diego 92102
One thousand five hundred sixty four ⁰⁰/₁₀₀ Dollars (\$ 1564.73)
In full Payment of Interment of Kwasi Mitchell
 Lot 56 Grave 16 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. 1W.O. E-15501BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales	100	636	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	115	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID		1564	73

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

AC-212 (Rev. 5-94)

ISSUED BY [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-14-99

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

of Lillian Nash, NELSON NASH JR

In a double depth Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____: _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 169 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 2589.45

Paid receipt number R-51619 2589.45

Balance due 0

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

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

Signature of recorded holder of deed _____

Lillian Nash
Signature
5619 SAN ONOFRE TERR
Address
SAN DIEGO CA 92114
City 619-263-1336 Zip Code
Telephone

Work Order # E 15502

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51614


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10-14, 1999From: Ann Nash Address: 5990 Dandridge Ln Unit #168 SD 92115
Two Thousand Five Hundred Eighty Nine and 45/100 Dollars (\$ 2589.45)
In Full Payment of pre-need lot & trust
 Lot 169 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 15502BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>1694</u>	<u>45</u>
Trust	9022		
Sales Tax	60101		
	78390		

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒ISSUED BY LyndaTOTAL PAID \$ 2589.45

mortuary to provide crier

MT. HOPE GEMETERY
INTERMENT ORDER
City of San Diego

Date 10-15-99

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

of Roderick Jones
in a Crier Funeral, date, time Mon 10-18 1:00

Church, Chapel, Graveside Chapel/Graveside: Humphrey Mortuary Dan

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

Lot 102 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container _____

Handling Fees 145.00

Flower vases Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes _____

Total Due 1485.00

Paid receipt number R-51617 1485.00

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15503

Invoice # _____
Acct. # _____

E15503

Don/

104-

3-12

Humphrey

Roderick Jones

~~may~~ Humphrey
don't

~~Cranford~~
~~died 6-98~~

liner or vault

Mara Lettau

490-5227 ext 8527

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) RODERICK	1B. MIDDLE LEON	1C. LAST (FAMILY) JONES, JR.	2. DATE OF BIRTH MONTH DAY YEAR 01/13/1986	3. DATE OF DEATH MONTH DAY YEAR 10/12/1999	4. SEX M
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Hadijah R. Crawford - Cousin, 2247 Wiphsé Way San Diego CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 753 Broadway Chula Vista CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.		8B. DATE SIGNED 10/18/1999			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/18/1999 J.E. King	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9915624
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51617


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10-15, 1999From: Mitchell Address: 5070 Santa Fe Street San Diego 92107
 One Thousand Four Hundred Eighty Five Dollars (\$ 1485.00)
In full Payment of Interment of Polish Jew
 Lot 102 Grave 77 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15003

BALANCE DUE _____

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

CREDIT	67007	157	00
20% Sales Care	77184		
80% Sales	100	635	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100		
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	170	00
Misc. Fees	77183		
Pre-Need	53033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	1485	00

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

AC-212 (Rev. 5-94)

ISSUED BY J. Shuller

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-18-99

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

of Elnora Boudreaux Two Will.

in a Unger Funeral, date, time 11:00 10-19-99

Church, Chapel, Graveside Chapel/G : GA 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 139 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting

Recording and filing fee 45.00

Sales taxes 17.73

Total Due 1664.73

Mortuary to bring Paid receipt number R-51624 1664.73

Check

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 15504**

Martin E 15504

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-18-99

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

of Elnora Boudreau

in a

Liner

Funeral, date, time

11:00 10-19-99

Church, Chapel, Graveside

Chapel / CLA B. R. C.

Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 139 Grave 8 Row _____ Section 2 Division/Block 12Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00Burial Container 190.00Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 43.00Sales taxes 17.73Total Due 1664.73

Mortuary to bring

Check

Paid receipt number

Balance due

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

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

Signature of record holder of deed

Mary J. Martin
CALIFORNIA CREMATION & BURIAL CHAPEL
5000 EL CAMINO STREET
SAN DIEGO, CA 92115

Invoice #

Acct #

Work Order # E 15504

NEA 164 (7-95)

This information is available in alternative formats upon request.

© 1995 California Cremation & Burial Association

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) ELNORA	1B. MIDDLE SIMON	1C. LAST (FAMILY) BOUDREAUX	2. DATE OF BIRTH MONTH DAY YEAR 12/04/1911	3. DATE OF DEATH MONTH DAY YEAR 10/15/1999	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DIANNE MCKINLEY—DAUGHTER 1428 CARLY COURT SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tim Walker</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/19/1999			

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/19/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9915710
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-19-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51624


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

MOUNT HOPE CEMETERY

527-3400

Date: 10-19, 1999From: CS Burial Address: 5100 El Caya Blvd San Diego 92115In One thousand Six Hundred Forty Dollars (\$ 1664.73)In full Payment of Interment of Elmore BurdetteLot 139 Grave 8 Row 7 Section 7 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15504BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY D. H. H. H. H.

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales	100	716	00
of Lots	77184		
Opening	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	14	73
	78300		
TOTAL PAID	\$	1664	73

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

1st burial Napoleon Jones Sr.

Date Oct. 18, 1999

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

of Lillie T. Jones

in a Double Depth Funeral, date, time Thur 10-21 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

3057
2964 Lot 2964 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre need E4469 & E7383 0

Additional spaces and care fund _____

Opening/Closing & Setup E-7383 0

Burial Container Interment Transfer 2nd burial 10-25-99 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 15505

Invoice # _____

Acct. # _____

ORDER
CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEM

DATE 7/30 1988

CHARGE Lillie T. AND Napoleon A. Jones

ADDRESS 3086 LOGAN AVE (SD 72143) 232 1320

NAME OF DECEASED REC-NEED GRAVIS

OWNER _____

ADDRESS _____

MORTUARY _____

LOT 2964 GR _____ ROW _____ SEC _____ BLK DIV 10 990 00

OPENING/CLOSING TIME _____ DAY _____ DATE _____

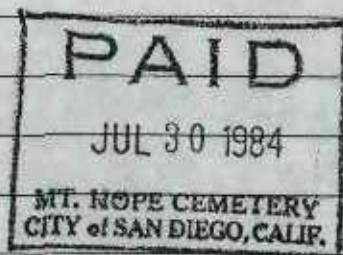
VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

TOTAL 990 00

PAID RECEIPT NUMBER 31880 990 00

BALANCE 0



THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON _____ ORDER _____
PHONE BY _____ TAKEN BY _____

W.O. NO. E 4469 INVOICE NO. _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Napoleon A. & Lillie T. Jones Sr.

in a _____ Vault/Liner _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

LOT 3057 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund Prepaid Double Crypt 640.00

Opening/Closing & Setup 2 @ 320.00 320.00

Burial Container 320.00

Handling Fees _____

Flower vases - marker setting fee 2 @ 35.00 70.00

Recording and filing fee 21.45

Sales taxes _____

Total Due 1346.45

PAID APR 27 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. Paid receipt number 36054 1346.45

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Napoleon A. Jones Sr.

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7383
PY-593 (REV. 8-85)

E15505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lillie	1B. MIDDLE Taylor	1C. LAST (FAMILY) Jones	2. DATE OF BIRTH MONTH, DAY, YEAR 12/16/1913	3. DATE OF DEATH MONTH, DAY, YEAR 10/16/1999	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Napoleon A. Jones, Jr., Son 11956 Bernardo Plaza Dr. #531 San Diego, CA 92128		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/18/1999			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/21/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9915875
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-22-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-18-99

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

of Troy & Barbara Andrews

in a double death Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned, _____

✓ Lot 43 Grave 7 Row _____ Section 2 Division/Block 12
895.00

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 895.00

Paid receipt number R-51620 224.00

Balance due 671.00

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15506**

ANDREWS, TROY & BARBARA 6522 College Grove Dr. #17 San Diego 92115

			DEBIT	CREDIT	BALANCE
10-18-99	Opened <u>Pre-need Lot.</u>	179			
	Lot 43 Gr 7 Sec 2 Div 12	716	895.00		895.00
10-18-99	Receipt #51620			224.00	671.00
12-10-99	R- 51772	122		55.90	615.10
1-14-00	R- 51883	324		55.90	559.20
3-6-00	R 52179			55.90	503.30
4-10-00	52304			30.00	473.30
5-17-00	R- 52442			30.00	443.30
6-14-00	R 52567			30.00	413.30
7-5-00	R- 52626			30.00	383.30
8-30-00	R- 52808			20.00	363.30
10-6-00	R- 52939			20.00	343.30
12-5-00	R- 53107			20.00	323.30
1-31-01	R- 53304			20.00	303.30
4-4-01	R- 53534			20.00	283.30
6-1-01	R- 53824			20.00	263.30
7-31-01	R- 53968			30.00	230.30
10-2-01	R- 54184			35.00	195.30
12-4-01	R- 54410			30.00	165.30
5-15-02	R- 54995			50.00	115.30

PAID

JAN 15 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

DEBIT

CREDIT

BALANCE

1-15-07 R 55829

11530

~~6~~

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51620

Date: 10-18, 1999From: Troy & Barbara Andrews Address: _____Two Hundred Twenty Four and 00/100 Dollars (\$ 224.00)In part Payment of Pre-need lot trust for Troy and Barbara AndrewsLot 413 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 155016BALANCE DUE 671.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

A263

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

ISSUED BY

Lynette

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

TOTAL PAID \$ 224.00

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

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above. \$ 27.95Amount due if paid more than _____ days
after due date above. \$ _____

\$ _____

Amount Received

\$ 27.95

NAME

Troy & Barbara Andrews

ADDRESS

6522 College Grove Dr. #17

CITY

SD

STATE

CA

ZIP 92115

☐ check (✓) if this is new address

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

Month and Day Due Indicated Below

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

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

\$ 27.95

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

\$

\$

Amount Received

\$

27.95

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-18-99

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

of William Newby
In a Double Depth Funeral, date, time Fri 10-22 1:30
Church, Chapel, Graveside Graveside : Leatheringill Mortuary.

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

Lot 10 Grave 3 Row _____ Section MAS Division Block T

Grave space & Care Fund	PAID OCT 19 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF	<u>1595.00</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>380.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		<u>45.00</u>
Recording and filing fee		<u>29.45</u>
Sales taxes		<u>2744.45</u>

Total Due 2744.45

Paid receipt number M/C 2744.45

Balance due 0

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

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

Signature of recorded holder of deed

X 8 Batic
Signature 4242 5000 #45
X La Mesa
Address Cal 91941
X 619 4610285
City Telephone Zip Code

Work Order # **E 15507**

Invoice # _____

Acct. # _____

NEWBY, BEATRICE 461-0285

~~ROY WILLIAM~~ 42 NEWBY < am 7

JOANNA NEWBY-1951

FEATHERS, ILL

7:

(20)

Wally

20

22 m

1:30

groveside

E 15507

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) William	1B. MIDDLE Craig	1C. LAST (FAMILY) Newby	2. DATE OF BIRTH MONTH, DAY, YEAR 01/29/1951	3. DATE OF DEATH MONTH, DAY, YEAR 10/13/1999	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT G. Beatrice Newby - Mother 4242 Spring St. #45 La Mesa, CA 91941	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 10300 of the Health and Safety Code.			8B. DATE SIGNED 10/18/1999		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 10/18/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-22-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT-ORDER

City of San Diego

Date 10-18-99

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

In a liner Funeral, date, time wed 10-20-99 12:00

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 \$ 150.00

will be applied and billed to undersigned.

✓ Lot 96 Grave 8 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees OCT 18 1999 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R51621 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 15508**

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LEON	1B. MIDDLE -	1C. LAST (FAMILY) ANDERSON, JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 02/23/1967	3. DATE OF DEATH MONTH, DAY, YEAR 10/15/1999	4. SEX MM
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LISA SIMON—SISTER 723 BRUCKER AVE. SPRING VALLEY, CA 91977			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
8B. DATE SIGNED 10/19/1999		ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/19/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. WALKER
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

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

COPY 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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51621

Date: 10-18, 1999From: Lisa Simon Address: 723 Brucker Ave S.D. 91977One Thousand Six Hundred Sixty Four and 7/100 Dollars (\$ 1664.73)In Full Payment of burial of Leon AndersonLot 96 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15508BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	<u>179</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>716</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>190</u>	<u>00</u>
Containers	77182		
	100	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1664</u>	<u>73</u>

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

AC-212 (Rev. 5-94)

ISSUED BY Lynda

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-24-00

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

of Frank Givens Brown

In a ash vault Funeral, date, time 10:00 Thurs 1-27-00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 1 Grave _____ Row 35 Section 5 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JAN 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Mortuary to bring
check

Total Due 269.26

Paid receipt number R-52072 269.26

Balance due 0

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

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

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone 262-9001

Work Order # **E 15509**

Invoice # _____

Acct. # _____

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) Frank		1B. MIDDLE Givens		1C. LAST (FAMILY) Brown		2. DATE OF BIRTH MONTH DAY YEAR 04/09/1933		3. DATE OF DEATH MONTH DAY YEAR 01/20/2000		4. SEX M			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John D. Hightower, Son 5700 Cowles Mountain Blvd. Apt. F-160 La Mesa, CA 91942							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 01/24/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 01/24/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2001788			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 1-27-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 501 D Crane St. Lake Elsinore, CA 92530				12B. DATE CREMATED 1-25-00		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -			

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

L 88
W 40

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET CHURCHMAN 11:00

in a Funeral, date, time Wed 1-26-00
Church, Chapel, Graveside Chapel : GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 60.00
will be applied and billed to undersigned.

Lot 8+9 Grave 12 Section 1 Division/Block 5

Grave space & Care Fund Pre-Paid A-4775

Additional spaces and care fund 375.00

Opening/Closing & Setup 375.00

Burial Container **PAID**

Handling Fees 50.00

Flower vases - Marker setting fee 100.00

Recording and filling fee 45.00

Sales taxes 3.88

Total Due 473.88

Paid receipt number 52063 473.88

Balance due 0

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

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

Signature of recorded holder of deed

Signature [Signature]
Address 3212 VISTA DIEGO RD
City IMMUEL CA Zip Code 91935
Telephone (619) 669-0489

Work Order # **E 15510**

Invoice #

Acct. #

E15510

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) MARGARET		1B. MIDDLE L.	1C. LAST (FAMILY) CHURCHMAN		2. DATE OF BIRTH MONTH DAY YEAR 04/04/1925	3. DATE OF DEATH MONTH DAY YEAR 01/22/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LARRY CHURCHMAN —SON 3212 VISTA DIEGO ROAD JAMUL, CA 91935		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 01/25/2000				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/26/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2001885	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102		11B. DATE BURIED 1-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		
					15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George H Bell, Sr.

In a liner Type of Burial Container Funeral, date, time wed 1-26-00 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 \$ _____ will be applied and billed to undersigned.

Lot 102 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting 45.00

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 52061 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Mildred Bell
Signature
3031 Shirley Ave.
Address
San Diego 92113
City
(619) 239-2484
Telephone
Zip Code

Work Order # **E 15511**

Invoice # _____

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 DECEDENT—FIRST (GIVEN) GEORGE	1B. MIDDLE H.	1C. LAST (FAMILY) BELL, SR.	2. DATE OF BIRTH MONTH DAY YEAR 04/01/1926	3. DATE OF DEATH MONTH DAY YEAR 01/21/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MILDRED L. BELL-WIFE 3031 GREELY AVE. SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.			8B. DATE SIGNED 01/25/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 1/25/2000 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 1-24-00

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

of Angela Cappadona

In a liner Funeral, date, time Fri 1-28 9:00

Church, Chapel, Graveside Delivery Only: Mayhew Mortuary, John

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

will be applied and billed to undersigned.

✓ Lot 92 Grave 9 Row Section 2 Division/Block 17

Grave space & Care Fund Pre-Paid E-15031 0

Additional spaces and care fund 2-2-00 0

Opening/Closing & Setup 11 11 0

Burial Container 11 11 0

Handling Fees 11 11 0

Flower vases - Marker setting fee 11 11 0

Recording and filing fee 11 11 0

Sales taxes 11 11 0

Total Due 0

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

X Signature
X Address See
X City attaches Zip Code
X Telephone

Work Order # E 15512

Invoice #

Acct. #

~~FAX BACK~~ 619 281-7587

104-25-01 VED 01000 10411000 10411000 10411000 E 15512

Ann Prentice
Frank

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-21-00

This is hereby authorized and requested, subject to the rules and regulations of the cemetery.

For Angela Capadona
Age 71 Date of Birth 1-20-29 Time 9:00
Casket Decorative Delivery Only Day
All funeral services must arrive before 1:00 PM on the day of the service.
This order is subject to the rules and regulations of the cemetery.

Gravestone	92	Section	9	Plot	13
Gravestone & Casket					
Additional spaces and care fund					
Opening/Closing & Setup					
Burial Container					
Handling Fees					
Flower vases - Marker setting fee					
Excavating and filling fee					
Gravestone					
Total Due					

Paid Receipt Number

Balance Due

I hereby certify that the Interment Committee of the above named cemetery and that it is your authority to make interment of remains as above indicated. I hereby agree to pay the fee for the right to make the interment and I agree to hold Mt. Hope Cemetery harmless from all liability whatsoever of any kind whatsoever and I agree to hold Mt. Hope Cemetery harmless from all liability whatsoever of any kind whatsoever and I agree to hold Mt. Hope Cemetery harmless from all liability whatsoever of any kind whatsoever.

I hereby authorize the interment of the above named deceased in the above named cemetery.

Signature of authorized person

Stacy Alden
Public Administrator
Public Guardian
801 A Street
San Diego, California 92101
858-694-3504

Interment Order # E 15512

Interment #

Aut. #

See us at

This information is available in alternative format upon request.

Mount Hope Cemetery

E 15512

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Angela	1B. MIDDLE -	1C. LAST (FAMILY) Cappadona	2. DATE OF BIRTH MONTH DAY YEAR 10/26/1910	3. DATE OF DEATH MONTH DAY YEAR 01/20/2000	4. SEX F
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Irene Prantice —PA 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424	8A. SIGNATURE OF APPLICANT—person taking permit John Mayer		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 01/27/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID 7.00	8B. DATE PERMIT ISSUED 01/27/2000 John Mayer	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002064
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Mayer P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92182	11B. DATE BURIED 1-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-24-00

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

of Naomi Williams

in a urn Funeral, date, time Jan 1-28 11:30

Church, Chapel, Graveside : Ce Burial 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. TSB

Lot 241 Grave 8 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number VISA 1664-73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15513

Invoice #

Acct. #

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) NAOMI		1B. MIDDLE -		1C. LAST (FAMILY) WILLIAMS		2. DATE OF BIRTH MONTH, DAY, YEAR 02/11/1934		3. DATE OF DEATH MONTH, DAY, YEAR 01/24/2000		4. SEX F			
5A. CITY OF DEATH CHULA VISTA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHELLY JOURNIGAN-DAUGHTER 1933 L AVENUE NATIONAL CITY, CA 91950							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 01/26/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 01/28/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008090 <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92106-5222				11B. DATE BURIED 1-28-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFI				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-25-00

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

In a LINER Funeral, date, time FRI 1-28 1:00

Church Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 245 Grave 9 Row Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETERY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 52668 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

X Ronald J. Jackson
Signature
X 439 San Diego
Address
X San Diego 92114
City Zip Code
X (619) 266-2652
Telephone or 262-6900

Invoice #

Work Order # E 15514

Acct. #

E15514

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) BEN		1B. MIDDLE -	1C. LAST (FAMILY) JACKSON	2. DATE OF BIRTH MONTH, DAY, YEAR 09/07/1957	3. DATE OF DEATH MONTH, DAY, YEAR 01/22/2000	4. SEX M
5A. CITY OF DEATH Novato			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Marin	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Louise Jackson, Mother 865 Owen Street San Diego, Ca. 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mt. Tamalpais Cemetery and Mortuary 2500 5th Ave. San Rafael, Ca. 94901			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1410	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <i>[Signature]</i>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/26/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 555 Northgate Drive 2nd floor San Rafael, CA. 94901		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 Rosecrans Street P.O. Box 85222 San Diego, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA. 92102	11B. DATE BURIED 1-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 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

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

of Leroy Richard Atkins

in a liner Funeral, date, time FRI 1-28 10:00

Church, Chapel, Graveside : Encinitas Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 98 Grave 3 Row _____ Section 2 Division/Block 7

Grave space & Care Fund Pre paid E 6507 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre paid E 13228 0

Burial Container 1996 0

Handling Fees 0

Flower vases - Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____

X Telephone _____

Zip Code _____

Work Order # E 15515

Invoice # _____

Acct. # _____

E 15515

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

Encinitas Mortuary**Fax**To: Mr. Hugo Sanchez - 37th StFrom: 81Receiving Fax: 619-527-3463Pages: (including cover sheet): 2Date: 01/25/2000Re: Levon Atkins

• Comments

Transferred to Hospital - Encinitas 10:00 AM Fri 1/25/2000

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) Leroy	1B. MIDDLE Richard	1C. LAST (FAMILY) Atkins	2. DATE OF BIRTH MONTH, DAY, YEAR 03/28/1923	3. DATE OF DEATH MONTH, DAY, YEAR 01/24/2000	4. SEX M
5A. CITY OF DEATH Encinitas		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Harold J. Dobbins ~ Son-in-law 507 N. Acacia Avenue Solana Beach, CA 92075	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Encinitas Mortuary 340 Melrose Avenue, Encinitas, CA 92024			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 857		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 01/26/2000

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 01/26/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9001925
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 1-23-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-25-00

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

of Arlean Shelby

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 57 Grave 5 Row _____ Section 2 Division/Block 13

Grave space & Care Fund Pre-Paid E-1658 0

Additional spaces and care fund _____

Opening/Closing & Setup PA 10 375.00

Burial Container 250.00

Handling Fees 1-25-00 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 20.00

Total Due 875.00

Paid receipt number R-52067 875.00

Balance due 0

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15516

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52067

From: James Shelby Address: 646 Raven St San Diego 92102 Date: 1-29, 1900
Eight Hundred Seventy Five Dollars (\$ 875.00)
 In full Payment of Pre-Need Trust for Arlean Shelby

Lot 57 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15516BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

J. J. Sullivan

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	875 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	875 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-26-00

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

of REBECCA CARMOUCHE

In a LINER Funeral, date, time MON 1-31 10:00

Church Chapel Graveside : LEWIS COLONIAL Mortuary.

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

will be applied and billed to undersigned.

Lot 98 Grave 1 Row 3 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting 45.00

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52070 1664.73

Balance due 0

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

Address 3333 Gillette St

City San Diego 92103

Zip Code 235-6335

Telephone 235-6335

Invoice #

Acct. #

Work Order # **E 15517**

Curtis
Mannings
Howley
H.C.
NAT. BIRTH

474-8933

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) REBECCA	1B. MIDDLE BETTY	1C. LAST (FAMILY) CARMOUCHE	2. DATE OF BIRTH MONTH DAY YEAR 06/11/1923	3. DATE OF DEATH MONTH DAY YEAR 01/22/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICIA BOWMAN - DAUGHTER 333 GILLETTE ST SAN DIEGO, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

ACKNOWLEDGMENT OF APPLICANT

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

DATE SIGNED
01/25/2000

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/25/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2001835 P Valentine
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 1-31-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-26-00

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

in a LIVER Funeral, date, time WED 2-2 11:00

Church CA BURIAL Mortuary, KIM

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 25 Grave 10 Row 2 Section 2 Division 11

Grave space & Care Fund PRE-NEED E-12570

Additional spaces and care fund

Opening/Closing & Setup " "

Burial Container " "

Handling Fees " "

Flower vases - Marker setting fee

Recording and filing fee " "

Sales taxes " "

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15518

E 15518

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) OLIVIA	1B. MIDDLE -	1C. LAST (FAMILY) SHINE	2. DATE OF BIRTH MONTH DAY YEAR 10/13/1919	3. DATE OF DEATH MONTH DAY YEAR 01/25/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VERA MITCHELL—DAUGHTER 2002 IRVING STREET SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER—IF APPLICABLE P-1357	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
8B. DATE SIGNED 01/28/2000		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/28/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-2-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]

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 1-27-00

Pre need trust

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma L Wykes in a liner Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 207 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees **PAID** 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO Total Due 1664.73

Paid receipt number 52074 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X
Signature _____

Address _____

City _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15519**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-27-00

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

of Velma L Wykes

In a 11x6 Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ Mortuary, _____

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

will be applied and billed to undersigned. _____

Lot 207 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 1664.73

Paid receipt number 52074 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15519**

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-27-00

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

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 36 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund PAID IN

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 4-11-00 145.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 11.73

Total Due 1689.73

Paid receipt number R-52075 500.00

Balance due 1189.73

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

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

Signature of recorded holder of deed _____

Signature [Signature]
Address 1903 MADRERA ST
LEMON GROVE, CA 91945
City LEMON GROVE Zip Code 91945
Telephone 619-466-0629

Invoice # _____

Work Order # E 15520

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 E 15520
 52132

 Date: 2-16-00, 19
 From: Rolland Adridge Address: 1903 Madena St Lemon Grove 91945
Eight Hundred Fifty
 In part Payment of Pre-Need Lot - Trust Dollars (\$ 850.00)

 Lot 36 Grave 8 Row 2 Section 2 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15520

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

210

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

ISSUED BY

CREDIT	67007	189	00
20% Sales Care	77184		
80% Sales	100	136	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	125	00
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	430	00
Trust	9022		
Sales Tax	60101		
	78396		
TOTAL PAID	\$	850	00

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rolland Aldridge

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E 15520

Month and Day Due Indicated Below

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

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



\$ 50.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust **5520**

Rolland Aldridge

E-15520

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Rolland Aldridge

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E 15520

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.



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Rolland Aldridge

E-15520

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Rolland Aldridge

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rolland Aldridge

E-15520

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-paid Lot & Trust**

Rolland Aldridge

1903 Hadera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Holland Aldridge

E-15520

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

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:



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Kolland Aldridge

1903 Maders St.

Lemon Grove, GA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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

\$ **50.00**

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Rolland Aldridge

E-15520

1903 Hadera St.

Lesson Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

Kolland Aldridge

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E1552C

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-named Lot & Trust**

Rolland Aldridge

B-15520

1903 Hadera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



50.00
\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Lot & Trust

Roland Alaridge

1903 Madera St.

Lexen Grove, CA 91945

(Lot 36 Gr 3 Sec 2 Div 11)

E 15520

Month and Day Due Indicated Below

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

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



\$ 50.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot & Trust

Rolland Aldridge

B-15520

1903 Hadera St.

Lemon Grove, CA 91943

(Lot 36 Gr B Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



50.00
\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-paid Lot & Trust*

Holland Aldridge

1903 Hadera St.

Lenon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot & Trust

Rolland Aldridge

E-15520

1903 Madera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Lot & Trust

Holland Aldridge

1903 Madara St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

Month and Day Due Indicated Below

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

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



30.00

\$

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



\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-paid Lot & Trust**

Holland Aldridge

E-15520

1903 Nadera St.

Lemon Grove, CA 91945

(Lot 36 Gr B Sec 2 Div 11)

Month and Day Due Indicated Below

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

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Salina Aldridge

1903 Hadera St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

Month and Day Due Indicated Below

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

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



50.00

\$

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



\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

glue coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot & Trust

Rolland Aldridge

E-15520

1903 Radara St.

Leban Grove, CA 91945

(Lot 36 Gr 8 Sec 7 Div 11)

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Roland Aldridge

1903 Madera St.

Leban Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E 15520

Month and Day Due Indicated Below

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

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



\$0.00
\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Use this coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot 4 Trent**

Rolland Aldridge

E-15520

1903 Nadara St.

Lemon Grove, CA 91945

(Lot 36 Gx 8 Sec 7 Div 11)

Month and Day Due Indicated Below

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

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ Zip _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

William Aldridge

1903 Eastern St.

Lemon Grove, CA 91945

(Lot 36 Gr 8 Sec 2 Div 11)

E15520

Month and Day Due Indicated Below

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

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



\$0.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

coupon with each remittance

COUPON**24****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **Free-load Lot & Trust****Holland Aldridge****E-15520****1903 Madara St.****Lemon Grove, CA 91943****(Lot 36 Gr 8 Sec 2 Div 11)****Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		19									

Amount due when paid on or before
due date above.~~\$ 50.00~~
39.73Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-31-00

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

of Mishell Rena Barber

In a liner Funeral, date, time Tue 2-4 1:00

Church, Chapel Graveside : Paysondale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X AS

Lot 159 Grave 11 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 1664.73

Paid receipt number A-52099 1664.73

Balance due 0

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

ALPHONSO BARBER

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

Signature of recorded holder of deed

X Alphonso Barber
Signature
X 1133 FLORIDA
Address
X IMPERIAL BEACH
City
X 91932
Telephone 619-575-2588 Zip Code

Invoice #

Work Order # E 15521

Acct. #

E15521

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

40

1A. NAME OF DECEDENT—FIRST (GIVEN) Mishell	1B. MIDDLE Rena	1C. LAST (FAMILY) Sauls-Barber	2. DATE OF BIRTH MONTH DAY YEAR 04/23/1959	3. DATE OF DEATH MONTH DAY YEAR 01/29/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alphonso Barber, Husband 1133 Florida St. Imperial Beach, CA 91932		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Alphonso Barber</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/03/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/03/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002493
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-4-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-31-00

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

of John Doe PA# 20000982 99-2400

in a Double Depth Funeral, date, time Thursday 2-3 11:00

Church, Chapel, Graveside Delivery Only: Lytham Mortuary, _____

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

will be applied and billed to undersigned. _____

Lot 1 Grave 1B Row _____ Section _____ Division Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup PA 1P 165.00

Burial Container _____ 50.00

Handling Fees 3-20-00 _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 327865

Acct. # 000952

Work Order # E 15522

E15522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1999

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY YEAR 12/25/1999	4. SEX M.
5A. CITY OF DEATH ESCONDIDO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN REBELEMAN-DEPUTY PUBLIC CLERK		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	201-A RUFFIN RD. SAN DIEGO, CA 92123		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit
Nancy Lopez

8B. DATE SIGNED
02/01/2000

99-02400
PERMIT
AUTHORIZATION OF
LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID

\$ 7.00

9B. DATE PERMIT ISSUED

02/01/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

Barry R. Jones *yfr*

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

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
☐ D. SCIENTIFIC USE

- ☐ E. TEMPORARY ENVAULTMENT
☐ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. SOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karl F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED 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 1-31-00

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

of Joyce Hayden
In a liner Funeral, date, time Mon 2-7 11:00

Church, Chapel Graveside : La Buriel Mortuary.

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

Lot 112 Grave 4 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee FEB 04 2000

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52093 465.00

Balance due 199.73

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

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

Signature of recorded holder of deed

Herbert Hayden
Signature 79 27 GRISBLE ST
Address SAN DIEGO 92114
City Zip Code
479-5862
Telephone

Work Order # E 15523

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOYCE	1B. MIDDLE MARIE	1C. LAST (FAMILY) HAYDEN	2. DATE OF BIRTH MONTH DAY YEAR 10/04/1950	3. DATE OF DEATH MONTH DAY YEAR 01/29/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HERBERT HAYDEN—HUSBAND 7927 GRIBBLE STREET SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit
Kim Wacker
8B. DATE SIGNED
02/02/2000

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Darryl R. Moreno</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92106	11B. DATE BURIED 2-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -

COPY 2 IS RETAINED BY 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 1-31-00

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

of Gladys Standard
in a liner Funeral, date, time Thurs 2-3 1:00
Church Graveside : no memorial Mortuary.

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

Lot 245 Grave 2 Row Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund

Opening/Closing & Setup FEB 01 2000 375.00

Burial Container 190.00

Handling Fees **MT. HOPE CEMETARY
CITY OF SAN DIEGO** 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52085 1100.00

Balance due 564.73

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

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

Signature of recorded holder of deed

X Dora Standard
Signature
5330 Bonita Tr.
Address
X SAN DIEGO CA 92114
City Zip Code
(619) 263-9044
Telephone

Work Order # **E 15524**

Invoice #

Acct. #

E15524

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) Gladye		1B. MIDDLE B.	1C. LAST (FAMILY) Standard	2. DATE OF BIRTH MONTH DAY YEAR 02/25/1936	3. DATE OF DEATH MONTH DAY YEAR 01/26/2000	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James Standard - Husband 5330 Bonita Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.			8B. DATE SIGNED 01/31/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/31/2000 M. Jenkins	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002210
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery; 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 2-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-31-00

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

of ISAURA PAYTON

In a LINER Funeral, date, time WED 2-2 11:00

Church, Chapel, Graveside DELIVERY ONLY : MERKLEY MITCHELL Mortuary,
SCOTT

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

will be applied and billed to undersigned.

✓ Lot 120 Grave 3 Row PAID Section 2 Division/Block 11

Grave space & Care Fund 510.27 126.00

Additional spaces and care fund PAID 1100

Opening/Closing & Setup 375.00 129.00

Burial Container MT. HOPE CEMETARY 190.00 100.00

Handling Fees CITY OF SAN DIEGO, CA 145.00 100.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee 14.73

Sales taxes 500.00

ESTATE CASE

CREDITORS CLAIM

JOHN EDWARDS

2-7-00

Total Due 1280.00

Paid receipt number R-52260

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15525

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) ISAURA		1B. MIDDLE -		1C. LAST (FAMILY) PAYTON		2. DATE OF BIRTH MONTH DAY YEAR 06/17/1918		3. DATE OF DEATH MONTH DAY YEAR 01/24/2000		4. SEX F	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN EDWARDS—PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person in charge of permit <i>[Signature]</i>				8B. DATE SIGNED 02/01/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/01/2000 V.I. MITCHELL		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002321			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102				11B. DATE BURIED 2-2-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-00

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

of John Doe PA 20000986 99-2202

in a Double Depth Funeral, date, time THUR 2-3 9:00
Type of Burial Container

Church, Chapel, Graveside Delivery Only ; Community Mortuary.
426-2006

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

will be applied and billed to undersigned. _____

Lot 1 Grave 2 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____ PA 1 P

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____ 3-20-00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 327859

Acct. # 000952

Work Order # E 15526

E15526

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE -	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH, DAY, YEAR UNK	3. DATE OF DEATH MONTH, DAY, YEAR 11/22/1999	4. SEX M
5A. CITY OF DEATH Dulzuma	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Community Mortuary 855 Broadway Chula Vista Ca 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista, Calif 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002391 <i>D. Heldenbrand</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 2-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 2-1-00

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

of Jane Doe RA 20000985 99-1138

in a Double Death Funeral, date, time THUR 2-3 9:00

Church, Chapel, Graveside Delivery Only : Community Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 426-2006

will be applied and billed to undersigned.

Lot 1 Grave 2T Row _____ Section _____ Division Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup PA 10 165.00

Burial Container _____ 50.00

Handling Fees 3-20-00 _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # 327860

Acct. # 000952

Work Order # E 15527

E15527

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) Jane	1B. MIDDLE -	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH DAY YEAR UNK	3. DATE OF DEATH MONTH DAY YEAR 06/14/1999	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Community Mortuary 855 Broadway Chula Vista Ca 91911	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista, Calif 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 06/02/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002390 D. Heldenbrand
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 2-2-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-00

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

of JOHN / JANE DOE PA 2000 0984 99-2340

In a Double Death Funeral, date, time THUR 2-3 9:00

Church, Chapel, Graveside Delivery only : Community Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 426-2000

will be applied and billed to undersigned.

Lot 1 Grave 2T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup PA 1 D 165.00

Burial Container 3-20-00 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 327861

Acct. # 000952

Work Order # E 15528

2-9-00

Bag of Bones
no name
no permit

Nancy Heller

ORDER FOR RELEASE

E 15528

Date 1-28-2000 City, State CHULA VISTA

TO: OFFICE OF THE MEDICAL EXAMINER, COUNTY OF SAN DIEGO

ORDER FOR RELEASE OF THE BODY OF: _____ ME# 992342

RELEASE ALL PERSONAL PROPERTY WITH THE REMAINS: YES ☐ NO ☒

NEXT OF KIN/LEGAL AUTHORITY

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your examination of the deceased please release the body of the above deceased to the custody of:

COMMUNITY MORTUARY
Please enter name of Funeral Home or Disposition Service

Signature _____ Print Name _____

Relationship _____ Address _____

City _____ State _____ Zip _____ Telephone _____

NEXT OF KIN/LEGAL AUTHORITY

IF NOT LEGAL NEXT OF KIN, PLEASE ATTACH APPROPRIATE DOCUMENTATION

P.A.

Relationship _____ Executor/Executrix ☐ Durable Power of Attorney ☐ Other ☐

MEDICAL EXAMINER'S FEES

Fee for transportation to Medical Examiner's Office - \$90.00; Pouch Fee - \$15.00

DECEDENT DATA				
Name of Deceased-First (Given) <u>UNK</u>	Middle <u>UNK</u>	Last (Family) <u>UNK</u>		
Date of Birth <u>UNK</u>	Age <u>UNK</u>	Place of Birth <u>UNK</u>	Social Security Number <u>UNK</u>	Race <u>UNK</u>
Marital Status <u>UNK</u>	Residence Address <u>UNK</u>			

FOR MEDICAL EXAMINER OFFICE USE ONLY

14 & Under ☐ Mortuary ☐ A/D Military ☐
Homicide ☐ NOK ☐ Executor ☐ Executrix ☐ Other ☐
Indigent ☐ UCSD ☐ OTAC ☐
Other ☐ PA ☐

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laundra Godfrey - Also Known As: "Brown"
in a urn Funeral, date, time Thurs 2-3 2:00
Church, Chapel Graveside : Paysondale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

✓ Lot 35 Grave 7 Row _____ Section 1 Division/Block 12
Grave space & Care Fund \$95.00
Additional spaces and care fund
Opening/Closing & Setup 375.00
Burial Container 190.00
Handling Fees 145.00
Flower vases - Marker setting fee
Recording and filing fee 45.00
Sales taxes 14.23
Total Due 1664.73
Paid receipt number R-52086 1664.73
Balance due 0

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

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

Signature of record holder of deed MAY 11 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Work Order # E 15529

REA-104 (7-96)

X [Signature]
Signature
X 5252 ORANGE AVE
Address
X San Diego 92115
City Zip Code
X (619) 582-3585 or (619) 257-7503
Telephone

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.



CITY OF SAN DIEGO
CALIFORNIA
OFFICIAL RECEIPT

1068488

DEPARTMENT/DIVISION NAME

Treas Coll

DATE

5-11-01

AMOUNT

Fifty-four —

DOLLARS

Zero —

CENTS

\$ 54.00

RECEIVED FROM

Stephanie Lilly

ADDRESS

IN PAYMENT OF

Sandra Goodfrey

Cedrick Basket

ALL PAID

RECEIVED BY:

[Signature]

FOR ABOVE NAMED DEPARTMENT



CHECK



CASH

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	FACILITY	AMOUNT

DISTRIBUTION:

WHITE - CUSTOMER
PINK - TREASURER
YELLOW - RETAIN
GREEN - AUDITOR

PAID

MAY 11 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

E-15529

9187

E15529

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) Saundra	1B. MIDDLE Lapa	1C. LAST (FAMILY) Godfrey	2. DATE OF BIRTH MONTH DAY YEAR 12/13/1952	3. DATE OF DEATH MONTH DAY YEAR 01/28/2000	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marvin L. Caldwell, Son 3568 Menlo Ave. San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shante Hensley</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7103.75 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 02/02/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/02/2000 <i>T. Hensley</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002381
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 2-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- ICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 2-1-00

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

of Peggy Brown

In a liner Funeral, date, time wed 2-2-00 1:00
Type of Burial Container

Church Chapel Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

✓ Lot 203 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 14.73

Mortuary to bring check Total Due 1664.73

Paid receipt number R-52091 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

X
Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 15530**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-00

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

of Peggy Brown

In a liner Funeral, date, time Wed 2-2-00 1:00

Church Chapel Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 203 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 14.73

Mortuary to
bring check

Total Due 1664.73

Paid receipt number

Balance due

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

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

Signature to recorded transfer of deed

X
Signature

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 15530**

REA-104 (7-96)

This information is available in alternative formats upon request.

♻️ Printed on recycled paper

E15530

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) Peggy	1B. MIDDLE -	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 02/29/1948	3. DATE OF DEATH MONTH DAY YEAR 01/26/2000	4. SEX F
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Stephanie Roberts, Daughter 4129 Highland Ave. #5 San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103226 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 02/01/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/01/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002334
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-2-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Debbie Williams</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-3-00

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

of Edw. G. S. Kern 19990718

In a Double Death Funeral, date, time Wed 2-9 11:00

Church, Chapel, Graveside Delivery Only : Azlan Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1 Grave 3 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 165.00

Burial Container _____ 50.00

Handling Fees 3-20-00 _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # 328034

Acct. # 000953

Work Order # **E** 15531

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN) EDWIGIS	1B. MIDDLE MAYORES	1C. LAST (FAMILY) KERN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/13/1943	3. DATE OF DEATH MONTH, DAY, YEAR 01/31/1999	4. SEX F.
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DARNELL PRICE-DEPUTY PUBLIC GUARDIAN	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		5201-A RUFFIN RD. SAN DIEGO, CA 92123	

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Print full name
Darryl Price

8B. DATE SIGNED
2/2/00

99-0224
PERMIT
AUTHORIZATION OF
LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID
\$ 7.00

9B. DATE PERMIT ISSUED
02/02/00

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
Darryl R. Price

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

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☒ A.

BURIAL (INCLUDES ENTOMBMENT)

☐ E. TEMPORARY ENVAULTMENT

FOR CORONER'S USE ONLY

☐ B. CREMATION

☐ F. DISINTERMENT

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

☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY

☐ G. SHIP IN TO CALIFORNIA

☐ D. SCIENTIFIC USE

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenn F. Kern	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-3-00

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

of Tyrone Smith Watt 20001015
in a Double Death Funeral, date, time 2-9 Wed 11:00
Type of Burial Container

Church, Chapel, Graveside Delivery Only: Aztlán Mortuary.

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

Lot 1 Grave 3T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ PA 20 165.00

Burial Container _____ 50.00

Handling Fees _____ 3-20-00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # 328036

Acct. # 000952

Work Order # E 15532

E15532

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) TYRONE	1B. MIDDLE -	1C. LAST (FAMILY) SMITH-WAIT	2. DATE OF BIRTH MONTH DAY YEAR 01/17/1965	3. DATE OF DEATH MONTH DAY YEAR 09/29/1998	4. SEX M.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MILO DE LA TORRE, DEPUTY PUBLIC GUARDIAN 5201-A HUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		8A. SIGNATURE OF APPLICANT— <i>Person taking permit</i> <i>[Signature]</i>	
				8B. DATE SIGNED 2/7/00	

ACKNOWLEDGMENT OF APPLICANT

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

98-1824
PERMIT
AUTHORIZATION OF
LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID
\$ 7.00

9B. DATE PERMIT ISSUED
02/07/00

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
[Signature]

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

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E15532

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) TYRONE	1B. MIDDLE -	1C. LAST (FAMILY) SMITH-WATT	2. DATE OF BIRTH MONTH DAY YEAR 01/17/1965	3. DATE OF DEATH MONTH DAY YEAR 09/29/1998	4. SEX M.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILCO DE LA TORRE-DEJURY PUBLIC GUARDIAN 5201-A HUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1658	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		

ACKNOWLEDGMENT OF APPLICANT

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

98-1024 PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/04/00	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOLY CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-3-00

Thur 2-10

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe PA # 20001016

in a Double Depth Funeral, date, time Wed 2-9 11:00

Church, Chapel, Graveside A 214a Mortuary.

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

✓ Lot 1 Grave 4 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup PA 1 D 165.00

Burial Container 50.00

Handling Fees 3-20-00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 328058

Acct. # 000952

Work Order # **E 15533**

E15533

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND.

1A. NAME OF DECEDENT—FIRST (GIVEN) JANE	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY, YEAR 08/11/1999	4. SEX F.
5A. CITY OF DEATH OCEANSIDE		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTECAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1658	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/09/2000			

99-1521 PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/09/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-4-00

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

in a Daily Depth Funeral, date, time TUE 2-8 11:00

Church, Chapel, Graveside : Humphrey Mortuary,

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

will be applied and billed to undersigned. _____

Lot _____ Grave 3 Row A Section 5 Division/Block 7

Grave space & Care Fund 1395.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 380.00

Burial Container 320.00

Handling Fees 45.00

Flower vases - Marker setting fee 29.45

Recording and filing fee 2544.45

Sales taxes 2544.45

Total Due 2544.45

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15534**

main

858

484-8181

852

780 8699

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-4-00

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

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 7671 Grave 2 Row _____ Section 17 Division/Block 7

Grave space & Care Fund _____ 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____ 1395.00

Paid receipt number 52094 500.00

Balance due 895.00

52176 → 400.00

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15535**

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-4-00

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

of Jonathan Davis

in a liner Funeral, date, time Mon 2-7 1:00

Church, Chapel, Graveside : 20 Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 64 Grave 1 Row 1 Section 1 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number A-52116 1664.73

Balance due 0

I hereby certify I am the X of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Signature of recorded holder of deed X

City X Zip Code X

Telephone X

Invoice # _____

Work Order # E 15536 Acct. # _____

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

Printed on recycled paper

E15536

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) Jonathan	1B. MIDDLE Phillip	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH DAY YEAR 03/08/1980	3. DATE OF DEATH MONTH DAY YEAR 01/30/2000	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Felecia Davis - Mother 2878 Oceanview Blvd. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 02/02/2000		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Johnson 2002356
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-3222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 2-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

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

of Mrs. Sevilleane THOR 2-10

in a linen Funeral, date, time Tues 2-8 1:00

Church Chapel, Graveside ; Chaparral Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 106 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filling fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number M/C 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Fernando Sevilleane
Signature

X 630 F St.
Address

X San Diego 92102
City Zip Code

X (619) 239-9243-326
Telephone

Invoice # _____

Work Order # **E 15537**

Acct. # _____

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) ILDAURA	1B. MIDDLE -	1C. LAST (FAMILY) SEVILLANO	2. DATE OF BIRTH MONTH, DAY, YEAR 06/29/1959	3. DATE OF DEATH MONTH, DAY, YEAR 01/31/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FERNANDO SEVILLANO —SON 630 "F" STREET, SAN DIEGO, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY 4266 MT. ABERNATHY AVENUE, SAN DIEGO, CA 92117			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 02/07/2000
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/07/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2002662
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

Preneed

City of *San Diego*

Date *2-4-00*

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

of *Darlene Myers*

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned, _____

Lot *105* Grave *12* Row _____ Section *3* Division/Block *12*

Grave space & Care Fund _____ *795.00*

Additional spaces and care fund *PAID IN* _____

Opening/Closing & Setup _____

Burial Container *FULL 2-6-01* _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due *795.00*

Paid receipt number *52102* *200.00*

Balance due *595.00*

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

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

Signature of recorded holder of deed _____

Signature *710 Raven*

Address *San Diego SD 92102*

City _____ Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15538**

MYERS, DARLENE 710 Raven Street, San Diego 92102

			DEBIT	CREDIT	BALANCE
2-04-00	Opened Pre-need Lot	159 20			
	Lot 105, Gr 12, Sec 3, Div 12	636 80	795.00		795.00
02-04-00	R-52102			200.00	595.00
5-3-00	R-52386 Coupon 1			25.00	570.00
6-9-00	R-52544 2			25.00	545.00
7-11-00	R-52657 3			25.00	520.00
7-20-00	R-52691 - 4,5,6,7			100.00	420.00
8-21-00	R-52785 8			25.00	395.00
9-12-00	R-52864 9			25.00	370.00
10-11-00	R-52959 10			25.00	345.00
11-2-00	R-53017 11,12,13,14			100.00	245.00
12-1-00	R-53101			145.00	100.00
2-6-01	R-53328			100.00	0

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52386

From: Barlene Rogers Address: 710 Raven St San Diego 92102 Date: 5-3 90
Twenty Five
 In part Payment of Pre-Need Lot Dollars (\$ 85.00)

Lot 105 Grave 12 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE 570.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

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

ISSUED BY

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52544

From: Barlene MyersAddress: 710 Raven St San Diego 92102Date: 6-9 80

Twenty Five

Dollars (\$ 25.00)In part Payment of Pre-Need Lot
 Lot 105 Grave 13 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE 545.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT

20% Sales Care 77184

80% Sales 100

of Lot 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 80101

78390

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

AG-212 (Rev. 5-94)

0539

ISSUED BY

TOTAL PAID

\$

25 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52657

From: Darlene Myers Address: 710 Raven St. San Diego 92102 Date: 7-11 ⁸⁰₁₉

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-Need Lot

Lot 105 Grave 12 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE 520.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

0550

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	25	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	25	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52785

From: Darlene Myers Address: 710 Raven St. San Diego 92102 Date: 8-21 .80
Twenty Five Dollars (\$ 25.00)
 In part Payment of Pre-need lot

Lot 105 Grave 17 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE 395.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

0566

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

ISSUED BY

J. Shullton

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	25	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	25	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52864

From: Darlene Ayers Address: 710 Raven St San Diego 92102 Date: 9-12, 2000
Twenty Five Dollars (\$ 25.00)
 In part Payment of Pre-Need Lot

Lot 105 Grave 12 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE 370.00
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

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

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

ISSUED BY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52959

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct - 11 - 20 00From: Darlene Myers Address: 710 Raven St San Diego, CA. 92102-4521Twenty five 00/100 Dollars (\$ 25.00)In part Payment of pre-need lot for (Darlene Myers)Lot 105 Grave 12 Row — Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15538BALANCE DUE \$ 345.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

OCT 11 2000

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA.

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

E 15538

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

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

E15538

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

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

E 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.	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

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

E15538

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

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

E15538

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

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

E 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.	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

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

E15538

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

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

E15538

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.	8
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

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

E15538

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

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

E 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.	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

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

E15538

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

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

E 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.	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

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

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

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

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

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

E 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.	100.00	24
Payment Due Date		April-02
Payment Amount Due	120.00	
Balance Due		0.00

LAST PAYMENT

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 INTERMENT ORDER

City of San Diego

Date 2-7-00

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

of JOSEPHINE JORDAN

in a LINER Funeral, date, time WED 2-9 9:00

Church, Chapel, Graveside Delivery Only ; Heathergill Mortuary, Steve

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

will be applied and billed to undersigned.

Lot 97 Grave 3 Row _____ Section 1 Division Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund _____

Opening/Closing & Setup FEB 09 2000 375.00

Burial Container MT. HOPE CEMETARY 190.00

Handling Fees CITY OF SAN DIEGO, CA 145.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 14.73

Mortuary to bring check Total Due 1789.73

Paid receipt number R-52117 1789.73

Balance due 0

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

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 15539**

Invoice # _____

Acct. # _____

E15539

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) Josephine	1B. MIDDLE -	1C. LAST (FAMILY) Jordan	2. DATE OF BIRTH 07/01/1915	3. DATE OF DEATH 01/27/2000	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, PA 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 02115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/07/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/07/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Truesdale
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-7-00

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

of Miguel Carrasco

in a lined Funeral, date, time Wed 2-9 2:30

Church, Chapel, Graveside Guadalupe Mortuary.

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

will be applied and billed to undersigned.

Lot 189 Grave 6 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marked with initials

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52108 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15540

Invoice #

Acct. #

E15540

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) MIGUEL	1B. MIDDLE C.	1C. LAST (FAMILY) CARRASCO	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1928	3. DATE OF DEATH MONTH DAY YEAR 02/02/2000	4. SEX M
5A. CITY OF DEATH SAN YSIDRO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA JOSEFINA CARRASCO—WIFE 124 CYPRESS DRIVE SAN YSIDRO, CA, 92173		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jose Chavez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/07/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/07/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOSE CHAVEZ, 2002657
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 2-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jose F. Chavez</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Jose F. Chavez</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-7-00

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

In a TS Vault Type of Burial Container Funeral, date, time Monday 2-14-00 1:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 3040 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre need E 6454 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre need E 8460 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X
Signature _____

X
Address _____

X
City _____

Zip Code _____

X
Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15541

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-7-00

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

In a T.S. Vault Funeral, date, time Monday 2-14-00 1:00
Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X

Lot 3040 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre need E 6454 B

Additional spaces and care fund

Opening/Closing & Setup Pre need E 8460 B

Burial Container B

Handling Fees B

Flower vases - Marker setting fee

Recording and filing fee B

Sales taxes B

Total Due B

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Work Order # E 15541

Acct. # _____

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) Ray	1B. MIDDLE Field	1C. LAST (FAMILY) Owens	2. DATE OF BIRTH MONTH DAY YEAR 04/24/1924	3. DATE OF DEATH MONTH DAY YEAR 02/07/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Monnie Fifer, Sister 3723 Menlo Ave. San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 02/07/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/11/2000 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003001
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

GRAVE OF
CHRISTOPHER H. BROWN

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-00

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

of ARTHALIA BROWN

In a ASH VAULT Funeral, date, time WED 2-23

Church, Chapel, Graveside AYD : RAGSDALE Mortuary.

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

Lot 112 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund PRE-NEED E-4184

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees FEB 17 2000 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number R-52137 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

+ Signature See
+ Address attached
+ City _____ Zip Code _____
+ Telephone _____

Work Order # E 15542

Invoice # _____

Acct. # _____

E 15542

FEB-08-'90 TUE 11:30 AM MT HOPE CEMETERY

TEL 143

#513 P01

GRAVE OF
CHRISTOPHER R. BROWN

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-90

ANTHONY BROWN
AGE 11
GRANDSON OF
MRS. CLARA BROWN
FAGSDALE


113	8	12
Grave at Mt. Hope Cemetery	113-8880 2-9-90	0
Grave at Mt. Hope Cemetery		105.00
Grave at Mt. Hope Cemetery		25.00
Grave at Mt. Hope Cemetery		10.00
Grave at Mt. Hope Cemetery		1.00
Grave at Mt. Hope Cemetery		95.00
Grave at Mt. Hope Cemetery		1.00
Grave at Mt. Hope Cemetery		207.00

WICK CLOSURE E 15542

E15542

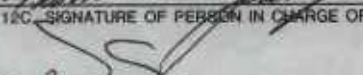
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Arthalia	1B. MIDDLE J. J.	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 03/25/1915	3. DATE OF DEATH MONTH DAY YEAR 02/06/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carl R. Brown, Brother-In-Law 6030 S. Alaska St. Tacoma, WA 98408-1313		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 2109 of the Health and Safety Code.		8B. DATE SIGNED 02/08/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/14/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003043
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-23-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 2-16-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-00

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

of GUILHERMINA BENROS

In a DOUBLE DEPTH 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 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container FEB 08 2000 380.00

Handling Fees 320.00

Flower vases - Marker **MT. HOPE CEMETARY** 45.00

Recording and filing fee 29.45

Sales taxes 2044.45

Total Due 2044.45

Paid receipt number A-52112 2044.45

Balance due 0

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

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

Signature of recorded holder of deed

Sam Angel
Signature 5732 University Ave
Address San Diego CA 92115
City 619 387 5057
Telephone

Invoice #

Acct. #

Work Order # **E 15543**

E15543

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) GUILHERMINA	1B. MIDDLE —	1C. LAST (FAMILY) BENROS	2. DATE OF BIRTH MONTH DAY YEAR 06/25/1923	3. DATE OF DEATH MONTH DAY YEAR 02/08/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LINO BENROS—HUSBAND 1770 TOOLEY CIRCLE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-4357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mark Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/03/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/08/2000 M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002758
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

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

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

527-3403

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-00

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

of BETTY JANE KIRSCH

In a LINER Funeral, date, time FRI 2-11 10:30

Church, Chapel Graveside; GOODBODY Mortuary.

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

will be applied and billed to undersigned. DAVID

✓ Lot 323 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED D-9429 ⊕

Additional spaces and care fund PRE-NEED ⊕

Opening/Closing & Setup ⊕

Burial Container ⊕

Handling Fees ⊕

Flower vases - Marker setting fee ⊕

Recording and filing fee ⊕

Sales taxes ⊕

Total Due ⊕

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____

X Telephone _____

Zip Code _____

Invoice # _____

Acct. # _____

Work Order # E 15544

E15544

2

Do not forget to check...

E15544

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) BETTY	1B. MIDDLE JANE	1C. LAST (FAMILY) KIRSCH	2. DATE OF BIRTH MONTH, DAY, YEAR 12/04/1916	3. DATE OF DEATH MONTH, DAY, YEAR 02/07/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARLES GILES: SON 1550 GOLDFIELD STREET, APT. #19 SAN DIEGO, CA 92110	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-790		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	

ACKNOWLEDGMENT OF APPLICANT

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

8B. DATE SIGNED
02/10/2000

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/10/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA, 2002937
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-11-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 2-9-00

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

In a Casket Funeral, date, time Mon 2-14 1:00
Type of Burial Container
Church, Chapel, Graveside La Bural 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. J. B.

✓ Lot 217 Grave 1 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 52123 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature John Bonner
Address 164-220 O'Donnell Rd
Amherst, CA 94501
City Amherst Zip Code 94501
Telephone (218) 558-4288

Work Order # E 15545

Invoice # _____

Acct. # _____

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) ALEAN	1B. MIDDLE —	1C. LAST (FAMILY) BONNER	2. DATE OF BIRTH MONTH DAY YEAR 10/22/1915	3. DATE OF DEATH MONTH DAY YEAR 02/06/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN BONNER-SON 164-22 O'DONNELL ROAD JAMAICA, NY 11433	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
			8B. DATE SIGNED 02/10/2000		

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/10/2000 E. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2002903
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85322 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

1ST BURIAL
MARY CATALANO

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-10-00

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

in a DOUBLE DEPTH Funeral, date, time THUR 2-17 10:00

Church, Chapel, Graveside EL CAJON Mortuary

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

✓ Lot 2164 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED E-11087 0

Additional spaces and care fund _____ —

Opening/Closing & Setup _____ 375.00

Burial Container _____ 0

Handling Fees _____ 0

Flower vases — Marker setting fee _____ 0

Recording and filing fee _____ 45.00

Sales taxes _____ 0

Total Due 420.00

Paid receipt number VISA 420.00

Balance due 0

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

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

Signature of recorded holder of deed

X
Signature

X
Address

X
City

Zip Code

X
Telephone

Invoice # _____

Acct. # _____

Work Order #

E 15546

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE -	1C. LAST (FAMILY) Catalano	2. DATE OF BIRTH MONTH DAY YEAR 07/04/1912	3. DATE OF DEATH MONTH DAY YEAR 02/10/2000	4. SEX M
5A. CITY OF DEATH Loma Linda		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Bernardino	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Suzanne Catalano WIFE 11171 Oakwood Drive #A102 Loma Linda, CA 92354		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AARON Cremation & Burial Services 24684 Barton Rd. Loma Linda, CA 92354		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 955	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Bonnie Dees</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE PERMIT ISSUED 02/14/2000			
		8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9966081			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 351 N. Mt. View Ave. San Bernardino, CA 92415	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/14/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9966081
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222 San Diego, CA 92186				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 2-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

into grave
of Winifred Sands

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-10-00

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

of Winifred M Monroe WED.

In a ash vault Funeral, date, time AYD 3-1

Church, Chapel, Graveside Conrad Mortuary.

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

will be applied and billed to undersigned.

Lot 682 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund One-Mth 0

Additional spaces and care fund **PAID** —

Opening/Closing & Setup 105.00

Burial Container FEB 15 2000 55.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 4.26

(To be buried with Winifred C. Sands) Total Due 269.26

Paid receipt number M/C 269.26

Balance due 0

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

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

Signature of recorded holder of deed

(Center right)

Signature

1931 Beech St.

Address

KALLBROOK CA 92008

City

760-728-6562

Telephone

Zip Code

Invoice # _____

Work Order # **E 15547**

Acct. # _____

E15547

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) WINIFRED	1B. MIDDLE MARGARET	1C. LAST (FAMILY) MONROE	2. DATE OF BIRTH MONTH DAY YEAR 05/10/1915	3. DATE OF DEATH MONTH DAY YEAR 02/09/2000	4. SEX F
5A. CITY OF DEATH LEMON GROVE		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LYNN J. WADDELL - EXECUTOR 1931 RECHE ROAD FALLBROOK, CA 92028	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
8B. DATE SIGNED 02/15/2000		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/16/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003194
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 05222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-1-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530	12B. DATE CREMATED 2-19-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E 15546

1341322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92162-4527
619 527-3400

02/14/00

14:41:15

1

MAIL/PHONE

ACCOUNT NUMBER
4731201250007145

EXP.
1200

TRAN CODE
22

AUTH.
014566

REF #
001981

AMOUNT

\$ 420.00

DESC E-15546 Interment
James Catalano

Mail / Phone order

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-10-00

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

in a Rein Funeral, date, time Thur 2-17 1:00

Church, Chapel, Graveside 20 Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 87 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid E-6554

Additional spaces and care fund _____

Opening/Closing & Setup 195.00

Burial Container PAID 95.00

Handling Fees 50.00

Flower vases - Marker setting FEB 10 2000

Recording and filing fee 45.00

Sales taxes 7.36

Total Due 392.36

Paid receipt number MIC 392.36

Balance due 0

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

MARVIN COOK

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order #

E 15548

E15548

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) Jazmin		1B. MIDDLE Labree		1C. LAST (FAMILY) Cook		2. DATE OF BIRTH MONTH, DAY, YEAR 07/18/1987		3. DATE OF DEATH MONTH, DAY, YEAR 02/09/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Deane Hines - Mother 4025 Park Haven Ct #H San Diego, CA 92113					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 02/14/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 110326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/14/2000 J. Johnson		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003056			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-3222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3351 Market St. San Diego, CA 92102				11B. DATE BURIED 2-17-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-10-00

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

of PATRICIA SWAIN

in a DOUBLE DEPTH

Funeral, date, time FRI 2-18 11:00

Church, Chapel, Graveside Graveside

Mortuary RAGSDALE

Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 53 Grave 12 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 320.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-52144 2044.45

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15549

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

2-16-00 Per Daffin mortuary
to bring check

12213

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 11/11/00 BY SP10

6510

E15549

INTERMENT ORDER

12-16-00

WEST/GRAN/DAWN
20 DOYLE DENTIN

FE 2-18

RAGSDALE
N.Y.

Ln 53	Grav 12	Rate 2	Grav Sum 12
Grav space & Grave field			895.00
Interment license and cash fund			
Death certificate & burial			375.00
Funeral home			300.00
Floral fund			320.00
Interment - funeral home fee			
Interment - funeral home fee			45.00
Interment - funeral home fee			29.45
Grav 12			2049.45

Interment Order No. 154549
This order is valid for the interment of the deceased in the grave designated above. The interment must be made within the time specified in the order. The interment must be made in accordance with the regulations of the cemetery. The interment must be made in accordance with the regulations of the cemetery. The interment must be made in accordance with the regulations of the cemetery.

E 15549

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) Patricia	1B. MIDDLE P.	1C. LAST (FAMILY) Swain	2. DATE OF BIRTH MONTH DAY YEAR 05/01/1939	3. DATE OF DEATH MONTH DAY YEAR 02/10/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Samuel L. Swain, Husband 384 Rexview Dr. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>Patricia Swain</i>	
				8B. DATE SIGNED 02/14/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/17/2000 <i>Swain</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003295
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 45%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-18-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sam F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY

SEE E-12985 INTERMENT ORDER

City of San Diego

Date 2-11-00

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

in a liner Funeral, date, time Friday 2-18-00 11:00
Type of Burial Container
 Church, Chapel, Graveside : CA Burial Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

✓ Lot 50 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 2-17-00 14.73

Total Due 1364.73

Paid receipt number R-52143 Balance due 1364.73

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

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

Signature of recorded holder of deed

Signature San Jacinto Dr.
X128 SAN JACINTO DR
 Address
X SAN DIEGO 92114
 City Zip Code
X264-3012
 Telephone

Work Order # **E 15550**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-11-00

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

In a liner Funeral, date, time Friday 2-18-00 11:00
Church, Chapel, Graveside : CA Burial Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 50 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes..... 14.73

Total Due 1664.73

Paid receipt number 300.00
1364.73

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.

Signature of recorded holder of deed _____

[Signature]
Signature San Jacinto Dr.
Address X128 SAN JACINTO DR
X SAN DIEGO 92114
City X264-30912 Zip Code
Telephone

Invoice # _____

Work Order # **E 15550**

Acct. # _____

REA-104 (7-99)

This information is available in alternative formats upon request.

Printed on recycled paper.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NATHAN	1B. MIDDLE -	1C. LAST (FAMILY) SMITH, SR.	2. DATE OF BIRTH MONTH DAY YEAR 08/16/1932	3. DATE OF DEATH MONTH DAY YEAR 02/10/2000	4. SEX M
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NATHAN SMITH, JR. - SON 128 SAN JACINTO DR. SAN DIEGO, CA 92108 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>K. Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 02/17/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/17/2000 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003337
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92182	11B. DATE BURIED 2-18-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. Walker</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- ICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E 15550

D. I. P.
WARREN RUNG

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-14-00

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

of BLANCHE E. RUNG

in a LINER Funeral, date, time THUR 2-17 11:00

Church, Chapel, Graveside : FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 51 Grave 1 Row 1 Section 1 Division Block 11

Grave space & Care Fund PRE-NEED D-3298 0

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container FEB 18 / 2000 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52139 769.73

Balance due 0

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

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

Signature of recorded holder of deed

X
Signature

X
Address

X
City

Zip Code

X
Telephone

Invoice #

Work Order # E 15551

Acct. #

E 15551

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) Blanche		1B. MIDDLE Emily		1C. LAST (FAMILY) Rung		2. DATE OF BIRTH MONTH DAY YEAR 11/15/1908		3. DATE OF DEATH MONTH DAY YEAR 02/13/2000		4. SEX F	
5A. CITY OF DEATH La Mesa				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rose Bender, daughter-in-law 9668 Via Kenora Spring Valley, CA 91977					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>[Signature]</i> 02/14/2000			

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7130 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/16/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003265 T. Truesdale	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

		FOR CORONER'S USE ONLY	
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED 2-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-14-00

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

in a LINER Funeral, date, time THUR 2-17 11:00

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 129 Grave 10 Row _____ Section 1 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees FEB 14 2000 145.00

Flower vases - Marker setting fee —

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.73

Total Due 1664.73

Paid receipt number R-52126 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Tanya Herrod
Signature

X 2219 Ralene St
Address

X San Diego 92105
City

X (619) 262-7727
Telephone

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

Work Order # **E 15552**

Invoice # _____

Acct. # _____

E15552

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) ELSIE	1B. MIDDLE LOUISE	1C. LAST (FAMILY) PRATT	2. DATE OF BIRTH MONTH DAY YEAR 07/25/1938	3. DATE OF DEATH MONTH DAY YEAR 02/09/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TANYA HERROD DAUGHTER 2219 RALENE STREET SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Fun Walker</i>		
			8B. DATE SIGNED 02/14/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 2/14/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Darryl R. Jones</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CITY RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-14-00

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

of MIGUEL GILES Guadalajara

In a Double Death Funeral, date, time FRI- 3:30-00

Church, Chapel, Graveside : 10:00 Mortuary.

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

will be applied and billed to undersigned.

Lot 51 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

PAID
FEB 22 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 2044.45

Paid receipt number R-52129 1900.00

Balance due 144.45

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

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

Signature of recorded holder of deed

X Merced Giles Peralta
Signature
X 3344 Van DYKE Ave #8
Address
X San Diego Ca 92105
City Zip Code
X 619 281-4639
Telephone

Invoice #

Work Order # **E 15553**

Acct. #

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) MIGUEL	1B. MIDDLE ANTONIO	1C. LAST (FAMILY) AYALA GILES-AYALA	2. DATE OF BIRTH MONTH DAY YEAR 03/01/1940	3. DATE OF DEATH MONTH DAY YEAR 02/29/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELENA PERALTA GILES-WIFE 3344 VAN DYKE AVE APT#8 SAN DIEGO, CA, 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jose Chavez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/03/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/03/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004178
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

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

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 3 3 00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY /	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION /
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY /
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER /
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION /
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-00

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

In a Lin Funeral, date, time SAT 2-19 2:30

Church, Chapel, Graveside : CA Cremation Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 37 Grave 12 Row 2 Section 2 Division Block 12

Grave space & Care Fund PAID 895.00

Additional spaces and care fund —

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker 600.00

Recording and filing fees 45.00

Sales taxes 14.73

PAR JEANETTE Total Due 2264.73

CA BURIAL to PAID receipt number R-52145 2264.73

BRING check, Balance due 0

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

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

ENG SO TE

Signature of recorded holder of deed

X Signature Eng So Te

X Address 4068 46th St #A

X City San Diego

X Telephone 619 584-0510

Invoice # —

Acct. # —

Work Order # E 15554

E15554

JEANETTE

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-00

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

of BRUCE Niph
In a liner Funeral, date, time SAT 2-19 2:30
Type of Burial Container
Church, Chapel, Graveside : CA Cremation Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X

Lot 37 Grave 12 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00
Additional spaces and care fund _____
Opening/Closing & Setup 375.00
Burial Container 190.00
Handling Fees 145.00
Flower vases - Marker setting fee SATURDAY OVERTIME 600.00
Recording and filing fee 45.00
Sales taxes 14.73
Total Due 2264.73

PER JEANETTE
CA BURIAL TO
BRING check
X

Paid receipt number _____
Balance due _____

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

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

ENG SO TE
Signature of recorded holder of deed

X E. S. Te
Signature
X _____
Address
X 4068 46th St #A
City
X E. S. Te CA 92105
Telephone 619 584-0510

Work Order # E 15554

Invoice # _____
Acct. # _____

E15554

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BRUCE	1B. MIDDLE —	1C. LAST (FAMILY) NIPH	2. DATE OF BIRTH MONTH DAY YEAR 05/05/1966	3. DATE OF DEATH MONTH DAY YEAR 02/14/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENG TE - WIFE 4068 46TH STREET #A SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person being permitted <i>Fun Walker</i>		
			8B. DATE SIGNED 02/17/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/17/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003303
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-00

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

In a T.S. Vault Funeral date, time Tue 2-18 1:30

Church, Chapel, Graveside : Payson 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. XMM

✓ Lot 1131 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container..... 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 1769.38

Total Due 1769.38

Paid receipt number R-32142 1769.38

Balance due 0

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

Montrelia McCree X Montrelia McCree

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

Signature of recorded holder of deed

Signature 8519 PARADISE VLY RD

Address San Diego 91977

City (619) 296-8515 Zip Code

Telephone

Invoice # _____

Work Order # E 15555 Acct. # _____

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

2-16-00 per Debbie
notary to bring check

E15555

E155 55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret		1B. MIDDLE Ann		1C. LAST (FAMILY) Holmes <i>HOLMES</i>		2. DATE OF BIRTH MONTH DAY YEAR 08/21/1950		3. DATE OF DEATH MONTH DAY YEAR 02/13/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Margus R. Holmes, Son 4204 Gordon Way La Mesa, CA 91941 <i>4204</i>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		5A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather Williams</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 02/16/2000					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/16/2000 <i>Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003266			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 2-16-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-16-00

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

of SEVENTY TOAST PA 20001033

in a Double Depth Funeral, date, time Wed 2-16 11:00

Church, Chapel, Graveside Delivery : Altman Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1 Grave YT Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ PA 1P 165.00

Burial Container _____ 50.00

Handling Fees _____ 3-20-00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 328170

Acct. # 000952

Work Order # E 15556

E15556

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) SEVENTY	1B. MIDDLE -	1C. LAST (FAMILY) TOAST	2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH, DAY, YEAR 02/03/2000	4. SEX M.
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOESB-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1658		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 02/15/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/15/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy Lopez</i> 2003129
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-16-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFF- ICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED 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.

E 15556

328170	02/18/00	000952	COUNTY OF SAN DIEGO	03/20/00	CK	386.00	386.00	0.00
			100 072	77181	000072	165.00		
			100 072	77182	000072	50.00		
			100 072	77183	000072	45.00		
			67007	77184		126.00		
							PAID IN FULL	

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-17-00

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

of Anthony Ashley
in a T.S. Vault Funeral, date, time 2-22 Tues 10:00

Church, Chapel, Graveside Graveside; Daysdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 105 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container FEB 22 2000 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-52148 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Laura A Dixon
X 5891 Old Memory Ln
X San Diego 92114
X 362-4915 Zip Code
Telephone

Work Order # E 15557

Invoice # _____
Acct. # _____

E15557

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

43

1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony		1B. MIDDLE -	1C. LAST (FAMILY) Ashley		2. DATE OF BIRTH MONTH DAY YEAR 06/11/1956	3. DATE OF DEATH MONTH DAY YEAR 02/14/2000	4. SEX M
5A. CITY OF DEATH National City			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Maria York, Step-Daughter 5891 Old Memory Lane San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 02/17/2000
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/17/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003326
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102		11B. DATE BURIED 2-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

E 15557

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace C. Bradley

in a Cremation Funeral, date, time Thurs 2-23 1:00

Church/Chapel/Graveside La Brea Mortuary.

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

will be applied and billed to undersigned.

Lot 200 Grave 4 Row 2 Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 1664.73

Paid receipt number R-52138 1664.73

Balance due 0

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

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

Signature of recorded holder of deed 228917 Beverly L. Thomas

Signature 10947 Hyades Way

Address San Diego CA 92126

City (858) 693-3646

Telephone Zip Code

Invoice #

Acct. #

Work Order # E 15558

15558

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E15558

81

1A. NAME OF DECEDENT—FIRST (GIVEN) GRACE	1B. MIDDLE C.	1C. LAST (FAMILY) BRADLEY	2. DATE OF BIRTH MONTH, DAY, YEAR 02/17/1918	3. DATE OF DEATH MONTH, DAY, YEAR 02/16/2000	4. SEX F
5A. CITY OF DEATH POWAY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BEVERLY THOMAS-DAUGHTER 10947 HYADES WAY SAN DIEGO, CA 92126	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 02/22/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 02/22/2000 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 2003478	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-00

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

of Elizabeth Knechtel
In a T.S. Vault Funeral, date, time Fri 2-25 11:00

Church, Chapel, Graveside Requiem Mortuary Lewis Colonial

All Funeral cars 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 Pre-Need Section 16 Division/Block 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 874.38

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 874.38

Paid receipt number R-52147 874.38

Balance due 0

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

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

Signature of recorded holder of deed

X Barbara D. Knechtel
Signature
4715 240122 DR
Address
SAN DIEGO CA 92115
City Zip Code
(619) 582-9561
Telephone

Invoice #

Work Order # **E 15559**

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH	1B. MIDDLE S.	1C. LAST (FAMILY) KNECHTEL	2. DATE OF BIRTH MONTH DAY YEAR 07/20/1913	3. DATE OF DEATH MONTH DAY YEAR 02/20/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARRON G. KNECHTEL -- HUSBAND 4715 LUCILLE DR SAN DIEGO, CA 92115			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Baron G. Knechtel</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10324 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/23/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/24/2000 P. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003673
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 2-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

DIP
charita clayton

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-00

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

of GLENN CLAYTON

In a LINER Funeral, date, time THUR 2-24 9:00
Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY : LEWIS COLONIAL Mortuary.
MAX

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

will be applied and billed to undersigned. _____

Lot 5 Grave 4 Row _____ Section 100F Division/Block 24

Grave space & Care Fund _____ PRE-NEED D-3088 ⊕

Additional spaces and care fund _____

Opening/Closing & Setup _____ ⊕

Burial Container _____ ⊕

Handling Fees _____ ⊕

Flower vases - Marker setting fee _____ ⊕

Recording and filing fee _____ ⊕

Sales taxes* _____ ⊕

Total Due _____ ⊕

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15560

Linley -

Wendy

503

292-6654

fax

503-297-2646

E15560

E15560

E15560

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

94

1A. NAME OF DECEASED—FIRST (GIVEN) GLEN	1B. MIDDLE L.	1C. LAST (FAMILY) CLAYTON	2. DATE OF BIRTH MONTH DAY YEAR 11/22/1905	3. DATE OF DEATH MONTH DAY YEAR 02/19/2000	4. SEX M
5A. CITY OF DEATH BEAVERTON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE OR	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLYNNA MARREEL - DAUGHTER 18240 SW AUGUSTA LANE ALOHA, OR 97006		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person being permitted <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 02/23/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/24/2000 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003605
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S): CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 2-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTORIA D' LORAH COORE

In a Graveside Funeral, date, time WED 2-23 11:00

Church, Chapel Graveside : SD MEMORIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1484 Grave PAID Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund FEB 22 2000

Opening/Closing & Setup 125.00

Burial Container MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Handling Fees _____

Flower vases - Marker setting fee Temporary 31.55

Recording and filing fee 45.00

Sales taxes _____

Total Due 307.55

Paid receipt number R-52146 301.55

Balance due 6.00

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

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

Signature of recorded holder of deed _____

Signature 229083
 Vicki Coore

Address 6677 Adelaide Ave

City San Diego 92115

Telephone 619 582 4603

Invoice # _____

Work Order # E 15561

Acct. # _____

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) Victoria		1B. MIDDLE D'Lorah		1C. LAST (FAMILY) Coore		2. DATE OF BIRTH MONTH DAY YEAR 11/09/1999		3. DATE OF DEATH MONTH DAY YEAR 02/18/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vicki Coore - Mother 8077 Adelaide Ave San Diego, CA 92115					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley Johnson</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 02/22/2000							
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/22/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Johnson			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3351 Market St. San Diego, CA 92102			11B. DATE BURIED 2-23-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Johnson</i>				
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION				
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE		

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-00

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

of Regina James
in a T.S. Vault Funeral, date, time FRI 2-25 1:00

Church, Chapel, Graveside LA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X [Signature]

Lot 240 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container, MAR 01 2000 250.00

Handling Fees MT. HOPE CEMETARY 185.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 19.38

Mortuary to Total Due 1769.38

bring check Paid receipt number R-52157 1769.38

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E 15562

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) REGINA	1B. MIDDLE R.	1C. LAST (FAMILY) JAMES	2. DATE OF BIRTH MONTH DAY YEAR 02/14/1966	3. DATE OF DEATH MONTH DAY YEAR 02/17/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INDEBTMENT SEANON JAMES - FATHER 233 JENNA COURT SAN DIEGO, CA. 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA. 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8B. DATE SIGNED 02/22/2000	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/23/2000 K. WALKER
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003549	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— BEAT OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA. 92102	11B. DATE BURIED 2-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jim Walker</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

FLORENCE JACKSON
1st burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-00

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

In a DOUBLE DEPTH Funeral, date, time THUR 2-24 11:00

Church, Chapel, Graveside Graveside : Rosedale Mortuary.
DERECK

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

Lot 83 Grave 7 Row Section 2 Division/Block 12

Grave space & Care Fund Pre-Paid E-6090

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container **PAID**

Handling Fees

Flower vases - Marker setting fee FEB 24 2000

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETARY

CITY OF SAN DIEGO

Total Due 420.00

Paid receipt number R-52156 420.00

Balance due 0

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

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

Signature of recorded holder of deed

X Phillip Jackson
Signature
X 3164 MARKET ST
Address
X SAN DIEGO 92102
City Zip Code
X 619 238-0274
Telephone

Work Order # **E 15563**

Invoice #

Acct. #

E15563

7

E15583

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Leon		1B. MIDDLE Vernon		1C. LAST (FAMILY) Jackson		2. DATE OF BIRTH MONTH DAY YEAR 09/14/1920		3. DATE OF DEATH MONTH DAY YEAR 02/18/2000		4. SEX M			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Phillip Jackson, Son 3164 Market St. San Diego, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person being permitted <i>Phillip Jackson</i>						8B. DATE SIGNED 02/21/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/23/2000 <i>William</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003559					
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION IS TO OCCUR IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -									
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 2-24-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. Jackson</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-00

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

in a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 13 Grave 4 Row _____ Section 7 Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee FEB 22 2000 45.00

Sales taxes _____

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 45.00

Paid receipt number R-52149 45.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Freddie E. Jara

Address 579-9456

City PO Box 643

Telephone LA MESA, CA 91944

Zip Code

Work Order # E 15564

Invoice # _____

Acct. # _____



CEMETERY SERVICES AGENCY

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

E 15564

OFFER TO PURCHASE

NO. C0851 C

DATE 2-22-2000

This agreement between MARGARET ROBINSON hereinafter referred to as "Buyer," hereby agrees to purchase the following described interment property, subject to acceptance and approval by FREDRIC E. ZARSE, CEMETERY BROKER, hereinafter referred to as "Seller," subject to the terms and conditions contained herein and to the rules and regulations of the cemetery, which are incorporated herein by reference. Buyer hereby grants to Seller a security interest in the following described interment property. Upon acceptance and approval of this agreement, Buyer authorizes Seller to furnish the following:

CEMETERY		PROPERTY DESCRIPTION	
SPACE <u>5</u>	LOT <u>13</u>	LAWN <u>DIVISION 5 SEC 7</u>	
CRYPT	TIER	LOCATION	
NICHE	TIER	COLUMBARIUM	
LAWN CRYPT #	SINGLE <input type="checkbox"/> / DOUBLE <input type="checkbox"/>	LOCATION	

Property Purchase Price (Current Regular Cemetery Price \$ 990. Less Brokers Discount \$ 45.)
Transfer Fee \$ —
ALL MAINTENANCE PAID (ENDOWMENT CARE)

(1) CASH PRICE (TOTAL PURCHASE) (1) \$ 1035.
LESS CREDITS: CASH DOWN PAYMENT \$ 150.
ADDITIONAL DOWN PAYMENT \$ — Due —
OTHER \$ —
(2) TOTAL DOWN PAYMENT (2) \$ 150.
(3) UNPAID BALANCE OF CASH PRICE AND/OR AMOUNT FINANCED (1) minus (2) (3) \$ 885.
(4) FINANCE CHARGE: 12 % ANNUAL PERCENTAGE RATE FOR 12 MONTHS. (4) \$ 58.57
(5) TOTAL OF PAYMENTS (TIME BALANCE) (3) plus (4) (5) \$ 943.57
(6) DEFERRED PAYMENT PRICE (1) plus (4) (6) \$ 1093.57

For value received, I/we agree to pay jointly and severally to FREDRIC E. ZARSE, at La Mesa, California the sum of \$ 943.57 as follows: 12 installments of \$ 78.63, the first installment being payable on APRIL 10 19 2000 and all subsequent installments on the same day of each consecutive MONTH until paid in full.

It is agreed that this contractual agreement is subject to acceptance by FREDRIC E. ZARSE, CEMETERY BROKER and contingent upon this property named herein still being available for sale. If this contract is unacceptable for any reason or if the said property is no longer available for sale, then Buyer's check or cash will be returned and this agreement will become null and void.

The method of computing the unearned portion of the finance charge in the event of prepayment is the Rule of 78's.

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and to obtain a partial refund of the finance charge, if any, provided for herein. (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request. (5) You the Buyer may cancel this transaction with full refund at any time prior to midnight of the 5th calendar day after the date of this transaction, provided no interment has been made. To cancel, mail written notice of your intent to above address.

Seller is authorized to issue Certificate of Ownership as follows: ☐ Joint Tenancy ☐ Individual Ownership

NAME: MARGARET ROBINSON
(PRINT)

Accepted by Cemetery Broker this 22 day of 2, 19 2000
By Fred Zarse
FREDRIC E. ZARSE

BUYER'S SIGNATURE X Margaret Robinson
BUYER'S SIGNATURE
HOME ADDRESS: 5826 STREAMVIEW DR #102
SAN DIEGO, CA 92105
(CITY STATE ZIP CODE)
TELEPHONE: 287-0940-CELL: 248-9113
Counselor FRED ZARSE No. C0851 C

Contract No. C0851 C Source TRIBUNE
IMPORTANT: The terms and conditions on the reverse side are part of this agreement.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That _____

ROGER L. KNUDSEN

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERYDIVISION 5 SECTION 7LOT 13 GRAVES 4 & 5

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

Signature

X Rodger L. Knudsen

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On January 11, 19 2000 before me, the undersigned, a Notary Public in and for said State personally appeared, Rodger L. Knudsen

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(SEAL)

Notary Public Signature



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
 DATE OF DOCUMENT _____ NUMBER OF PAGES _____
 SIGNER(S) OTHER THAN NAMED ABOVE _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E15564

7/17/1962

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rodger L. Knudsen for the sum of \$ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 13 Graves 4 and ~~5~~ Section 7 Division 5

AS DESCRIBED ON PURCHASE ORDER NUMBER 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

Raymond W. Rehne
Cemetery Manager

Pauline du Garay Acit
Park and Recreation Director

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-00

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

of Charlotte Robinson

in a liner Funeral, date, time Fri 2-25 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 13 Grave 4 Row Section 7 Division/Block 5

Grave space & Care Fund 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52150 769.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # **E 15565**

E 15565



E15565

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) CHARLOTTE	1B. MIDDLE MARIE	1C. LAST (FAMILY) ROBINSON	2. DATE OF BIRTH MONTH DAY YEAR 09/01/1946	3. DATE OF DEATH MONTH DAY YEAR 02/15/2000	4. SEX F
6A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET ROBINSON - DAUGHTER 5826 STREAMVIEW DR., #122 SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Wacker</i>		8B. DATE SIGNED 02/24/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/25/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-22-00

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

of Olivia Almeida
in a liner Funeral, date, time Thur 2-24 10:00
Church, Chapel, Graveside Graveside Mortuary Mayr

All Funeral cars 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/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees **FEB 22 2000** 145.00

Flower vases - Marker setting **MT. HOPE CEMETARY** _____

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number VISA 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Jimenez
Signature 670 Fst #16
Address Chula Vista, Ca 91911
City (619) 425-9919 Zip Code _____
Telephone _____

Work Order # **E 15566**

Invoice # _____

Acct. # _____

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) Olivia	1B. MIDDLE V.	1C. LAST (FAMILY) Almeida	2. DATE OF BIRTH MONTH DAY YEAR 04/22/1945	3. DATE OF DEATH MONTH DAY YEAR 02/21/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Liza Jimenez - Daughter 630 S. Masselin St. Los Angeles, CA 90036		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>		
			8B. DATE SIGNED 02/23/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 02/24/2000 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003622
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 23751 Market ST. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-23-00

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

of Ida Lee Hopkins

in a ash vault Funeral, date, time Monday 3-13-00

Church, Chapel, Graveside _____; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 128 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees MAR 13 2000 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-52215 26926

Balance due 0

Mortuary to
bring ash

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

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

X
Signature

5050 Federal Blvd
Address

S.D. CA 92102
City

(619) 263-3141
Telephone

Zip Code

Signature of recorded holder of deed _____

Work Order # **E 15567**

Invoice # _____

Acct. # _____

E15567

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) Ida		1B. MIDDLE Lee		1C. LAST (FAMILY) Hopkins		2. DATE OF BIRTH MONTH DAY YEAR 02/11/1949		3. DATE OF DEATH MONTH DAY YEAR 02/19/2000		4. SEX F			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marsalatte Hopkins, Daughter 4630 Nogal St. Apt. C San Diego, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragudale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]				8B. DATE SIGNED 02/25/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/25/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003786			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 3-13-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92580				12B. DATE CREMATED 2-28-00		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]					
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-23-00

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

in a DOUBLE DEPTH Type of Burial Container Funeral, date, time FRI 2-25 2:00

Church, Chapel, Graveside Graveside : Heatheringill RICK Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1425 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid E-11364 0

Additional spaces and care fund _____

Opening/Closing & Setup " " 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee _____

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order # E 15568

Invoice # _____

Acct. # _____

E15568

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

76

1A. NAME OF DECEDENT—FIRST (GIVEN) Rose	1B. MIDDLE -	1C. LAST (FAMILY) Blench	2. DATE OF BIRTH MONTH DAY YEAR 05/21/1923	3. DATE OF DEATH MONTH DAY YEAR 02/23/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Angus Blench, husband 3906 Falcon St. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Lu Jencdale</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 02/24/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/24/2000 T/Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003696
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEM(S)	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 2-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-23-00

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

in a T.S. VAULT Funeral, date, time Friday 2-25-00 11:00

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 73 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number Credit card 1769.38

Balance due 0

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

I hereby authorize the interment in lot hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # **E 15569**

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLES	1B. MIDDLE —	1C. LAST (FAMILY) BOYKIN	2. DATE OF BIRTH MONTH DAY YEAR 07/13/1946	3. DATE OF DEATH MONTH DAY YEAR 02/16/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARLOTTE BOYKIN-WIFE 3868 36TH STREET SAN DIEGO, CA. 92104	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		
			8B. DATE SIGNED 02/24/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/24/2000 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003685
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 30%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> <div style="width: 30%;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) </div> </div>
--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA. 92102	11B. DATE BURIED 2-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

30 2
15 W
9 1/2 H

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-23-00

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

of VERONICA RAMIREZ

In a _____ Funeral, date, time THUR 2-24 11:00

Church, Chapel, Graveside GUADALUPANA Mortuary, JOSE

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

will be applied and billed to undersigned. _____

Lot 967 Grave _____ Row _____ Section 1 Division Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 125.00

Burial Container _____

Handling Fees **PAID** _____

Flower vases - Marker setting fee _____

Recording and filing fee FEB 23 2000 45.00

Sales taxes _____

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due 270.00

Paid receipt number R-52153 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone# _____

Work Order # **E 15570**

Invoice # _____

Acct. # _____

Jorge (619) 690-2506
PAPA

Juan Riviera Tio

Able 11-15-00 me contestó
una señora y me dijo que
No bibian hay. Talbes es-
taban bibiendo en un
Hotel.

E 15570

ABIE CON UNA E 15570
SRA. AL 231-9351
El NOV-16-2000 A HE
11 15 MEDIO que
iba a dejar un
recado. El NO Bide
en la casa

JORGE (619)
690-2506 PAPA

JUAN RIVIERA TIO
(619) 231-9351

E 15570

E15.510

DATE	TIME	LOCATION	TIME	TIME
1954-05-11	10:00	1000	1000	1000

E 15510

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15570

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) VERONICA		1B. MIDDLE LIZETH	1C. LAST (FAMILY) RIVERA-RAMIREZ		2. DATE OF BIRTH MONTH DAY YEAR 05/23/1999	3. DATE OF DEATH MONTH DAY YEAR 02/19/2000	4. SEX F
5A. CITY OF DEATH SAN YSIDRO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JORGE RIVERA—FATHER 167 PEPPER DRIVE SAN YSIDRO, CA, 92173		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARDALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92186-5222				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				8B. DATE SIGNED 02/23/2000			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/23/2000	
		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOSE CHAVEZ, 2003565					
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —					
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE					<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
					FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102		11B. DATE BURIED 2-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-25-00

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

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 102 Grave 7 & 9 Row _____ Section 1 Division/~~Block~~ 13

Grave space & Care Fund 895 at 2 1790.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** _____

Burial Container _____

Handling Fees FEB 25 2000 _____

Flower vases - Marker setting fee _____

Recording and filing fee **MT. HOPE CEMETARY** **CITY OF SAN DIEGO** _____

Sales taxes _____

Total Due 1790.00

Paid receipt number R-52158 1790.00

Balance due 0

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

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

Signature of recorded holder of deed

X Mildred Bell
Signature
X 2331 Quincy Ave.
Address
X San Diego CA 92113
City Zip Code
X (619) 239-3484
Telephone

Invoice # _____

Work Order # **E 15571**

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-11-99

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

of Henry M. Andrews

in a Double Depth Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned _____

Lot 9 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 10-11-99 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 29.78

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2069.23

Paid receipt number R-51605 2069.23

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15572**

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51605

E155 12

Date: 10-11, 1999

From: HELEN M. ANDREWS Address: 812 ELIZABETH ST San Diego 92113

Two-Thousand-Sixty-Nine & 23/100 Dollars (\$ 2,069.23)

In: CHECK Payment of D/D LAMM CRYPT

Lot #9 Grave #6 D/D Row - Section 2 Division Block 12.

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED

PAID IN THIS SPACE

PAID

OCT 11 1999

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIFPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5578

ISSUED BY

CREDIT	67007	179.00
20% Sales Care	77184	
80% Sales	100	716.00
of Lots	77184	
Opening/	100	325.00
Closing	77181	
Burial	100	360.00
Containers	77182	
	100	380.00
Handling Fee	77185	
Recording &	100	6808.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	31.23
	78390	

TOTAL PAID

\$

2,069.23

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-25-00

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

of Margaret Letcher

In a T.S. Vault
Type of Burial Container

Funeral, date, time Tues 2-29 2:00

Church, Chapel Graveside Featheringill Mortuary.

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

Lot 99 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid E-13505 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

I hereby certify I am the SON of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Signature of recorded holder of deed _____

Signature [Signature]
Address 4362 PARKWAY AVE
City SAN DIEGO CA 92122 Zip Code
Telephone 558-453-6185

Invoice # _____
Work Order # E 15573 Acct. # _____

REA-104 (7-00) This information is available in alternative formats upon request.
Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret	1B. MIDDLE Ellen	1C. LAST (FAMILY) Letcher	2. DATE OF BIRTH MONTH DAY YEAR 12/23/1911	3. DATE OF DEATH MONTH DAY YEAR 02/23/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jack Stookey, son 4362 Pavlov Ave. San Diego, CA 92122	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8. SIGNATURE OF APPLICANT—Person being permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 02/25/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/25/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. Maggard
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-29-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-28-00

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

of Harry Bieber
In a ash vault Funeral, date, time Mon 3-6 10:00

Church, Chapel, Graveside Witness Only: Featheringill Mortuary.

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

Lot 1538 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Paid B-8144

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number A-52160 269.26

Balance due 0

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

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

Signature of recorded holder of deed

X Louise A Cross
Signature 4461 Menlo Ave #11
Address San Diego 92115
City Zip Code
X 619-281-8707
Telephone

Work Order # **E 15574**

Invoice #

Acct. #

E 15574

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT—FIRST (GIVEN) Harry	1B. MIDDLE William	1C. LAST (FAMILY) Bieber	2. DATE OF BIRTH MONTH DAY YEAR 06/04/1927	3. DATE OF DEATH MONTH DAY YEAR 02/27/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Louise A. Cross, sister 4461 Manito #11 San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/29/2000 T. Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2003909
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92580	12B. DATE CREMATED 3-1-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-28-00

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

of Tajire Holmes

In a Funeral, date, time Tues 2-29 2:30

Church, Chapel, Graveside Greenwood Mortuary,

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

will be applied and billed to undersigned,

Lot 60 Grave A Row MUSLIM Section Division/Block

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 125.00

Burial Container

Handling Fees

Flower vases - Marker setting

Recording and filing fee 45.00

Sales taxes

Total Due 270.00

Paid receipt number R-5264 270.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 15575**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

4 DAYS

1A. NAME OF DECEDENT—FIRST (GIVEN) TAJIRI	1B. MIDDLE SHANGAZZA	1C. LAST (FAMILY) HOLMES	2. DATE OF BIRTH MONTH DAY YEAR 02/15/2000	3. DATE OF DEATH MONTH DAY YEAR 02/19/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT THOMAS H. HOLMES - FATHER 4710 ART STREET #3 SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843	8A. SIGNATURE OF APPLICANT—Person taking permit 		
8B. DATE SIGNED 02/26/2000					

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. AMOUNT OF FEE PAID \$7.00		8B. DATE PERMIT ISSUED 02/28/2000	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2003832
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-29-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-29-00

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

of Blair Jean Grace

In a liner Funeral, date, time Thurs 3-2 10:00

Church Graveside ; Heptone Mortuary.

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

Lot 553 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PAID R-2nd D-5205 +

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 769.73

Total Due 769.73

Paid receipt number R-52167 769.73

Balance due +

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

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

Signature of recorded holder of deed _____

Blair Grace
Signature 5019 WATER CREST
Address Bonita CA 91902
City CA Zip Code
619 479 9808
Telephone

Work Order # E 15576

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

No. 21869

DATE 11-25-1974

FROM W. E. McAfee ADDRESS 1230 Flamingo, El Cajon, CA
One hundred Eighty + 4/10 DOLLARS (\$ 180.00)
IN full PAYMENT OF Pr - need lot

LOT 553 GRAVE — ROW — SECTION — DIVISION 10

INVOICE NO. CASH

W.O. D-5205

UNPAID BALANCE
AFTER THIS PAYMENT 0

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

PAID

NOV 25 1974

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

ISSUED BY D. O'Sullivan

CREDIT	306	
SALES CARE	951	90.00
HALF SALES	100	9.00
OF LOTS	7784	
	100	
OPENINGS	7781	
	100	
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		180.00



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

E15516

7698

11/25/1974

OWNERSHIP AND INTERMENT PRIVILEGES

TO W. E. McAfee for the sum of \$ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 553 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5205

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

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

Regulation flush type marker only.

B. W. Lehner
Cemetery Manager

W. L. MacFarlane
Property Director



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151

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

E15576

QUITCLAIM DEED

In consideration of thirty - Five Dollars transfer
fee

I/We W. E. McFee

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 HAVE AND TO HOLD the above-described quitclaimed property unto the
said Jean Grace, its successors and assigns forever.

WITNESS my/our hand this 3rd day of April 19 91

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

x W. E. McFee

Arnold Robinson

Notary Public

Chortaw Co., Oklahoma

Comm Expires 11-12-93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALICE	1B. MIDDLE JEAN	1C. LAST (FAMILY) GRACE	2. DATE OF BIRTH MONTH, DAY, YEAR 08/29/1928	3. DATE OF DEATH MONTH, DAY, YEAR 02/27/2000	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Neptune Society 14065 Hwy 8 Bus.El Cajon, CA 92021			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1352		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge, as applicant, that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Terri Chase, Daughter 5619 Watercrest Drive Bonita, CA 91902		
			8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 2-29-00

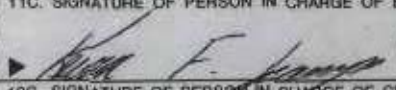
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OR FEE PAID \$7.00	8B. DATE PERMIT ISSUED 02/01/2000 R. Kerrigan	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004007
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street; San Diego, CA 92102	11B. DATE BURIED 3-2-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-29-00

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

In a T.S. VAULT Funeral, date, time Mon 3-6 9:00

Church/Chapel/Graveside La Bural Mortuary.

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

will be applied and billed to undersigned.

Lot 152 Grave 4 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker MT HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 1769.38

Paid receipt number M/C 1769.38

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # E 15577

E15577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. NAME OF DECEDENT—FIRST (GIVEN) CARLOS	1B. MIDDLE E.	1C. LAST (FAMILY) ESPANTO	2. DATE OF BIRTH MONTH DAY YEAR 04/04/1906	3. DATE OF DEATH MONTH DAY YEAR 02/27/2000	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER NAME SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ADORACION ESPANTO-SPOUSE 2786 LANDSCAPE DRIVE SAN DIEGO, CA 92139	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code.			8B. DATE SIGNED 03/01/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/01/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. MITCHELL
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS - CIVIL BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92103	11B. DATE BURIED 3-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-29-00

*Pre-Paid
Lot & Trust*

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

of Katherine A. Mosley

In a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 3672 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

PAID

APR 03 2000

**MT. HOPE CEMETARY
CITY OF SAN DIEGO**

Total Due 1869.38

Paid receipt number VISA 500.00

Balance due 1369.38

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

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

Signature of recorded holder of deed _____

X Katherine A. Mosley
Signature
X 1042 Grand Ave
Address
X Nation San Diego Ca 92109
City
X 858 272 2634
Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15578**

1369.38 Balance

1369.38 A-52282

~~0~~

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

2/29/00

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

in a TS Funeral, date, time Fri 3-3-00 10:00

Church, Chapel, Graveside Graveside : Markley-Mitchel 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 81 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container FEB 29 2000 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1569.38

Paid receipt number R-52166 1769.38

Balance due 1769.38

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

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

Signature Serge Vihrov

Address 58-21 L.J Blvd

City San Diego

Telephone 858-459-1129

Zip Code 92104

Signature of recorded holder of deed

Invoice # _____

Work Order # E 15579

Acct. # _____

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) JOVANKA	1B. MIDDLE -	1C. LAST (FAMILY) VIHROV	2. DATE OF BIRTH MONTH DAY YEAR 11/28/1919	3. DATE OF DEATH MONTH DAY YEAR 02/28/2000	4. SEX F
5A. CITY OF DEATH LA JOLLA	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SERGE VIHROV - HUSBAND 5821 LA JOLLA BLVD. LA JOLLA, CA 92037		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 03/02/2000		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR: ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/02/2000 TC MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004151
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-29-00

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

of Syvilla Yvetta Williams

In a LINER Funeral, date, time Friday 3-3-00 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 129 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 1664.73

Mortuary to
bring check

Total Due 1664.73

Paid receipt number R-52178 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Roberto Williams
Signature
P.O. Box 1411
Address
LEMON GROVE 91946
City Zip Code
(619) 978-3077 - Pgr
Telephone

Work Order # **E 15580**

Invoice # _____

Acct. # _____

E 15580

E15580

48

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Syvilla	1B. MIDDLE Yvette	1C. LAST (FAMILY) Williams	2. DATE OF BIRTH MONTH DAY YEAR 07/14/1951	3. DATE OF DEATH MONTH DAY YEAR 02/27/2000	4. SEX F
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ricardo Williams, Husband P.O. Box 1411 Lemon Grove, CA 91946		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/01/2000
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 315 N. Figueroa St. Los Angeles, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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

2/29/00

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

of MARGIE R. GRUNDY

In a

liner

Funeral, date, time

FRI-3-300 1:00

Church, Chapel, Graveside

Ragsdale

Mortuary,

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

150.00

will be applied and billed to undersigned, P2

Lot 43 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

FEB 29 2000

PAID

Total Due 1664.73

Paid receipt number Credit card 1664.73

Balance due 0

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

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

Signature

Address

City

Telephone

10117 CAMINO ELENA

ESCONDIDO, CA 92026

(760) 749-6650

Zip Code

Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 15581

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) Margie	1B. MIDDLE Rowe	1C. LAST (FAMILY) Grundy	2. DATE OF BIRTH MONTH DAY YEAR 10/27/1918	3. DATE OF DEATH MONTH DAY YEAR 02/27/2000	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Paul Grundy, Son 10117 Camino Elena Escondido, CA 92026	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/02/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/02/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004118
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-2-00

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

of Ophelia La New

In a TS Vault Type of Burial Container Funeral, date, time Friday 3-3-00

~~Church, Chapel~~, Graveside Graveside : Mayer Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2646 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Prenod D-762 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees Prenod 10462 0

Flower vases - Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

interfund transfer
3-7-00 Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15582**

Personal Trust

E 15582

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-17-92

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

of Ophelia La Nou

in a T.S. Vault Vault/Urns 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 will be applied
and billed to undersigned. War time veteran No

Lot 2046 Grave _____ Row _____ Section _____ Division/Block 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 45.-

Sales taxes 17.-

Total Due 822.-

Paid receipt number 430025 822.-

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10462

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

E 15582

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) Ophelia	1B. MIDDLE -	1C. LAST (FAMILY) La New	2. DATE OF BIRTH MONTH DAY YEAR 07/31/1905	3. DATE OF DEATH MONTH DAY YEAR 02/28/2000	4. SEX F
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Greg Brown, PA 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424	8A. SIGNATURE OF APPLICANT—From taking permit John Mayer		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/02/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/02/2000 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004113
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kristen F. Jensen
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-2-00

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

of Fejima, Mary ~~✗~~

In a ash Vault Funeral, date, time Monday - 6-2000 10:00 AM

Church, Chapel, Graveside Family Mortuary, 150.00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned. X Philip J. Egon

Lot 9951 Grave — Row — Section — Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MAR 02 2000

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due # 269.26

Paid receipt number R-52171 269.26

Balance due 0

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

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

SON
Signature of recorded holder of deed

Philip J. Egon
Signature
11234 Pinestone Ct
Address
San Diego CA 92128
City Zip Code
858 487-2270
Telephone

Work Order # E 15583

Invoice #

Acct. #

76627 E15583 EN 692 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE -	1C. LAST (FAMILY) ELJIMA	2. DATE OF BIRTH MONTH DAY YEAR 07/30/1919	3. DATE OF DEATH MONTH DAY YEAR 02/26/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PHILIP ELJIMA - SON 11234 PINESTONE CT SAN DIEGO, CA 92128		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-480	8A. SIGNATURE OF APPLICANT—Person taking permit P Valentine		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/01/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/02/2000 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004078
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-3222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 3/3/00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Lot AND City of San Diego

Preneed trust

Date 3-2-00

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

of Evelyn Farrell

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

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

Lot 2103 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 995.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ **PAID** 375.00

Burial Container _____ 250.00

Handling Fees _____ MAR 02 2000 185.00

Flower vases - Marker setting fee _____ MT. HOPE CEMETARY

Recording and filing fee _____ CITY OF SAN DIEGO 45.00

Sales taxes _____ 19.38

Total Due _____ 1869.38

Paid receipt number 52173 1869.38

Balance due 0

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

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

Signature of recorded holder of deed _____

X Holane Castaneda
Signature

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15584

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-2-00

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

of Mr. Walter Watkins

In a Casket Funeral date, time Tues 3-7 9:00

Church, Chapel, Graveside Delivery Only: Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 2093 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1764.73

Total Due 1764.73

*See Pre-Paid
E-14575*

Paid receipt number R-49980

Balance due 590.00

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

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

Signature of recorded holder of deed

Charles E. Wynne

Signature

5347 Bonita DR.

Address

San Diego, CA 92114

City Zip Code

264-0045

Telephone

Invoice #

Work Order # **E 15585**

Acct. #

E15585

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) Walter		1B. MIDDLE Winn		1C. LAST (FAMILY) Watkins		2. DATE OF BIRTH MONTH DAY YEAR 09/06/1913		3. DATE OF DEATH MONTH DAY YEAR 02/28/2000		4. SEX F			
5A. CITY OF DEATH Marshall				5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE Texas		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Willie B. Tillis, Sister 36115 146st St. East 166 Llano, CA 93544							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 03/06/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 03/06/2000 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004271			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)						FOR CORONER'S USE ONLY							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102						11B. DATE BURIED 3-7-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —						12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —						13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —						14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —						15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-3-00

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

of Dwayne Luey

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 613 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 995.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** _____

Burial Container _____

Handling Fees NOV 27 2002 _____

Flower vases - Mark _____

Recording and filing fee MT. HOPE CEMETARY _____
CITY OF SAN DIEGO

Sales taxes _____

Total Due 995.00

Paid receipt number R-52177 248.00

Balance due 747.00

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # **E 15586**

Invoice # _____

Acct. # _____

IVEY, DWAYNE S. 5797 Tooley St., San Diego 92114 264-7230

			DEBIT	CREDIT	BALANCE
03-03-00	Opened Pre-need Lot.				
	Lot 613, Division 10		995.00		995.00
03-03-00	Receipt 52177			248.00	747.00
5-8-00	R- 52405	Coupon #1	199.00	31.00	716.00
6-12-00	R- 52555	# 2	796.00	31.00	685.00
7-20-00	R- 52689	# 3		31.00	654.00
8-21-00	R- 52798	4		31.00	623.00
9-21-00	R- 52897	5		31.00	592.00
10-25-00	R- 53002	6		31.00	561.00
11-22-00	R- 53078	7		31.00	530.00
12-27-00	R- 53186	8		31.00	499.00
01-31-01	R- 53298	9		31.00	468.00
3-2-01	VISA	10		31.00	437.00
4-4-01	VISA	11		31.00	406.00
4-18-01	R-	12		31.00	375.00
5-22-01	VISA			31.00	344.00
7-25-01	R- 53956	(No Coupon Submitted)		-31.00	313.00
9-24-01	VISA			31.00	282.00
10-22-01	VISA			-31.00	251.00
12-4-01	VISA			-31.00	220.00
IVEY, DWAYNE Pre-need Lot			E-15586		

DEBIT

CREDIT

BALANCE

Balance Forwarded

220.00

1/23/02

Paid by m/c VISA

- 31.00

189.00

-02

Paid by check 1707

- 31.00

158.00

5/31/02

Paid by m/c VISA (for Feb)

- 31.00

127.00

5-21-02

PAID BY VISA (for MARCH)

- 31.00

96.00

11-22-02

VISA

96.00

0.00

IVEY Dwayne

E-15586

Pre-need Lot

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

1

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

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

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

\$ 31.00

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

\$

\$

Amount Received \$

NAME Dwayne S. Ivey

ADDRESS 5797 Tooley St

CITY San Diego STATE ca ZIP 92114

☐ check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-15586

Dwayne Ivey

5797 Tooley St.

San Diego, CA 92114

Lot 613 Division 10

Month and Day Due Indicated Below

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

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



\$ 31.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME Dwayne S. Ivey

ADDRESS 5797 Tooley St

CITY San Diego STATE Ca. ZIP 92114

☒ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-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.

\$ **31.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME **Dwayne S. Ivey**

ADDRESS **5797 Tooley St.**

CITY **San Diego** STATE **Ca.** ZIP **92114**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-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	MAR
				10							

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



\$ **31.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-15586**

Dwayne Ivey
5797 Tooley St.
San Diego, CA 92114
Lot 613 Division 10

Month and Day Due Indicated Below

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

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

\$ 31.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-3-00

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

of Nata Fulcher

In a liner Funeral, date, time Tue 3-7 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 223 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases Marker setting fee MAR 06 2000

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number MIC 832.00

Balance due 832.73

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

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

Signature of recorded holder of deed

X Andrea Inf Long
Signature
X 142 Marjorie Lee J
Address
X San Diego Ca 92114
City
X 343-5098
Telephone

Invoice # _____

Acct. # _____

Work Order # E 15587

3-6-00

Marker Setting Fee Paid.
By Dolores Hawthorn M/C

PAID

MAR 10 1900

CITY OF SAN DIEGO
RECEIVED

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) NATA	1B. MIDDLE STARVON	1C. LAST (FAMILY) FULCHER	2. DATE OF BIRTH MONTH DAY YEAR 09/12/1980	3. DATE OF DEATH MONTH DAY YEAR 03/01/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDRES LONG-MOTHER 742 MAJORIE DRIVE SAN DIEGO, CA 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/06/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/06/2000 M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004318
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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

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

of FREDRICK SANFORD

in a LINER Funeral, date, time TUE 3-7 11:00

Church Chapel, Graveside : S.D. Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 65 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PRE-NEED E-5810 +

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 769.73

Paid receipt number R-52192 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15588

Invoice # _____

Acct. # _____

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) Frederick		1B. MIDDLE -	1C. LAST (FAMILY) Sanford		2. DATE OF BIRTH MONTH, DAY, YEAR 10/25/1948	3. DATE OF DEATH MONTH, DAY, YEAR 03/01/2000	4. SEX M
5A. CITY OF DEATH National City			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Isiah Sanford - Father 555 Dawn Ct. Chula Vista, CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeffrey Johnson</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 03/03/2001			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT CANNOT BE USED FOR DISPOSITION OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/06/2000 J. Johnson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004261
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 3 7 00	11C. SIGNATURE OF PERSON IN CHARGE OF <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/6/00

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

of Victoria Jimenez

In a

Type of Burial Container

Funeral, date, time

Wed-3-8 10:00

Church, Chapel, Graveside

Guadalupe

Mortuary.

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

will be applied and billed to undersigned

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15589**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-6-00

open back gate
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ASA DELLAPERSHIA

In a _____ Funeral, date, time TUE 3-7 2:00
Church, Chapel, Graveside _____ : GREENWOOD Mortuary.

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

Lot 93 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund **PAID**

Additional spaces and care fund _____

Opening/Closing & Setup MAR 11 6 2000 425.00

Burial Container _____

Handling Fees **MT. HOPE CEMETARY
CITY OF SAN DIEGO**

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 470.00

Paid receipt number R-52189 470.00

Balance due 0

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

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

Signature of recorded holder of deed

X [Signature] Signature

X P.O. Box 13352 Address

X LA Jolla City CA Zip Code 92039

X (833) 450-4649 Telephone

invoice # _____

Work Order # **E 15590**

Acct. # _____

E15590

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) ASADOLLA	1B. MIDDLE -	1C. LAST (FAMILY) PERSHIA	2. DATE OF BIRTH MONTH DAY YEAR 09/06/1925	3. DATE OF DEATH MONTH DAY YEAR 03/05/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT AFSHEEN GARDOUNI: NEPHEW P.O. BOX 13252 LA JOLLA, CA 92039		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> 8B. DATE SIGNED 03/07/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/07/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2004391
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E15588

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-6-00

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

In a LINER Funeral, date, time Friday 3-10-00 10:00

Church, Chapel, Graveside : MAYER Mortuary.

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

will be applied and billed to undersigned.

Lot 47 Grave 7 Row Section 1 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52213 1664.73

Balance due 0

I hereby certify I am the 1 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

X Signature Lee
X Address
X City attached Zip Code
X Telephone

Work Order # E 15591

Invoice #

Acct. #

E15591

MESSAGE CONFIRMATION
TRANSMISSION

79F US-83 WED 15:05

TERM ID: MT HOPE CEMETERY
TEL NO.:

P-93

NO.	DATE	SL. TIME	TOTAL TIME	NO. PGS	IC	DEPT CODE	#PGS
576	03-02	15:10	00:00:40		281 7587		OK- 1 NG- 0

E15591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary		1B. MIDDLE -	1C. LAST (FAMILY) Weekes	2. DATE OF BIRTH MONTH DAY YEAR 05/16/1913	3. DATE OF DEATH MONTH DAY YEAR 03/04/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Greg Brown, PA 5201-A Ruffin RD San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA				7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 03/08/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR: ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/08/2000 <i>John Mayer</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004481
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Shuler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E15591

INTERMENT ORDER

MARY WEEKS

LIVER

City of Santa Maria

MAY 22

1990

Gravestone & Grave Plot

895.00

Additional Graves and Grave Plot

Opening Ceremony & Service

375.00

Burial Container

190.00

Receiving Vault

145.00

Flower Service - Manual setting fee

Music - Organ and Song Book

45.00

Casket Rental

14.73

MORTUARY TO
DRIVING CHECK

1664.73

SON

F.R. Chan
801 RAENTREE
SANTA MARIA CA 93414
805-937-3060

E 15591

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-6-00

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

of Stephen Bouty Pin# 180351

in a Double Depth Funeral, date, time MON - 13-00 11:00

Church, Chapel, Graveside CA Creation Mortuary.

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

will be applied and billed to undersigned.

Lot 67 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Market setting fee 125.00

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 2589.45

Paid receipt number R-52206 2589.45

Balance due 0

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

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

Signature of recordal holder of deed

Stephen Bouty
Signature
4487 UTAH ST
Address
SAN DIEGO CA 92116
City Zip Code
284-0051
Telephone

Work Order # E 15592

Invoice #

Acct. #

E15592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A. NAME OF DECEDENT—FIRST (GIVEN) STEPHEN	1B. MIDDLE A.	1C. LAST (FAMILY) BOUTY	2. DATE OF BIRTH MONTH DAY YEAR 06/27/1916	3. DATE OF DEATH MONTH DAY YEAR 03/08/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DESSERE BOUTY-WIFE 4487 UTAH STREET SAN DIEGO, CALIFORNIA 92116		
7A. TITLED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREATION AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/00/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/10/2000 M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004676
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92101	11B. DATE BURIED 3 13 00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-6-00

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

of Blora Sheffer

In a ark vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 49 Grave 18 Row _____ Section 5 Division/Block 2

Grave space & Care Fund **PAID** 0

Additional spaces and care fund _____

Opening/Closing & Setup MAR 06 2000 105.00

Burial Container MT. HOPE CEMETARY 55.00

Handling Fees CITY OF SAN DIEGO, CA 60.00

Flower vases - Marker setting fee 125.00

Recording and filling fee 55.03

Sales taxes 4.26

Total Due 404.29

Paid receipt number R-52187 404.29

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Blora Sheffer

Address P.O. Box 2436

City Alpine, CA 91903 Zip Code

Telephone (619) 970-6311

Invoice # _____

Work Order # **E 15593**

Acct. # _____

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

of ROBERT & ESTHER DEMING

In a DOUBLE DEPTH Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3 Grave 7 Row _____ Section MAS Division Q
Pre-Need

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375.00 750.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____

Recording and filing fee PAID 45.00 90.00

Sales taxes _____ 29.45

AUG 28 2003

Total Due 1569.45

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

VISA 392.00

Balance due 1177.45

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

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

Signature of recorded holder of deed _____

X Robert M. Deming
Signature
X 5405 Central Ave.
Address
X Bonita, CA 91902
City Zip Code
X (619) 479-3673
Telephone

Invoice # _____

Work Order # E 15594

Acct. # _____

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

			DEBIT	CREDIT	BALANCE
03-07-00	Opened Pre-need Trust. Trust includes				
	2 Openings/closings, Double Depth Crypt,				
	Handling Fee, 2 Recording Fees, Tax on crypt		1569.45		1569.45
	(Lot 3, Grave 7, MAS, Div Q				
03-07-00	Visa			392.00	1177.45
4-4-00	R- 52287 coupon			49.00	1128.45
5-16-00	R- 52437 2			49.00	1079.45
6-21-00	R- 52586 3			49.00	1030.45
7-20-00	R- 52693 4			49.00	981.45
10-12-00	R- 52971 5 x 6			98.00	883.45
12-5-00	R- 53115 7			49.00	834.45
01-03-01	R- 53203 8			49.00	785.45
03-12-01	R- 53457 9			49.00	736.45
5-22-01	R- 53712 10			49.00	687.45
11-30-01	R- 54404 11			49.00	638.45
7-11-02	R- 55199 12			49.00	589.45
3-11-03	R 55045 11?			49.00	540.45
8-20-03	Mailed delinquent notice				
8/20/03	ML			540.45	0

all for trust

PAID

AUG 28 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

DEMING, ROBERT & ESTHER

Pre-Need Trust

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52586

 Date: 6-21 1900
 From: Robert Deming Address: PO Box 93 Bonita 91908
Holy Name
 In part Payment of Pre-Need Trust Dollars (\$ 49.00)

 Lot 3 Grave 7 Row _____ Section MAS Division Block Q

Invoice No. _____

Acct. No. _____

W.O. E-15594BALANCE DUE 1030.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	49 00
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	49 00

2768

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52437

From: Robert Denning Address: 5405 Central Ave Bonita Date: 5-16 90
Only here 91903
 Dollars (\$ 49.00)
 In part Payment of Pre-Need Trust

Lot 3 Grave 7 Row _____ Section MAS Division Block Q

Invoice No. _____

Acct. No. _____

W.O. E-15594BALANCE DUE 1079.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2743

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

ISSUED BY

CREDIT	87007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83053	49	00
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	49	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52971

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10-12-00, 2000
 From: Robert Deming Address: PO Box 92 Route 91908
Ninety eight Dollars (\$ 98.00)

 In part Payment of Pre-need Trust

 Lot 3 Grave 7 Row _____ Section MAS Division Block Q

Invoice No. _____

Acct. No. _____

W.O. E-15594BALANCE DUE 883.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	87007	
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	63033	98 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	98 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53115

Date: DEC. 5, 2000From: Robert M. Deming Address: 5405 CENTRAL AVE., PO BOX 92, Bonita, CA 91908Forty - NINE and NO/100Dollars (\$ 49.00)In -PART Payment of PRE-NEED TRUSTLot 3 Grave 7 Row - Section MAS Division Q

Invoice No. _____

Acct. No. _____

W.O. E-15594BALANCE DUE 834.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2866

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

DEC 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial	100	
Container's	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53203

Date: January 3rd, 2001From: Robert M. Deming Address: 5405 CENTRAL AVE., P.O. BOX 92, BONITA, CA 91908FORTY-NINE and NO/100 Dollars (\$ 49.00)In -PART Payment of PRE-NEED TRUSTFOR: ROBERT & ESTHER DEMINGLot 3 Grave 7 Row _____ Section MAS Division QInvoice No. /Acct. No. /W.O. E-15594BALANCE DUE 785.45PXMT #8Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2883NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JAN 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53457

Date: March 12, 20 01

From: Robert & Esther Deming Address: 5405 Central Ave., BONITA 91908

Forty-Nine and NO/100 Dollars (\$ 49.00)

In - part Payment of Pre-Need Trust

Lot 3 Grave 7 Row — Section MASONIC Division Q

Invoice No. Acct. No. W.O. E-15594 Open #9BALANCE DUE 736.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#2930

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

MAR 12 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	49.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	49.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56045

E15594

Date: March 17, 20 03From: R. Deming Address: 5405 Central ave Bonita 91902
Forty Nine do llars ^{USD 1100} Dollars (\$) 49.00

 in part Payment of pre need trust
 Lot 3 Grave 7 Row _____ Section Q Division Block Mason
Invoice No. E15594

Acct. No. _____

W.O. _____

BALANCE DUE 540.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

3463

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

PAID

MAR 17 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

49 00

49 00

TOTAL PAID

\$

00-00099

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

of JOHN DOE PA # 20001056

in a DOUBLE DEPTH Funeral, date, time WED 3-8 1:00
Type of Burial Container

Church, Chapel, Graveside DELIVERY 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 2 Grave 1 B Row _____ Section _____ Division Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

MARCO DE LA TODA

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 328945

Acct. # 00952

Work Order # E 15595

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY, YEAR 01/10/2000	4. SEX M.
5A. CITY OF DEATH SAULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DE LA TORA-DEPUTY PUBLIC GUARD 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 03/08/2000		

ACKNOWLEDGMENT OF APPLICANT

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

PERMIT 00-00099 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$ 7.00	8B. DATE PERMIT ISSUED 03/08/2000	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature] MA
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT? HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-8-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED 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 3-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eula Lee Thompson

in a 7 S vault Funeral, date, time Fri 3-17-00 11:00
Type of Burial Container

Church, Chapel, Graveside : Ragsdale Mortuary.

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

Lot 106 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund **PAID** -

Opening/Closing & Setup 375.00

Burial Container MAR 10 2000 250.00

Handling Fees MT. HOPE CEMETARY 185.00

Flower vases - Marker setting fee CITY OF SAN DIEGO - C

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1669.38

Paid receipt number R-52211 1669.38

Balance due 0

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

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

Signature of recorded holder of deed

Ethel Thompson
Signature

1827 Wilson Ave
Address

National city 91950
City Zip Code

(619) 4177-0946
Telephone

Invoice # _____

Work Order # **E 15596**

Acct. # _____

E15596

E15596

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) Eula	1B. MIDDLE Lee	1C. LAST (FAMILY) Thompson	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1916	3. DATE OF DEATH MONTH DAY YEAR 03/08/2000	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. OUTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Etzel L. Thompson, Sister 1827 Wilson Ave. National City, CA 91950		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103770 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 03/13/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/13/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004749
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

D.I.P.
1ST BURIAL
RALPH CRAMPTON

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-9-00

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

of EDITH CRAMPTON

in a LINER Funeral, date, time MON 3-20 10:00

Church, Chapel, Graveside FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned.

Lot 48 Grave 6 Row 17 Division/Block 7

Grave space & Care Fund PRE-NEED D-6252 0

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52234 769.73

Balance due 0

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

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

Signature of recorded holder of deed

X Robert D. Crampton
Signature
X 1646 Rainbow Ave
Address
X San Antonio 6848
City Zip Code
X (408) 643-4849
Telephone

Work Order # E 15597

Invoice #

Acct. #

E 15597

DATE	TIME	TYPE	TIME	TIME
1971-05-01	12:00	1000	1000	1000

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) Edith	1B. MIDDLE Irene	1C. LAST (FAMILY) Crampton	2. DATE OF BIRTH MONTH, DAY, YEAR 06/08/1912	3. DATE OF DEATH MONTH, DAY, YEAR 03/09/2000	4. SEX F
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Crampton, son 1646 Rainbow Ave. Seward, NB 68434			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheriggill Mortuary 6322 El Cajon Blvd. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person issuing permit <i>[Signature]</i>	
8B. DATE SIGNED 03/10/2000		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 2004666000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004666 <i>C. Maggard</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 3-10-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Taty na A. Swafford

In a Graveside Funeral, date, time Tuesday 3-14-00 1:00
Church, Chapel, Graveside; SD Memorial Mortuary.

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

Lot 4102 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund PAID

Opening/Closing & Setup 125.00

Burial Container MAR 10 2000

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number 52209 270.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

253 ORLANDO #N
EL CAJON CA 92021
(619) 593 9638

Zip Code

Invoice # _____

Acct. # _____

Work Order # E 15598

E15598

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) Tatyana		1B. MIDDLE Anise		1C. LAST (FAMILY) Swafford		2. DATE OF BIRTH MONTH DAY YEAR 03/07/2000		3. DATE OF DEATH MONTH DAY YEAR 03/07/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sonji Swafford - Mother 253 Orlando St. #N San Diego, CA 92021					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 03/14/00	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 03/14/2000 J. Johnson		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004806	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3351 Market St. San Diego, CA 92102				11B. DATE BURIED 3-15-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-10-00

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

In a 5 Type of Burial Container Funeral, date, time Tuesday 3:40 1:00
Church, Chapel, Graveside : SD Memorial Mortuary.

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

Lot 4101 Grave 401 Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 125.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 270.00

Paid receipt number 52209 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Ronald Sweetford

Address 253 Orlando St

City EC CA Zip Code 92021

Telephone (619) 593-9638

Work Order # E 15599

Invoice # _____

Acct. # _____

E 15599

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) Tavon	1B. MIDDLE Anthony	1C. LAST (FAMILY) Swafford	2. DATE OF BIRTH MONTH DAY YEAR 03/08/2000	3. DATE OF DEATH MONTH DAY YEAR 03/08/2000	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Senji Swafford - Mother 253 Orlando St. # N. San Diego, CA 92021			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit J. Johnson	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 03/14/00	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/14/2000 J. Johnson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004805
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MY Hope Cemetery; 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 3-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 3-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LESSIE B. COOK

In a LINER Funeral, date, time FRI 3-17 1:00
Type of Burial Container
Church, Chapel, Graveside : RAGSDALE Mortuary.
SKIPPER

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. + H. S

Lot 70 Grave 12 Row — Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

MORTUARY TO Total Due 1664.73
BRING CHECK

Paid receipt number R-52232 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

X Helen Sherman
Signature
X 304 Ledgewood
Address
X San Diego CA 92114
City Zip Code
X 619-475-8731
Telephone

Work Order # E 15600

Invoice # _____

Acct. # _____

E 15600

15600

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) Lessie	1B. MIDDLE Beatrice	1C. LAST (FAMILY) Cook	2. DATE OF BIRTH MONTH DAY YEAR 04/14/1933	3. DATE OF DEATH MONTH DAY YEAR 03/09/2000	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Helen Sherman, Daughter 304 Ledgewood Lane San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit, Helen Sherman 8B. DATE, SIGNED 03/15/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/15/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004945
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -

COPY 2 IS RETAINED BY 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 3-13-00

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 96-99 Grave _____ Row _____ Section Muslim Division/Block 1A

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

MAR 13 2000

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due 2200.00

Paid receipt number RS2218 2200.00

Balance due 0

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

JAVED PARVEZ

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

Signature [Signature]
Address 10506 GIFFIN WAY
SAN DIEGO, CA 92126
City (858) 530-1566 Zip Code
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15601**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-13-00

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

in a LINER Funeral, date, time FRI 3-17 1:00

Church Chapel Graveside : SAN DIEGO MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 131 Grave 11 Row _____ Section 3 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAR 17 2000 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52231 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15602

E-1560Z

Chapel

1:00

€-15602

195.00

 $\sqrt{1500}$

14.73

E-15602

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) Leo	1B. MIDDLE -	1C. LAST (FAMILY) Evans	2. DATE OF BIRTH MONTH, DAY, YEAR 07/30/1932	3. DATE OF DEATH MONTH, DAY, YEAR 03/10/2000	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gary Evans - Son 2421 Balboa Vista Dr. San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Gary Evans</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.		8B. DATE SIGNED 03/16/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/16/2000 J. Johnson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004984
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 3-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

E -15603

is not included
in this spindle

E-15600 - E-15699

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-14-00

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

of Aarna Mielonen PA 2001164
in a DOUBLE DEPTH Funeral, date, time THUR 3-16 11:00
Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY: Feature Mortuary.

All Funeral cars 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 Grave 1T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup PD 165.00

Burial Container 50.00

Handling Fees 4-17-00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E** 15604

Invoice # 329273

Acct. # 000952

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) AARNE	1B. MIDDLE ALBIN	1C. LAST (FAMILY) MIELONEN	2. DATE OF BIRTH MONTH DAY YEAR 09/22/1909	3. DATE OF DEATH MONTH DAY YEAR 03/05/2000	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr, PA 5201 A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was submitted pursuant to Section 7100 of the Health and Safety Code</small>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PERMIT</p> <p>AUTHORIZATION OF LOCAL REGISTRAR</p> <p>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.</p> <p>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</p> </div> <div style="width: 45%;"> <p>9A. AMOUNT OF FEE PAID \$ 7.00</p> <p>9B. DATE PERMIT ISSUED 03/13/2000</p> <p>9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Maggard</p> </div> </div>
<p>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.</p> <p>9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222</p>	

<p>10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 45%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	<p>FOR CORONER'S USE ONLY</p> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-16-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-15-00

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

in a LINER Funeral, date, time Monday, 3-20-00 1:00

Church, Chapel, Graveside MAYER Mortuary.

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

will be applied and billed to undersigned.

Lot 78 Grave 3 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAR 20 2000 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 14.73

IRENE PRENTICE Total Due 1664.73

FAX 694-3987 Paid receipt number R-52235 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature X See
Address X attached
City X attached Zip Code

Telephone X

Work Order # E 15605 Invoice #

Acct. #

00-31-6

281-7055

John Mayer

00220

PAID

00220

00220

00220

00220

00220

00220

00220

CITY OF SAN DIEGO
MT. HOPE CEMETARY
SAN DIEGO, CALIF.

PAID
FAX 619-594-2222

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-15-00You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of IRENE JACOBSIn a LINER Funeral, date, time _____Church, Chapel, Graveside _____ MAYER Mortuary.All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot	<u>78</u>	Grave	<u>3</u>	Row		Section	<u>1</u>	Division/Block	<u>12</u>
Grave space & Care Fund									<u>895.00</u>
Additional spaces and care fund									<u>—</u>
Opening/Closing & Setup									<u>375.00</u>
Burial Container									<u>190.00</u>
Handling Fees									<u>145.00</u>
Flower vases — Marker setting fee									<u>—</u>
Recording and filing fee									<u>45.00</u>
Sales taxes									<u>14.73</u>
Total Due								<u>1664.73</u>	

IRENE PRENTICEFAX 694-3987
858Paid receipt number _____
PUBLIC ADMINISTRATOR/GUARDIAN
PERSON & ESTATE OF IRENE JACOBS

Balance due

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

Signature of record holder of deed

☒ PUBLIC ADMINISTRATOR/GUARDIAN
☒ PERSON & ESTATE OF IRENE JACOBS
Signature BY Jane M. Bantier
☒ Address Public Administrator
☒ City Public Guardian
5201-A Ruffin Road Zip Code
Telephone San Diego, California 92123

3/16/00Work Order # E 15605

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

CK# 207228
attached
amp

E- 15605

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) Irene	1B. MIDDLE -	1C. LAST (FAMILY) Jacobs	2. DATE OF BIRTH MONTH, DAY, YEAR 11/07/1922	3. DATE OF DEATH MONTH, DAY, YEAR 03/03/2000	4. SEX P
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Irene Prentice - PA 5201-A Ruffin Rd. San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD 1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/15/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED 03/15/2000 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004954
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-15-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOUNG NAM LEE

in a LINER Funeral, date, time THUR 3-16 2:00

Church, Chapel Graveside CA MORTUARY Mortuary.

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

Lot 117 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee MAR 15 2000

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1664.73

Paid receipt number R-32223 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # **E** 15606

REA-104 (7-96)

Signature Mido Lee
Address 4104 52nd St. #15
City SAN DIEGO, CA 92105
Telephone (619) 584 4457

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E-15606

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) YOUNG	1B. MIDDLE NAM	1C. LAST (FAMILY) LEE	2. DATE OF BIRTH MONTH, DAY, YEAR 03/05/1948	3. DATE OF DEATH MONTH, DAY, YEAR 03/14/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Hui Joo Lee, Wife 4104 52nd St. #15 San Diego CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Mortuary 9830 Lakewood Blvd. CA 90240			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1648		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 03/15/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/16/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3-16-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

MEMORIAL
SERVICE ONLY

Date 3-15-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR BRIAN HALTERMANN

in a _____ Funeral, date, time Fri 3-24 11:00

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 21 Grave 14 Row _____ Section 1 Division/Block 3

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 8 CHRIAD 50.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes _____

Total Due 50.00

Paid receipt number Credit card 50.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Molly Ann Haltermann - Cont.
Signature Molly Ann Haltermann - Cont.
Address 1071 Summer Lake Dr.
City Orlando FL 32835-0000
Telephone (407) 292-7379

Work Order # E 15607

Invoice # _____

Acct. # _____

Florida ID

H 436-541-43-791-0

PAID

NOV 19 1961

CITY OF SAN DIEGO
ALL HOFF CEMETARY

1961

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-16-00

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

in a liner Funeral, date, time Friday 3-17-00 1:00

Church, Chapel, Graveside : CA Cremation 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 136 Grave 7 Row Section 2 Division/Block 12

Grave space & Care Fund 875.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAR 17 2000 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.73

Mortuary to bring check Total Due 1664.73

Paid receipt number R-52230 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15608

Invoice #

Acct. #

E- 15608

E-15608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JERELENE	1B. MIDDLE —	1C. LAST (FAMILY) NICHOLS	2. DATE OF BIRTH MONTH DAY YEAR 07/12/1927	3. DATE OF DEATH MONTH DAY YEAR 03/13/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA MOORE-DAUGHTER 4363 COPELAND AVE. #6 SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10124 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ma Mitchell</i>		8B. DATE SIGNED 03/16/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 03/16/2000 M. MITCHELL 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004996 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Exelya Markgraft 3-22

in a liner Funeral, date, time wed 11:30
Type of burial container
Church, Chapel, Graveside Lain Colonial Mortuary.

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

Lot 35 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Prenod E 235 0

Additional spaces and care fund _____

Opening/Closing & Setup Prenod 0

Burial Container Prenod 0

Handling Fees Prenod 0

Flower vases - Marker setting fee _____

Recording and filing fee Prenod 0

Sales taxes Prenod 0

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

X Signature _____

X Address See _____

X City attached Zip Code _____

X Telephone _____

Invoice # _____

Work Order # E 15609

Acct. # _____

E- 15609

1942

E-15609

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EVELYN	1B. MIDDLE S	1C. LAST (FAMILY) MARKGRAF	2. DATE OF BIRTH MONTH, DAY, YEAR 07/14/1909	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROY E. MARKGRAF - SON 2894 AUKOI ST LIHUE, HI 96766	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paula E. Vale</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/20/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/21/2000 P. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 3-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-00

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

in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 57 Grave 12 Row _____ Section 3 Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 769.73

Paid receipt number R52239 500.00

Balance due 269.73

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

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

Signature of recorded holder of deed _____

Work Order # E 15610

PAID

SEP 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

375.00

190.00

145.00

45.00

14.73

769.73

500.00

269.73

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52382

Date: 5-3 90

From: Ernestine Williams Address: 4083 Delta St San Diego 92113

Thirty three Dollars (\$ 33.00)

In: part Payment of: Pre-Need Trust

Lot 57 Grave 13 Row Section 3 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-15610

BALANCE DUE 93.73

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	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	65033	33 00
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	33 00

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

AC-212 (Rev. 5-94)

ISSUED BY: D. Shellen

4701

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52292

Date:

4-5

90

From:

Ernestine Williams

Address:

4083 30th Street San Diego 92113

One Hundred Forty Three

Dollars (\$

143.00

In

part

Payment of

Pre-Need Trust

Lot

57

Grave

12

Row

Section

3

Division
Block

5

Invoice No.

Acct. No.

W.O.

E-15610

BALANCE DUE

126.73

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

CREDIT

20% Sales Care 67007

80% Sales 77184

of Lots 100

Opening/ 77184

Closing 100

Burial 77181

Containers 100

Handling Fee 77182

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

78390

143 00

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☒

Cash

☐

Check

☒

4687

ISSUED BY

J. Schellin

TOTAL PAID

\$

143 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52536

From: Ernestine Williams Address: 4083 Delta St. San Diego 92113 Date: 6-6 ⁹⁰
Twenty Two Dollars (\$ 22.00)
 In part Payment of Pre-Need Trust

Lot 57 Grave 13 Row _____ Section 3 Division 5
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15610BALANCE DUE 71.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	22 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	22 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52635

From: Ernestine Williams Address: 4083 Delta St Date: 7-6 0.00
San Diego 92113
only down Dollars (\$ 44.00)
 In part Payment of Pre-Med Trust

Lot 51 Grave 12 Row - Section 3 Division 5
 Block 5

Invoice No. _____

Acct. No. _____

W.O. E-15610BALANCE DUE 27.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

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

ISSUED BY

J. Sheltor

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	44 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	44 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52735

Date: 8-4 90From: Ernestine Williams Address: 4083 Delta St. San Diego 92113In Twenty Two Dollars (\$ 22.00)In part Payment of Pre-Need TrustLot 57 Grave 12 Row _____ Section 3 Division 5

Invoice No. _____

Acct. No. _____

W.O. E-15610BALANCE DUE 5.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>22 00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>22 00</u>

ISSUED BY

4759

WILLIAMS, ERNESTINE 4083 Delta Street, San Diego 92113

262-8585

		DEBIT	CREDIT	BALANCE
00-00-00	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 coupon 1 to 9		143.00	126.73
5-3-00	R-52383 10 to 12		33.00	93.73
6-6-00	R-52536 13 to 14		22.00	71.73
7-6-00	R-52635 15 to 18		44.00	27.73
8-4-00	R-52735 19 to 20		22.00	5.73
9-5-00	R-52820		5.73	0

WILLIAMS, ERNESTINE

Pre-need Trust

Send or bring one coupon with each remittance

COUPON

2

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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$

11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$

11.00

NAME

ADDRESS

CITY

STATE

ZIP

☒ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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	FEB
			10								

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

5

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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

7

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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$ 11.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need 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

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

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



\$ **11.00**

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



\$ _____

\$ _____

Amount Received

\$

143.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need 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

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

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



\$ **11.00**

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



\$

\$

Amount Received

\$

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

San Diego

STATE

CA

ZIP

92113

☐ check (✓) if this is new address

4ND

Send or bring one coupon with each remittance

COUPON

12

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

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

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

\$

11.00

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

\$

\$

Amount Received

\$

11.00

NAME Ernestine Williams

ADDRESS 4083 Delta St

CITY San Diego

STATE CA

ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 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

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

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

\$

11.00

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

\$

\$

Amount Received

\$

11.00

NAME Ernestine Williams

ADDRESS 4083 Delta St

CITY San Diego

STATE CA

ZIP 92113

☐ check (✓) if this is new address

4010

Send or bring one coupon with each remittance

COUPON

14

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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

SD St

STATE

Ca

ZIP

92113

☒ check (✓) if this is new address.

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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

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

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

\$ 11.00

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

\$

\$

Amount Received

\$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

SD St

STATE

Cal

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before,
due date above.

\$ 11.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

S.D.

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need 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	FEB
			10								

Amount due when paid on, or before,
due date above.

\$ 11.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

S.D.

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used 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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			10								

Amount due when paid on, or before,
due date above.

\$ 11.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received \$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

SD

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Trust E-15610

Ernestine Williams

4083 Delta Street

San Diego, CA 92113

(Lot 57 Gr 12 Sec 3 Div 3)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on, or before,
due date above.

\$ 11.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received \$

11.00

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

SD

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Trust E-15619

Ernestine Williams

4083 Delta Street

San Diego, CA 92113

(Lot 57 Gr 12 Sec 3 Div 5)

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.

11.00

\$

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

S.D.

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Trust E-15619

Ernestine Williams

4083 Delta Street

San Diego, CA 92113

(Lot 57 Gr 12 Sec 3 Div 5)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before,
due date above.

11.00

\$

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

S. D.

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-paid Trust 8-13619**

Ernestine Williams

4083 Delta Street

San Diego, CA 92113

(Lot 57 Gr 12 Sec 3 Div 5)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Amount due when paid on, or before,
due date above



11.00

\$

Amount due if paid more than _____ days
after due date above



\$

\$

Amount Received

\$

5.73

NAME

Ernestine Williams

ADDRESS

4083 Delta St

CITY

SD

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/20/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Billy + Carolyn Johnson
in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 127 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ See F-16570

Sales taxes _____

OVER

Total Due _____ 895.00
Paid receipt number R-52238 500.00
Balance due 395.00

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Frankie V. Miller Greer
Signature
4557 Logan Ave, #C
Address
San Diego, CA 92113
City
619-264-3675 Zip Code
Telephone

Work Order # E 15611

Invoice # _____

Acct. # _____

395.00

100.00

295.00

200.00

95.00

Balance

R-52266

3-31-00

Balance

R-52320

4-11-00

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



Mt. Hope Cemetery

Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

Pre-need
Set

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

3/20/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Billy + Carolyn Johnson

In a Pre-need Trust Funeral, date, time Mortuary

Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 127 Grave 6 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 895.00

Paid receipt number R-52238 500.00

Balance due 395.00

OVER

I hereby certify I am the Frankie V. Millie Greer of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Frankie V. Millie Greer
4557 Logan Ave #C
San Diego, CA 92113
619-264-3675

Invoice #

Acct. #

Work Order # E-15611

This information is available in alternative formats upon request.



OFFICIAL RECEIPT

WRITE TO CUSTOMER
CITY OF SAN DIEGO
MOUNT HOPE CEMETERY
527-3400

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
527-3400

52238

From Frankie Greer

Address: 4557 Logan Ave Apt C San Diego 92113

Date: 3-20-00

In Pre-need Payment of Pre-need Set Dollars (\$500.00)

Lot 127 Grave 6 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-15611

BALANCE DUE 395.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY J. Sullivan

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID IN THIS SPACE"

CREDIT	62007	77184	00
20% Sales Care	100	77184	500
80% Sales	100	77184	00
Opening/	100	77184	00
Closing	100	77184	00
Burial	100	77184	00
Containers	100	77184	00
Handling Fee	100	77184	00
Recording &	100	77184	00
Misc. Fees	100	77184	00
Pre-Need	60033	9022	00
Trust	60101	78390	00
Sales Tax	60101	78390	00
TOTAL PAID			500.00

E-15611

E-15611

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52320

From: Frankie Gillins - Green Address: 4557 Logan Ave Apt C San Diego 92113
Two Hundred Dollars (\$ 200.00)

Date: 4-11 90

In part Payment of Pre-Need Lot for Billy + Carolyn Johnson

Lot 127 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15611

BALANCE DUE 95.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>84</u> <u>00</u>
80% Sales of Lots	100	<u>116</u> <u>00</u>
Opening/Closing	77181	
Burial	100	
Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200</u> <u>00</u>

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY S. Shickleton

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52260

From: Frankie Gillins - Green Address: 4557 Logan Ave Apt C San Diego 92113
One Hundred Dollars (\$ 100.00)

Date: 3-31 90

In part Payment of Pre-Need Lot Billy + Carolyn Johnson

Lot 127 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15611

BALANCE DUE 295.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>100</u> <u>00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial	100	
Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100</u> <u>00</u>

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY S. Shickleton

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Preneed
Int 2 Trust

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ram D Levy

in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 139 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 855.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ MAR 21 2000

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

PAID
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 1664.73

Paid receipt number Cred + card 1664.73

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Ram D Levy
3776 ALABAMA ST #C-306

Address

CAN DIEGO 92106

City

619-2981338 Zip Code

Telephone

Work Order # **E** 15612

Invoice # _____

Acct. # _____

PAID FOR GALV VASE
INSTALL DAY OF SERVICE

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GLORIA MAE YEE

in a T.S. VAULT Funeral, date, time THUR 3-23 10:00

Church, Chapel, Graveside LEWIS COLONIAL Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 367 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 23.78

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1893.16

Paid receipt number R-52241 1893.16

Balance due 0

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 15613

Invoice # _____

Acct. # _____

E-15613

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) GLORIA	1B. MIDDLE MAR	1C. LAST (FAMILY) YEE	2. DATE OF BIRTH MONTH DAY, YEAR 05/12/1944	3. DATE OF DEATH MONTH DAY, YEAR 03/19/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET H. YEE - MOTHER 4345 GOVERNOR DR SAN DIEGO, CA 92122	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7130 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>		
			8B. DATE SIGNED 03/21/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/21/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005251 P. Valentine
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 3-23-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

more flower vase
and marker

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-00

*Disinterment
and
Re-interment*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of QUONG C. YEE

In a _____ Funeral, date, time Mon 3-27-00
Type of Burial Container _____
Church, Chapel, Graveside _____; Service colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned.

FROM 2386 -10 TO

Lot 365 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container IF NEEDED TO REPLACE _____

Handling Fees _____

Flower vases - PAID Disinterment fee _____ 1000.00

Recording and filing fee _____

Sales taxes MAR 21 2000 _____

Total Due 1375.00

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Paid receipt number VISA 1375.00

Balance due 0

I hereby certify I am the X WIFE of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Marjorie H. Yee
Signature

X 4345 Brown St.
Address

X San Diego, Ca 92122
City

(619) 455-5497
Telephone

Zip Code

Work Order # E 15614

Invoice # _____

Acct. # _____



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

E-19614

AUTHORITY TO DISINTER, REMOVE OR REINTER

3-20-00
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Quong C. Yee

from Lot 2386 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 mt Hope Cemetery

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Margaret H. Yee</u>	<u>WIFE</u>	<u>4345 Avenida Pk. SD</u>
<u>James W. Yee</u>	<u>SON</u>	<u>555 VISTA MIRANDA</u>
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

Margaret H. Yee 3-21-2000
(Lot owner must sign if not legal custodian) Date



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAE DELL CAMPBELL

in a Double Death Funeral, date, time FRI 3-24 10:00

Church, Chapel, Graveside : Daydale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 55 Grave 12 Row _____ Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases — Marker setting fee —

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R 52249 2044.45

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Debra Campbell

Signature

X Debra Campbell

Address

X 3310 Grove View Rd

City

X San Diego CA 92139

Telephone

X 472-8906

Invoice # _____

Acct. # _____

Work Order # E 15615

E 15615

E-15615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

79

1A. NAME OF DECEDENT—FIRST (GIVEN) Mae		1B. MIDDLE Dell		1C. LAST (FAMILY) Campbell		2. DATE OF BIRTH MONTH DAY YEAR 01/17/1921		3. DATE OF DEATH MONTH DAY YEAR 03/20/2000		4. SEX F			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Debra Campbell, Daughter 2310 Grove View Rd. San Diego, CA 92139							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Campbell</i>				8B. DATE SIGNED 03/23/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 03/24/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005464			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 3-24-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deante Deyon Davis Jr

in a Funeral, date, time 2:00 3-28-00

Church, Chapel, Graveside Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 824 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing & Setup 125.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

MORTUARY to PAID check GRAND Total Due 270.00

Paid receipt number R-52254 270.00

Balance due 0

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Joshua Davis
X 3241 Clay St
X S.D. CA 92113
X 231 0982
City Zip Code Telephone

Work Order # E 15616

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) DEANTE	1B. MIDDLE DEJON	1C. LAST (FAMILY) DAVIS-MOORE	2. DATE OF BIRTH MONTH DAY, YEAR 11/19/1999	3. DATE OF DEATH MONTH DAY, YEAR 03/17/2000	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TAMASHA D. DAVIS — MOTHER. 3241 CLAY ST. SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/23/00

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/23/2000 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005398
AUTHORIZATION OF LOCAL REGISTRAR	10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Barker
in a H.S. VAULT Funeral, date, time Lat 3-25 11:00
Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 137 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund _____

Opening/Closing & Setup MAR 25 2000 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 600.00

Recording and filing fee 45.00

Sales taxes 19.38

MORTUARY TO BRING CHECK. Total Due 2369.38

Paid receipt number 52253 2369.38

Balance due 0

I hereby certify I am the daughter Laurie Anderson of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Work Order # **E** 15617 Invoice # _____
Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

E-15617

E-15617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE A.	1C. LAST (FAMILY) Parker	2. DATE OF BIRTH MONTH DAY YEAR 06/07/1920	3. DATE OF DEATH MONTH DAY YEAR 03/20/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carrle Anderson, Daughter 1844 Alta View Dr. San Diego, CA 92139	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
			8B. DATE SIGNED 03/22/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/22/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>De Williams</i> 2005341
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Janet Molner</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RUBY A SCHMITH 12:00 church

in a Funeral Funeral, date, time FRI 3-24 2:30

Church, Chapel, Graveside FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X m

Lot 74 Grave 12 Row 2 Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. 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

Balance due 0

I hereby certify I am the daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. Mary Jo Grubbs

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Work Order # E 15618

Invoice # _____

Acct. # _____

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) Ruby	1B. MIDDLE Nathalia	1C. LAST (FAMILY) Schmith	2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1915	3. DATE OF DEATH MONTH, DAY, YEAR 03/21/2000	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Edward J. Grubbs, son-in-law 3955 El Canto Dr. Spring Valley, CA 91977			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/23/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Truesdale
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-15618

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) Ruby	1B. MIDDLE Mathalia	1C. LAST (FAMILY) Schmith	2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1915	3. DATE OF DEATH MONTH, DAY, YEAR 03/21/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Edward J. Grubbs, son-in-law 3955 El Canto Dr. Spring Valley, CA 91977	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/23/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		
	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/23/2000 T. Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005439
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Suzzy and Harry Yamada

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 15 Grave 1 Row _____ Section 11 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 105.00 210.00

Burial Container 2 at 55.00 110.00

Handling Fees 2 at 60.00 120.00

Flower vases - Marker setting fee _____

Recording and filing 2 at 45.00 90.00

Sales taxes 2 at 4.26 8.52

MAR 27 2000

Total Due 538.52

Paid receipt number R-52242 538.52

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Suzzy Yamada
Signature
1435 3rd Ave. Spt 315
Address
Chula Vista 91911
City Zip Code
(619) 427-7549
Telephone

Work Order # E 15619

Invoice # _____

Acct. # _____

(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 of Florentina L. Toscano

in a Liner Funeral, date, time 3-24-00 10:00

Church, Chapel, Graveside California 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:

Lot 91 Grave 11 Row Section 2 Division/Block 12

Grave space & Care Fund 895⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 375⁰⁰

Burial Container 190⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 14.73

3/22/00 2:40 Total Due \$1664.73

Mortuary bring the check

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Signature

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15620

E-15620

E-15620

NET HOPE CHURCH
INTERMENT ORDER

Check the price

03-32-00

FLORENTINO L. TOSONO

9/11/11 11:00 AM 2 12

Basic Interment	895 ⁰⁰
Gravestone	375 ⁰⁰
Gravestone	190 ⁰⁰
Gravestone	145 ⁰⁰
Gravestone	45 ⁰⁰
Gravestone	1473
Total	1464.73

Kortum by the
Chen

Net Hope Church is a non-profit organization and is not subject to the provisions of the California Sales Tax Act. The church is a religious organization and is not subject to the provisions of the California Sales Tax Act.

Net Hope Church

Net Hope Church
1111 1st St. N.E.
Albuquerque, N.M. 87102
(505) 347-5111

E-15620

Service Friday 1:00 P.M. Chapel
will leave at Net Hope by 1:00 P.M.

Pre-need
Set a time

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Charles Schmidt

in a Under 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. mfb

✓ Lot 74 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____ **PAID**

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting _____ 45.00

Recording and filing fee _____ 14.73

Sales taxes _____ 1664.73

Total Due _____ 1664.73

Paid receipt number KIC 1664.73

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Mary Jo Grubbs

Address 3955 42 Center Dr.

City Spring Valley

Telephone 619 670-4814

Zip Code 91977

Work Order # **E 15621**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

*Preneed Int
2 Trust*

City of San Diego

Date 3-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis and Mamie Mays Jr.

in a double depth crypt Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 148 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375 _____ 750.00

Burial Container _____ 380.00

Handling Fees _____ 220.00

~~Flower boxes~~ Marker setting fee 2 at 45 _____ 125.00

Recording and filing fee _____ 90.00

Sales taxes _____ 29.45

Total Due _____ 2589.45

Paid receipt number 252247 2589.45

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature

Louise M. Mays Jr.

Address

6835 Benson Ave

City

SD. cal 92114

Telephone

619-263-8856

Zip Code

Work Order # **E 15622**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Anita Cendejas

in a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 148 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund _____ 895

Additional spaces and care fund _____

Opening/Closing & Setup _____ 750

Burial Container _____ 380

Handling Fees _____ 380

Flower vases - Marker setting fee _____

Recording and filing fee _____ 90

Sales taxes _____ 29.45

Total Due _____ 2464.45

Paid receipt number E-52248 1000.00

Balance due \$1464.45

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

E 15623

Invoice #

Acct. #

$$61.00 \times 23 = 1403.00$$

$$61.45 \times 1 = 61.45$$

CENDEJAS, ANITA 1157 10th Avenue #3 San Diego 92101 233-9036

03-24-00	Opened Pre-need Lot & Trust.	DEBIT	CREDIT	BALANCE
	Lot 148, Grave 12, Section 2, Division 12	895.00		895.00
	Trust includes 2 opening/closings, double depth crypt, handling fee, 2 recording fees, tax on crypt.	1569.45		2464.45
03-24-00	Receipt 52248		1000.00	1464.45
6-4-02	Receipt #55068 Coupon #1		50.00	1414.45
7-8-02	R-55190 #2		50.00	1364.45
8-5-02	R-55280 #3		50.00	1314.45
9-6-02	R-55380 #4		50.00	1264.45
10-8-02	R-55492 #5		50.00	1214.45
12/12/02	R-55720 No coupon		50.00	1164.45
12/12/02	R-55720		50.00	1114.45
1-9-03	R 55816		50.00	1064.45
2-13-03	R 55931 #9		50.00	1014.45
3-13-03	R 56033 10		50.00	964.45
4-08	R 56140 11		50.00	914.45
5-20-03	R 56205 12		50.00	864.45
6-12-03	56361 No coupon		50.00	814.45
7-11-03	56478 #14		70.00	764.45
CENDEJAS, ANITA Pre-need Lot & Trust E-15623				

Paid to Trust

PAID

NOV 19 2004

MOUNT HOPE CEMETERY

Cendejas, Anita

E-15623

			Debit	Credit	Bal.
7-11-03	Balance Forwarded				764.45
8-11-03	56572	# 15		50.00	714.45
9-11-03	56602	16		50.00	664.45
10-10-03	65183	17		50.00	614.45
11-13-03	56872	18		50.00	564.45
12-23-03	57629	19		50.-	514.45
1-21-04	57118	20		50.-	464.45
2-1-04	57264	21		50.-	414.45
3-30-04	57380	22		50.-	364.45
5-6-04	57525	23		50.-	314.45
5-20-04	57590	24		50.-	264.45
6-28-04	57721	25		50.-	214.45
8-3-04	57861	26		50.-	164.45
8-24-04	57937	27		50.-	114.45
9-16-04	58018	28		50.-	64.45
10-20-04	58152	29		50.-	14.45
11-19-04	58263	30		14.45	0.00

PAID

NOV 19 2004

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623

58152

From:

Anita Cendijos

Address:

115710th ave #380 92101

Date:

Oct 20, 2004

Dollars (\$

50.00)

in paid Payment of

Div

12

Sec

2 pu need

Blk/
Row

Lot

148

Grave

12

Invoice No.

E 15623

Acct. No.

W.O.

BALANCE DUE

14.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" WITH THIS DATE

PAID

OCT 20 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

50 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55068

Date:

June 4, 2002

From:

Julie Flores Cendejas

Address:

On record

Fifty and 00

Dollars (\$ 50.00)

In

part

Payment of

Pre-need Lot / Trust Account

Coupon #1

Lot

148

Grave

12

Row

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-15623

BALANCE DUE

\$ 1,414.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT

20% Sales Care

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

78390

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



604

ISSUED BY

Paulette C.

TOTAL PAID

\$

50 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55190

 From: Julie Cendegai Date: 7-8-02, 20
Kelly Address: 1199 34th St #15 SD 92102
part Dollars (\$ 50.00)

 In part Payment of Pre-need Lot - Trust

 Lot 148 Grave 13 Row _____ Section 2 Division 13 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13623BALANCE DUE 1364.45NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	50	00

Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

616

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55280

Date: 8-6, 2002From: Julie Cendyas Address: on record
Fifty and 00 Dollars (\$ 50.00)

 In part Payment of Pre-need account for Anita Cendyas

 Lot 148 Grave 12 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15623BALANCE DUE \$ 1314.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒M.O. # 03987685901

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

Paullette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55388

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Julie Flores Cendejas Date: Sept 6, 2002
Fifteen and 00 Address: 1199- 34th St #15 S.D. CA 92102
Dollars (\$ 50.00)
 In part Payment of Pre-need lot / trust account
coupon # 4

 Lot 148 Grave 12 Row — Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15623BALANCE DUE \$ 1264.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Pauline C.
635

CREDIT	67007	
20% Sales Care	77164	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	17184	<u>50.00</u>
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55492

From: Julie Cerdas Address: 1199 34th St #15 San Diego 92102 Date: 10-8-02, 20__

Gift Dollars (\$ 50.00)

In part Payment of Pre-need Lot & Trust

Lot 148 Grave 12 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15623BALANCE DUE 1214.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	50 00
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	50 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55618

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11-15-07, 20__
 From: A. Cardenas Address: 0 in Record
fifty Dollars (\$ 50.00)

 in part Payment of Pre-need lot & trust
 Lot 148 Grave 12 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15623BALANCE DUE 1164.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

D. Shickleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	60101		
	78390		
		50	00

TOTAL PAID \$ 50.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55720

Date:

Dec 12, 2008

From:

Cendejas

Address:

On record

Fifty and 00

Dollars (\$ 50.00)

in part

Payment of

Pre-need

Lot

148

Grave

12

Row

—

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-15623

BALANCE DUE

\$ 1,114.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust

Cash ☐Check ☒

M.O. 957100768449

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50.00
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

50.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55816

E-15623

Date: Jan 9, 2003

From: Anita Cendejas Address: 1157 10th ave #3 SD 92101

Fifty 9.00/100 Dollars (\$ 50.00)

in part Payment of Preneed lot & trust

Lot 148 Grave 12 Row Section 2 Division Block H

Invoice No. E 15623

Acct. No.

W.O.

BALANCE DUE 1064.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

PAID

JAN 11 9 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGOPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

Pam Heibel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	-
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 50 -

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

 E-15623
 55931

Date: Feb. 18, 2003

 From: Anita Cendejas Address: 1157 10th Ave #3 30 92101
 Fifty dollars 900/100 Dollars (\$ 50.00)

 in Part Payment of Preneed Lot & trust
 Lot 148 Grave 12 Row Section 2 Division Block 12

Invoice No. E15623

Acct. No. _____

W.O. _____

BALANCE DUE 1014.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

FEB 18 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO

ISSUED BY Kim Hetzel

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

MD

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	60101		
	78390	50	00

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623
56033Date: March 13, 20 03
 From: A. Cendejas Address: 1157 10th Ave 3 SD 92101
Fifty dollars Dollars (\$ 50.00)

 in paid Payment of pre need lot & trust
 Lot 148 Grave 12 Row _____ Section 2 Division Block 12
Invoice No. E-15623

Acct. No. _____

W.O. _____

BALANCE DUE 964.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

PAID

MAR 13 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AG-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56140

E-15623

Date: April 15, 20 03

 From: J. Candijas Address: 1157 10th Ave #3 SD 92101
 Sixty dollars 9.00/1.00 Dollars (\$ 50.00)

 in Pre Payment of pre need lot & trust
 Lot 148 Grave 12 Row Section 2 Division Block 12

Invoice No. E-15623

Acct. No. _____

W.O. _____

BALANCE DUE 914.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

APR 15 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 914.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56265

E 15623

Date: May 20, 20 03
 From: Arita Cendearas Address: 1157 10th Ave #3 SD 92101
fifty dollars 9.00/100 Dollars (\$) 50.00

 in part Payment of pre need lot + trust
 Lot 148 Grave 12 Row _____ Section 2 Division Block 12
Invoice No. E15623

Acct. No. _____

W.O. _____

BALANCE DUE 804.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 20 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Pam HetzelPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	50	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56361

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623

Date: June 12, 2003
 From: Anita Candelas Address: 1157 10th Ave #B 80 92101
Fifty dollars \$50.00 Dollars (\$ 50.00)

 in part Payment of pre need lot & trust
 Lot 148 Grave 12 Row _____ Section 2 Division 12
 Block _____
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 814.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUN 12 2003

 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA
ISSUED BY Paul Hertz

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56478

Date: July 11, 20 03From: Cinita Cendegos Address: on recordFifty and 00Dollars (\$ 50.00)In part Payment of Pre-need lot & trust account
 Lot 148 Grave 12 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15623BALANCE DUE \$764.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUL 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

ISSUED BY

P. Crawford

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	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56572

E-15623

Date: Aug 11, 2003

From: Cordy as Address: 1157 10th Ave #3 SD 92101

Fifty 700/100 Dollars (\$ 50.00)

in pre-need lot and trust

Lot 148 Grave 12 Row Section 2 Division Block 12

Invoice No. E 15623

Acct. No.

W.O.

BALANCE DUE 714.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

AUG 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	80101		
	78390	50	00

TOTAL PAID \$

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56662

E-15623

Date: Sept 11, 2003
 From: J. Cendeyao Address: 1199 34th St #15 SD 92102
Byte Dollars (\$ 50 -)

 in part Payment of pre need
 Lot 148 Grave 12 Row _____ Section 2 Division 12
 Block _____
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 664.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

50 00

TOTAL PAID

\$

50 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56892

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623

Date: Nov. 13, 2003

 From: Cendejas Address: on record
 Fifty and 00 Dollars (\$ 50.00)

 in part Payment of Pre-need Lot/Trust account.
 Lot 148 Grave 12 Row — Section 2 Division Block 12

Invoice No. E-15623

Acct. No. _____

W.O. _____

BALANCE DUE \$ 564.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

NOV 13 2003

MOUNT HOPE CEMETERY

ISSUED BY

Pauline C

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50 00
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 50.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

M.O. 4349321602

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56783

E-15623

Date: Oct 10, 2003From: A CudejasAddress: 115710th Ave #3

SD 92101

Dollars (\$ 50.00)in part Payment of per moundLot 148Grave 12

Row

Section 2Division 12
BlockInvoice No. E15623

Acct. No. _____

W.O. _____

BALANCE DUE 614.45NOT VALID FOR REFUND OR CREDIT UNLESS
STAMPED "PAID" BY THE SERVICE.**PAID**

OCT 10 2003

MOUNT HOPE CEMETERY

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

50 00

50 00

TOTAL PAID \$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57029

 Date: Dec 23, 20 03
 From: Anita Corderias Address: 1199 34th #15 SD 92102
 Dollars (\$ 50 —)

 in part Payment of pre paid
 Lot 148 Grave B Row _____ Section 2 Division Block 12
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 514.45Pre-Need Lot / At Need ☐ On Acct ☐Pre-need Trust / Cash ☐ Check ☒NOT VALID FOR PURCHASES UNLESS
STAMPED "PAID" IN THIS SPACE

DEC 23 2003

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>—</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>50</u>	<u>—</u>

TOTAL PAID \$ 50 —

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57118

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623

 From: Anita Cendyero Address: 1157 10th ave #3 SD 92101 Date: Jan. 21, 20 04
 Dollars (\$ 50.00)

 in part Payment of pre need
 Lot 148 Grave 12 Row _____ Section 2 Division 12 Block 12
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 464.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 21 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hefel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>-</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>50</u>	<u>-</u>

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57264

E-15623

 From: Anita Cendeyas Address: 1157 10th Ave #3 30 92101 Date: March 1, 20 04
 Dollars (\$ 50.00)

 in part Payment of Pre Need
 Lot 148 Grave 12 Row _____ Section 2 Division 12
 Block _____
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 414.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 01 2004

MOUNT HOPE CEMETERY

ISSUED BY

Ram Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78990		

TOTAL PAID \$ 50.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57380

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623

 From: Julie Cendejas Address: 1199 34th St. #1530 92102 Date: March 30, 20 04
 Dollars (\$ 50.00)

 in part Payment of pre-need
 Lot 148 Grave 12 Row _____ Section 2 Division 12
 Block _____
Invoice No. E15623

Acct. No. _____

W.O. _____

BALANCE DUE 304.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 30 2004

MOUNT HOPE CEMETERY

ISSUED BY Ram Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>-</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>50</u>	<u>-</u>

TOTAL PAID \$ 50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623 57525

 From: Julie Candijas Address: 1157 10th ave #3 SD 92101 Date: May 6, 2004
 Dollars (\$ 50.00)

 in part Payment of pre-need
 Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 12
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 314.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

MAY 06 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	00
Trust	77186		
Sales Tax	60101		
	78390	50	00

TOTAL PAID \$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57590

E-15623

From:

Cendias

Address:

1157 10th Ave #380 92101

Date:

May 20, 2004

Dollars (\$

50.00)

in

part

Payment of

pre paid

Div

12

Sec

2

Bk/
Row

Lot

148

Grave

12

Invoice No.

E 15623

Acct. No.

W.O.

BALANCE DUE

204.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

PAID

MAY 26 2004

MOUNT HOPE CEMETERY

ISSUED BY

Ram Hebel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	69033
Trust	77186
Sales Tax	60101
	78390

50.00

50.00

TOTAL PAID

\$

Pre-Need Lot

At Need

On Acct

Pre-need Trust

Cash

Check

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57721

E-15623

 From Anita Cendyos Address: 1157 10th Ave #3 SD 92101 Date: June 28, 20 04
 Dollars (\$) 50.00

 in part Payment of pre-nud
 Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 12
Invoice No. E 15623

Acct. No. _____

W.O. _____

BALANCE DUE 214.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUN 28 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>50</u>	<u>00</u>

TOTAL PAID \$ 50.00Pre-Need Lot / At Need ☐ On Acct ☐Pre-need Trust / Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57861

E-15623

Date:

Aug 3, 2004

From: J. Candelias

Address: 1157 10th ave #3 SD 92101

Dollars (\$ 50. -)

in part Payment of

pre-need

Div

12

Sec

2

Blk/
Row

Lot

148

Grave

12

Invoice No.

E15623

Acct. No.

W.O.

BALANCE DUE

164.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

AUG 03 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50 -
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

50 -

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57937

MOUNT HOPE CEMETERY E-15623

(619) 527-3400

Date: Aug 24, 20 04

From: Cendejas Address: 1157 10th ave #3 SD 92101

Dollars (\$ 50.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 148 Grave 12

Invoice No. E15623

Acct. No.

W.O.

BALANCE DUE 114.45

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

AUG 24 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Helz

CREDIT	87007	
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	63033	50.00
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 50.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15623 58018

Date: September 16, 20 04

From: Anita Julie Condejas Address: ON RECORD

Fifty and 00 Dollars (\$ 50.00)

in part Payment of Pre-need lot + trust

Div 12 Sec 2 Blk/Row Grave 12

Invoice No. E-15623

Acct. No. _____

W.O. _____

BALANCE DUE \$ 64.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

M.O. 45668 45197

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

SEP 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

50

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clinton D. Hascall SR. ☒

in a Ash Vault Funeral, date, time 3:28 TUS. 11:AM

Church, Chapel, Graveside Graveside : family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 1201 Grave — Row — Section — Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID

MAR 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # **E 15624**

Invoice #

Acct. #

E- 15624

E-15624

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

84

1A. NAME OF DECEDENT—FIRST (GIVEN) Clinton	1B. MIDDLE DAVID	1C. LAST (FAMILY) HASCALL, SR.	2. DATE OF BIRTH MONTH DAY YEAR 7 14 15	3. DATE OF DEATH MONTH DAY YEAR 3 18 00	4. SEX M
5A. CITY OF DEATH Temple, Texas		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE BELL COUNTY	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Clinton D. Hascall Jr. / Son 2262 S. Linden Way Palm Springs, CA 92264		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Clinton D. Hascall Jr. / FD 2262 S. Linden Way Palm Springs, CA 92264		7B. CALIF. LICENSE NUMBER —IF APPLICABLE —	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 3/27/00			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/27/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT George R. [Signature]
	10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego CA 92186		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☒ F. DISINTERMENT
☒ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry McIntyre

In a liner Funeral, date, time Thurs. 3-30-00 11:00

Church, Chapel, Graveside Chapel : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 116 Grave 2 Row — Section 1 Division/Block 12

Grave space & Care Fund Prenod E12682 0

Additional spaces and care fund _____

Opening/Closing & Setup Prenod E12682 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature See attached

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15625**

E-15625

INTERMENT ORDER

1. Name of deceased John Doe
 2. Date of death Jan 1, 1960
 3. Place of death City, State
 4. Age at death 35
 5. Sex M
 6. Race W
 7. Religion Catholic
 8. Marital status Married
 9. Name of spouse Jane Doe
 10. Name of next of kin John Doe

11. Date of interment Jan 1, 1960
 12. Place of interment City, State
 13. Name of cemetery City, State
 14. Name of funeral home City, State
 15. Name of undertaker City, State
 16. Name of casket City, State
 17. Name of vault City, State
 18. Name of monument City, State
 19. Name of grave City, State
 20. Name of lot City, State

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature of undertaker [Signature]
 Name of undertaker City, State
 Address of undertaker City, State
 Phone number City, State

E-15625

E-15625

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) Larry	1B. MIDDLE Burrell	1C. LAST (FAMILY) McIntyre	2. DATE OF BIRTH MONTH DAY YEAR 11/30/1946	3. DATE OF DEATH MONTH DAY YEAR 03/23/2000	4. SEX M
5A. CITY OF DEATH La Jolla		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lillie B. McIntyre, Mother 6903 Fulton St. San Diego, CA 92111	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 03/28/2000
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/30/2000 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005819
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-30-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

1 burial is
EVELYN LUCILLE
HAYES

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HAYES, Cecil

in a Pre-need death Cr.

Funeral, date, time 03-31-00 11:00

Church, Chapel, Graveside C.A. 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 54 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Need - E-11931

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 0

Handling Fees MAR 27 1900 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 420.00

Paid receipt number R-52255 420.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Son
Signature of recorded holder of deed

Richard Hayes
Signature
3940 Hilltop Dr
Address
San Diego
City
(619) 263-5149
Telephone
92102
Zip Code

Invoice # _____

Acct. # _____

Work Order # **E 15626**

E-15626

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CECIL	1B. MIDDLE D.	1C. LAST (FAMILY) HAYES	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1914	3. DATE OF DEATH MONTH DAY YEAR 03/26/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD DARYLE HAYES—SON 3940 HILLTOP DR. SAN DIEGO, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.				8B. DATE SIGNED 03/30/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/30/2000 M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005854
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☐ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKETST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-31-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
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 Bell Funeral, date, time WED 3-29 2:00

Church, Chapel, Graveside GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 154 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container PAID 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing for MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.73

Total Due 769.73

Paid receipt number R-52258 769.73

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Ketmany HARNANAMAY
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 15627

MOUNT HOPE CEMETERY

E-15627

6 June 1992

The undersigned hereby requests and authorizes the interment of the remains of

Mr. SIBENG PHOU in Lot 154 Gr 1 Row — Sec. #11Block Chinese
Division CRSA in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to
hold Mount Hope Cemetery harmless from any and all liability on account of said
authorization and interment.CRSA Receipt #0849 6 June 92Signature of relative or legal
representative[Signature]
WitnessCRSA Coordinator
WitnessAddress & Relationship to deceased or
authority to sign authorization
for CHINESE CONSOLIDATED BENEVOLENT
ASSOCIATION, INC., owners.

E-15627

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) SIBENG	1B. MIDDLE -	1C. LAST (FAMILY) PHOU	2. DATE OF BIRTH MONTH DAY YEAR 11/18/1917	3. DATE OF DEATH MONTH DAY YEAR 03/25/2000	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOY HARNSANAMYXAY: DAUGHTER 4262 VALETA STREET SAN DIEGO, CA 92107	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-843		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
			8B. DATE SIGNED 03/28/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/29/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2005734
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ashes center left

MT. HOPE CEMETERY
INTERMENT ORDER

Disinterment

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 Glen C. Calvin Jr. #

in a _____ Funeral, date, time TUES 4-4

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 5 Grave _____ Row _____ Section 100F Division/Block 49

PAID

Grave space & Care Fund _____

Additional spaces and care fund MAR 27 2000 _____

Opening/Closing & Setup _____

Burial Container MT. HOPE CEMETARY _____
CITY OF SAN DIEGO, CA

Handling Fees Disinterment 350.00

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 350.00

Paid receipt number R-52257 350.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Lewis Rask
670-5433

Work Order # E 15628

Virginia Calvin
Signature
7893 Rancho Sanita ch
Address
San tee Ca 92071
City Zip Code
5968905
Telephone

Invoice # _____

Acct. # _____



THE CITY OF SAN DIEGO

E-15628

AUTHORITY TO DISINTER, REMOVE OR REINTER

3-27-00

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Glenn C. Calvin Sr.

from Lot 5 Grave _____ Section 100F Row _____ Block 49

Division _____ And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery SINGING HILLS

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.

Virginia Calvin
Signature

Wife
Relation to deceased

7893 E. Hancock Ave. San Jose, CA
Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Date

(This form must be notarized, if not signed in presence of cemetery staff.)



Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102

Tel (619) 527-3400

LOTS 1-2-3-4-5-6-7-8-9-10-11-12

100F BLK. 49

Lot	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REA
1	HOWARD, Frederick	Howard, Frederick Est.	\$35.00	7-14-1925		
2	AMOS, Willard			2-10-1925		
3	BECKER, Louis W. BECKER, Mary J.	Becker, L. W.		11/10/1958 11-11-1924	B-3993	
4	MARSH, Jennie L. CALVIN, SR. GLEN CHARLES M. CALVIN, Agnes Rita (X)	Marsh, Jennie L. Estate BLACKBURN, (remarried)	04-14-1997	7-23-1924 03/29/1985	E-4940 E-13540 Ash Va	
5	CALVIN, Walter P.	CALVIN, Elizabeth C.	35.00	1/31/1958	B-2862	
6	BLACKBURN, Elizabeth O. BLACKBURN, Jesse L.	"	(D.I.P.) 35.00	9/9/1980 11/13/1975	E-1642 D-6408	X-dee
7	CALVIN, Louis O.	"	35.00	3-12-1931		
8	CALVIN, Charles T.	"	35.00	1-15-1921		
9	BECKLE, John		35.00	3-9-1922		
10	WARN, Jennie	Warn, Jennie		5-1-1936		
11	WARN, Ezra	" "	35.00	2-16-1922		
12	TRERICE, William T.			3-8-1922		

E-15628

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) CALVIN SR	1B. MIDDLE CHARLES	1C. LAST (FAMILY) GLEN	2. DATE OF BIRTH 3/13/21 Y. YEAR	3. DATE OF DEATH 4/8/99 DAY. YEAR	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE VIRGINIA CALVIN WIFE 893 RANCH FANITA DRIVE SANTEE, CA 92071		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH VIRGINIA CALVIN WIFE 7893 RANCHO FAMITA DR. #D SANTEE CA 92071		7B. CALIF. LICENSE NUMBER —IF APPLICABLE -----	8A. SIGNATURE OF APPLICANT—Person taking permit Virginia Calvin		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 4/3/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT George R. Dore
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA COUNTY OF SAN DIEGO P.O. BOX 82555 SAN DIEGO 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY SINGING HILLS, ### 2800 DEHESA RD. EL CAJON CA 92019	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Valerie Jones

in a liner #7 Funeral, date, time Friday 3-31-00 1:00
Type of Burial Container

Church, Chapel, Graveside Bayshore Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X

Lot 155 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 220.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.05

Mortuary to bring
Check.

Total Due 1697.05

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X
Signature

X
Address

X
City

X
Telephone

Zip Code

Work Order # E 15629

Invoice #

Acct. #

Does not want markers - Destroy

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William James Close, Henry Marsh and John Marsh 04-10-00

in a _____ Funeral, date, time

Church, Chapel, Graveside _____ : Old Abbey Mon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 9 Grave 6 Row _____ Section 100F Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees Disinterment 1350.00

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1350.00

Paid receipt number R-52098 1350.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Carol L. Hummer
Signature

9290 Murray Dr.
Address

La Mesa 91942
City Zip Code

619-469-2046
Telephone

Work Order # E 15630

OT 9 IOOF Blk. '5

DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDAN	REMARK
1 WOOD, Thomas M.	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 M/Marsh, Jean M	Close, Jessie	2/25/52 35.00		A-4036 E-10894 (A,B)	Center of Grave in same Ash Vault
6 CLOSE, William James	Close, Mrs. Jessie	1/22/52 35.00	1/24/52	A-3889	air seal vault
7 ROBINETTE, Lucy Davis	Lucy D. ROBINETTE, Alexander &	4/5/1962 125.00	2/12/1973	D-2699 B-8400	Greenwood T.S.
8 ROBINETT, Alexander	" "	4/5/1962 125.00	4/27/1970	B-8400	

dep

585-
8853



THE CITY OF

SAN DIEGO

E 15630

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Henry H. and Jean C. Marsh

from Lot 9 Grave 546 Section Row Block 5 I.O.O.

Division and to remove the same to and reinter said remains

in Lot 6 Grave Section 6 Row Block 30

Division Cemetery Glen Abbey

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.

James Christopher Kade SON

2511 W. Sunflower F

SANTA ANA, CA. 92704

Signature

Relation to deceased

Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)

Date



DIVERSITY
BRINGS US ALL TOGETHER

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California E-15630
 County of Orange
 On 2-11-00 before me, Taline Artinian, Notary
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared James Chester Kidder
Name(s) of Signer(s)

☐ personally known to me - **OR** - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Taline Artinian
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Authority to Disinter Remove or Reinter
 Document Date: 2-11-2000 Number of Pages: 1
 Signer(s) Other Than Named Above: NA

Capacity(ies) Claimed by Signer(s)

Signer's Name: James Chester Kidder

- ☒ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here



Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here





THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

E-15630

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

March, 2000
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 Grave 546 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

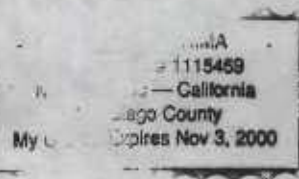
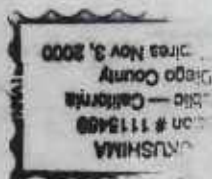
Division Cemetery Glen Abbey

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Walter C. Marsh</u>	<u>son</u>	<u>6669 SAGUNDO ST</u>
<u> </u>	<u> </u>	<u>SAN DIEGO, CA 92111</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date



DIVERSITY
BRINGS US ALL TOGETHER

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

E-15630

State of California
 County of San Diego
 On 3-24-00 before me, JANE FUKUSHIMA,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared William C. 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/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Jane Fukushima
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
 OF SIGNER
 Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
 OF SIGNER
 Top of thumb here



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

E-15630

AUTHORITY TO DISINTER, REMOVE OR REINTER

Feb. 2000
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 Grave 546 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 Abbey

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Betty Jo Casey</u>	<u>Daughter</u>	<u>777 Shepherdsfield Rd</u>
<u> </u>	<u> </u>	<u>Fulton, MO 65251</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date



DIVERSITY
BRINGS US ALL TOGETHER

E- 15630

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
Beverly Hayes, Notary

BEVERLY HAYES
NOTARY PUBLIC STATE OF MISSOURI
CALLAWAY COUNTY
MY COMMISSION EXP. APR. 22, 2002



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

E-15630

AUTHORITY TO DISINTER, REMOVE OR REINTER

12 Feb 2000
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 Grave 546 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 Abbey

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.

Keith H Marsh Son 3661 Tully Ct., San Jose, CA 95148

Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date



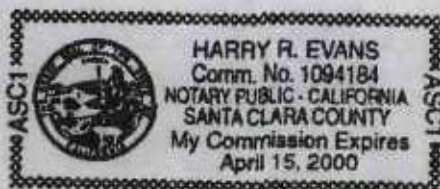
DIVERSITY
BRINGS US ALL TOGETHER

1272800
SEE ATTACHED
NOTARY DOCUMENT
HARRY EVANS

JURAT

E-15630

State of CALIFORNIA
County of SANTA CLARA } ss.



Subscribed and sworn to (or affirmed) before me

this 12 day of Feb, 2000, by
Date Month Year

(1) KEITH H. MARSH
Name of Signer(s)

(2) _____
Name of Signer(s)

Harry R. Evans
Signature of Notary Public

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: AUTHORITY TO DISINTER

Document Date: 12 Feb 00 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

VIA SLIP, THE FOLLOWING INFORMATION IS REQUESTED, AND THE SIGNATURE OF THE APPLICANT IS REQUIRED.

E-15630

21. NAME OF DECEASED (Last, First, Middle Initial)	22. DATE OF BIRTH	23. DATE OF DEATH	24. SEX
WILLIAM JAMES CLOSE	04/20/1891	01/17/1957	M
25. CITY OF BIRTH	26. COUNTY OF BIRTH	27. STATE OF BIRTH	28. MARITAL STATUS
SAN DIEGO	SAN DIEGO	CALIFORNIA	SINGLE
29. HOME ADDRESS (Last, First, Middle Initial)	30. HOME PHONE	31. HOME FAX	32. HOME E-MAIL
CLEM ARNEY MONTAGNY; 3838 BONITA ROAD BONITA, CA 91902	PU-1371		

33. CONTACT PERSON (Last, First, Middle Initial)	34. CONTACT PERSON'S ADDRESS (Last, First, Middle Initial)	35. CONTACT PERSON'S PHONE	36. CONTACT PERSON'S FAX	37. CONTACT PERSON'S E-MAIL
VICTORIA MEZA	04/04/2000	2006111		
38. FEE	39. DATE OF RECEIPT	40. SIGNATURE OF APPLICANT	41. SIGNATURE OF WITNESS	42. SIGNATURE OF NOTARY
\$7.00	04/04/2000			

43. TYPE OF DISPOSITION (Check one)	44. TYPE OF DISPOSITION (Check one)	45. TYPE OF DISPOSITION (Check one)	46. TYPE OF DISPOSITION (Check one)
<input checked="" type="checkbox"/> BURIAL	<input type="checkbox"/> CREMATION	<input type="checkbox"/> DISPOSITION OF REMAINS	<input type="checkbox"/> DISPOSITION OF REMAINS

47. NAME OF DISPOSITION FACILITY	48. ADDRESS OF DISPOSITION FACILITY	49. CITY OF DISPOSITION FACILITY	50. STATE OF DISPOSITION FACILITY	51. ZIP CODE OF DISPOSITION FACILITY
CLEM ARNEY MONTAGNY PARK	3838 BONITA ROAD, BONITA, CA 91902			
52. NAME AND ADDRESS OF DISPOSITION FACILITY	53. DATE OF RECEIPT	54. SIGNATURE OF APPLICANT	55. SIGNATURE OF WITNESS	56. SIGNATURE OF NOTARY

THIS PERMIT IS VALID FOR THE PERIOD OF 90 DAYS FROM THE DATE OF ISSUANCE. IF THE PERMIT IS NOT USED WITHIN THIS PERIOD, IT WILL BE VOID. THE PERMIT IS VALID FOR THE PERIOD OF 90 DAYS FROM THE DATE OF ISSUANCE. IF THE PERMIT IS NOT USED WITHIN THIS PERIOD, IT WILL BE VOID.

E-15630

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

THIS APPLICATION AND PERMIT ARE SUBJECT TO THE REGULATIONS OF THE BOARD OF CALIFORNIA

1. NAME OF DECEASED: JEAN		2. DATE OF BIRTH: 07/01/1925		3. DATE OF DEATH: 04/26/1997		4. SEX: F	
5. CITY OF DEATH: EL CAJON		6. COUNTY OF DEATH: SAN DIEGO		7. NAME OF NEXT OF KIN: CAROL L. WINMAN, SISTER		8. ADDRESS OF NEXT OF KIN: 9290 MURRAY DRIVE LA MEZA, CA 91942	
9. NAME AND ADDRESS OF FUNERAL HOME: GLEN ABBEY MORTUARY, 1838 BONITA ROAD BONITA, CA 91901		10. PERMIT NUMBER: FD-1371		11. DATE SIGNED: 04/04/2000		12. SIGNATURE OF APPLICANT: <i>[Signature]</i>	
13. PERMIT FEE: \$7.00		14. EXPIRATION DATE: 04/04/2000		15. VICTIM'S NAME: VICTORIA MEZA		16. VICTIM'S ID NUMBER: 2006118	
17. ADDRESS OF DECEASED: P.O. BOX 85222 SAN DIEGO, CA 92186-5222		18. ADDRESS OF FUNERAL HOME: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901					
19. AUTHORIZED DISPOSITION OF REMAINS:				20. FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL IN PERMANENT CRYPT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF REMAINS IN OTHER MANNER <input type="checkbox"/> D. OTHER				<input type="checkbox"/> E. TEMPORARY ENTOMBMENT <input checked="" type="checkbox"/> F. DISPOSITION <input type="checkbox"/> G. OTHER			
21. DATE SIGNED: 04/04/2000				22. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: <i>[Signature]</i>			
23. NAME AND ADDRESS OF FUNERAL HOME: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				24. DATE SIGNED: 04/04/2000			
25. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				26. DATE SIGNED: 04/04/2000			
27. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				28. DATE SIGNED: 04/04/2000			
29. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				30. DATE SIGNED: 04/04/2000			
31. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				32. DATE SIGNED: 04/04/2000			
33. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				34. DATE SIGNED: 04/04/2000			
35. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				36. DATE SIGNED: 04/04/2000			
37. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				38. DATE SIGNED: 04/04/2000			
39. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				40. DATE SIGNED: 04/04/2000			
41. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				42. DATE SIGNED: 04/04/2000			
43. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				44. DATE SIGNED: 04/04/2000			
45. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				46. DATE SIGNED: 04/04/2000			
47. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				48. DATE SIGNED: 04/04/2000			
49. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				50. DATE SIGNED: 04/04/2000			
51. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				52. DATE SIGNED: 04/04/2000			
53. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				54. DATE SIGNED: 04/04/2000			
55. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				56. DATE SIGNED: 04/04/2000			
57. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				58. DATE SIGNED: 04/04/2000			
59. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				60. DATE SIGNED: 04/04/2000			
61. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				62. DATE SIGNED: 04/04/2000			
63. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				64. DATE SIGNED: 04/04/2000			
65. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				66. DATE SIGNED: 04/04/2000			
67. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				68. DATE SIGNED: 04/04/2000			
69. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				70. DATE SIGNED: 04/04/2000			
71. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				72. DATE SIGNED: 04/04/2000			
73. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				74. DATE SIGNED: 04/04/2000			
75. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				76. DATE SIGNED: 04/04/2000			
77. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				78. DATE SIGNED: 04/04/2000			
79. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				80. DATE SIGNED: 04/04/2000			
81. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				82. DATE SIGNED: 04/04/2000			
83. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				84. DATE SIGNED: 04/04/2000			
85. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				86. DATE SIGNED: 04/04/2000			
87. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				88. DATE SIGNED: 04/04/2000			
89. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				90. DATE SIGNED: 04/04/2000			
91. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				92. DATE SIGNED: 04/04/2000			
93. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				94. DATE SIGNED: 04/04/2000			
95. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				96. DATE SIGNED: 04/04/2000			
97. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				98. DATE SIGNED: 04/04/2000			
99. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION: GLEN ABBEY MORTUARY, 1838 BONITA ROAD, BONITA, CA 91901				100. DATE SIGNED: 04/04/2000			

E-15630

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MUST BE DRAWN WITHOUTS OF OTHER NOTATIONS

1. NAME OF DECEASED - FIRST, LAST & MIDDLE SENRY HARRISON MARSH		2. DATE OF BIRTH 05/07/1913		3. DATE OF DEATH 06/06/1993		4. SEX M	
5. CITY OF BIRTH SAN DIEGO		6. COUNTY OF BIRTH SAN DIEGO		7. NAME OF ATTORNEY FULL NAME ADDRESS AND CITY CAROL L. HINDMAN; SISTER-IN-LAW 9290 MURRAY DRIVE LA JOLLA, CA 91941			
8. THIRD NAME AND ADDRESS OF CALIFORNIA FUNERAL HOME OR PERSONAL SERVICE PROVIDER GLEN ABBEY MORTGART: 3838 BONITA ROAD BONITA, CA 91902				9. COUNTY OF CALIFORNIA SD-1371			
10. SIGNATURE OF APPLICANT AND DATE <i>Victoria Mela</i> 04/04/2000							

11. PERMIT 07.00		12. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION VICTORIA MELA 2006112	
13. AUTHORIZATION BY LOCAL JURISDICTION 04/04/2000		14. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 04/04/2000	
15. ADDRESS OF RESIDENCE OF DECEASED OR DECEASED'S NEXT OF KIN P.O. BOX 85222 SAN DIEGO, CA 92186-5222		16. ADDRESS OF RESIDENCE OF PERSON IN CHARGE OF DISPOSITION 04/04/2000	

17. AUTHORIZED FOR CEMETERY OR FUNERAL HOME USE		18. FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURNING, INCLUDING CRYSTALLIZATION <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. INTERMENT		<input type="checkbox"/> DISPOSITION PENDING - REMAINS LOCATED IN TRUNK AND ADDRESS	
<input type="checkbox"/> E. TEMPORARY INTERMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. BURY IN THE GROUND <input type="checkbox"/> H. BURY IN THE GROUND OR IN A CEMETERY			

19. NAME AND ADDRESS OF CALIFORNIA CEMETERY GLEN ABBEY MEMORIAL PARK 3838 BONITA ROAD, BONITA, CA 91902		20. DATE BURED		21. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
22. NAME AND ADDRESS OF CALIFORNIA CREMATOR		23. DATE CREMATED		24. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
25. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		26. DATE RECEIVED		27. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
28. NAME AND ADDRESS OF PERSON IN CHARGE OF STATE OR COUNTY WHERE REMAINS TO BE INTERMENTED AND TO BE BURED		29. DATE BURED		30. SIGNATURE OF PERSON IN CHARGE OF BURYING THE REMAINS	
31. ADDRESS WHERE BURIED IN GROUND, OR OTHER INTERMENT OR PLACE TO WHICH REMAINS WILL BE RETURNED TO CALIFORNIA		32. DATE OF INTERMENT		33. SIGNATURE OF PERSON IN CHARGE OF INTERMENT	
34. ADDRESS WHERE BURIED IN GROUND, OR OTHER INTERMENT OR PLACE TO WHICH REMAINS WILL BE RETURNED TO CALIFORNIA		35. DATE OF INTERMENT		36. SIGNATURE OF PERSON IN CHARGE OF INTERMENT	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATOR, FACILITY AND PERSONS ETC. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E- 15630

GLEN ABBEY MEMORIAL PARK AND MORTUARY
3818 BONITA RD
BONITA, CA 91902

Fax Cover Sheet

DATE: 4/5/2000

TIME: 8:39 AM

TO: MR. BILL CHERNEY

PHONE: (619) 527-3400

FAX: (619) 527-3403

FROM: GLEN ABBEY MORTUARY

PHONE: (619) 498-4800

ATTN: ALEX ESCOBAR

FAX: (619) 585-8853

RE: DIG-INTERMENT (3)

CC: _____

Number of pages including cover sheet: 4

Message

SENDING (3) DISPOSITION COPIES FOR DIG-INTERMENT OF:

WILLIAM CLOSE-CREMATED REMAINS AND IRAN AND HENRY MARSH (CREMATED
REMAINS).

PLEASE NOTIFY ME WHEN DIG-INTER WORKING SO I CAN MAKE ARRANGEMENTS
FOR MORTUARY PERSONS TO BE PRESENT.

THANK YOU AND IF YOU NEED MORE INFO GIVE ME A CALL.

We are using an ARI 1000-PTT Fax. If there are any pages you did not receive or are
unable to read, please call the mortuary office at (619) 498-4800

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15630

USE BLACK INK ONLY—MAKE NO CHANGES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEASED—FIRST NAME WILLIAM		2. LAST NAME JAMES		3. LAST INITIAL CLOSE		4. DATE OF BIRTH MONTH DAY YEAR 04/20/1894		5. DATE OF DEATH MONTH DAY YEAR 01/21/1957		6. SEX M	
7A. CITY OF DEATH SAN DIEGO				7B. COUNTY OF DEATH—WRITE IN FULL OTHER STATE SAN DIEGO				8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND OF TIME OF DECEASED CAROL L. HIRMAN: DAUGHTER 9290 MURRAY DRIVE LA MESA, CA 91942			
9. TYPED NAME AND ADDRESS OF CALIFORNIA—FLORIDA, ILLINOIS OR IOWA ACTING AS DEATH CERTIFICATE GLEN ARNEY HOSPITAL: 3438 BONITA ROAD BONITA, CA 91902						10. COUNTY OF DEATH SD-1371		11. SIGNATURE OF APPLICANT—Print name and date 04/04/2000			
12. PERMIT PERMIT		13. FEE \$7.00		14. SIGNATURE OF LOCAL REGISTRAR VICTORIA MESA		15. DATE 04/04/2000		16. SIGNATURE OF LOCAL REGISTRAR 2006111		17. DATE 04/04/2000	
18. ADDRESS OF DECEASED OR NEXT OF KIN P.O. BOX 85222 SAN DIEGO, CA 92186-5222		19. ADDRESS OF DECEASED OR NEXT OF KIN IF DECEASED IS IN CALIFORNIA IF DECEASED IS IN ANOTHER DISTRICT IN CALIFORNIA									
20. AUTHORIZED DISPOSITIONS—CHECK APPLICABLE PERMIT											
<input checked="" type="checkbox"/> A. BURIAL—INCLUDES INTERMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CLOSURE <input type="checkbox"/> D. DISPOSITION OF REMAINS <input type="checkbox"/> E. TEMPORARY INTERMENT <input checked="" type="checkbox"/> F. INTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> DISPOSITION PENDING—REMAINS LOCATED & NAME AND ADDRESS											
21. NAME AND ADDRESS OF CALIFORNIA CEMETARY GLEN ARNEY MEMORIAL PARK 3838 BONITA ROAD, BONITA, CA 91902		22. DATE BORN		23. SIGNATURE OF PERSON IN CHARGE OF BURIAL		24. NAME AND ADDRESS OF CALIFORNIA CREMATORY		25. DATE CREMATED		26. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
27. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		28. DATE RECEIVED		29. SIGNATURE OF PERSON IN CHARGE OF FACILITY		30. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		31. DATE SHIPPED		32. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
33. ADDRESS, NEAREST PORT OR SHORELINE, OR OTHER DESCRIPTION FOR IDENTIFY FINAL PLACE AND OR DISTRICT OF DISPOSITION		34. DATE OF DISPOSITION		35. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		36. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		37. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		38. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	

COMPLETE ALL APPLICABLE ITEMS

NOTE: 1. 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 1 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VSR (REV. 8-91)

E-15630

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—NO RED INK, BRUSHES, WHITEOUTS OR OTHER ALTERNATIVES

1. NAME OF DECEASED—FIRST NAME WERRY		2. LAST NAME HARRISON		3. DATE OF BIRTH 05/07/1913		4. DATE OF DEATH 04/09/1993		5. SEX M	
6. CITY OF BIRTH SAN DIEGO		7. COUNTY OF BIRTH—SUNSET CALIF. WHERE BORN SAN DIEGO		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND CITY STATE OF DECEASED CAROL T. BIRMAN SISTER-IN-LAW 9290 MURRAY DRIVE LA MESA, CA 91942					
9. TYPE, NAME AND ADDRESS OF CALIFORNIA—FEDERAL, DISTRICT OR PERSON ACTING AS SUCH, OF CALIF. LICENSE NUMBER CLAY ARBET MEMORIAL: 3638 BONITA ROAD BONITA, CA 91902				10. CALIF. LICENSE NUMBER PD-1371		11. SIGNATURE OF APPLICANT—Full name, date, and city state [Signature] 04/04/2000			
12. PERMIT PERMIT		13. FEE \$7.00		14. SIGNATURE OF LOCAL REGISTRAR VICTORIA REZA 2806112 04/04/2000					
15. ADDRESS OF SIGNATURE OF DISTRICT OF DEATH P.O. BOX 85222 SAN DIEGO, CA 92186-5222		16. ADDRESS OF SIGNATURE OF DISTRICT OF DEATH [Signature]							
17. AUTHORIZED DISPOSITIONS—Check applicable items		18. FOR CORONER'S USE ONLY							
<input type="checkbox"/> A. BURIAL <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY EXHUMATION <input checked="" type="checkbox"/> F. REINTERMENT <input type="checkbox"/> G. SHIP TO CALIFORNIA <input type="checkbox"/> H. SHIP TO OUTSIDE OF CALIFORNIA							
19. NAME AND ADDRESS OF CALIFORNIA CEMETERY CLAY ARBET MEMORIAL PARK 3638 BONITA ROAD, BONITA, CA 91902		20. DATE BURIED		21. SIGNATURE OF PERSON IN CHARGE OF BURIAL					
22. NAME AND ADDRESS OF CALIFORNIA CREMATORY		23. DATE CREMATED		24. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
25. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		26. DATE RECEIVED		27. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
28. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		29. DATE SHIPPED		30. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
31. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		32. DATE OF DISPOSITION		33. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		34. LICENSE NUMBER OF EXHUMER AT MAKE SIGNATURE [Signature]			

FURNITURE APPLICABLE TO BIRTH

COPY 3 OF THIS 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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM DATE.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15630

USE BLACK INK ONLY—MAKE NO EDITIONS, VOUCHERS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—PRINT NAME		2. MODE		3. DATE OF BIRTH		4. DATE OF DEATH		5. SEX	
JEAN		CLOSE		MARRIAGE		07/01/1925		08/26/1992	
6A. CITY OF DEATH		7. COUNTY OF DEATH—PRINT NAME		8. NAME, RELATIONSHIP, FULL ADDRESS, ADDRESS AND ZIP CODE		9. DATE OF BIRTH		10. DATE OF DEATH	
EL CAJON		SAN DIEGO		CAROL L. WINMAN, SISTER 9190 MURRAY DRIVE LA MESA, CA 91942					
11. TYPED NAME AND ADDRESS OF CALIFORNIA—FURNISH DIRECTOR OF PERSONS AT BIRTH		12. FULL ADDRESS NUMBER AND CITY AND STATE		13. DATE OF BIRTH		14. DATE OF DEATH		15. DATE OF BIRTH	
CLEM ANNEX MEMORIAL: 3838 BONITA ROAD BONITA, CA 91902		95-1371		04/04/2000		04/04/2000		04/04/2000	
16. ADDRESS OF DEATH—PRINT NAME AND ADDRESS		17. ADDRESS OF DEATH—PRINT NAME AND ADDRESS		18. ADDRESS OF DEATH—PRINT NAME AND ADDRESS		19. ADDRESS OF DEATH—PRINT NAME AND ADDRESS		20. ADDRESS OF DEATH—PRINT NAME AND ADDRESS	
P.O. BOX 05222 SAN DIEGO, CA 92106-5222		VICTORIA MEZA 2006118		04/04/2000					

1. PURPOSE OF APPLICATION—CHECK APPROPRIATE BOX		FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL—BENEFICIAL INTERMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF UNCLAIMED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. DISPOSITION OF REMAINS		<input type="checkbox"/> E. TEMPORARY CUSTODY <input checked="" type="checkbox"/> F. CONTINGENT <input type="checkbox"/> G. BIRTH IN CALIFORNIA <input type="checkbox"/> H. TRANSFER TO OUTSIDE OF CALIFORNIA	
2. SIGNATURE OF PERSON IN CHARGE OF BIRTH		3. SIGNATURE OF PERSON IN CHARGE OF CREMATION	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BIRTH
	CLEM ANNEX MEMORIAL PARK 3838 BONITA ROAD, BONITA, CA 91902		
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
15A. ADDRESS, STREET, PO BOX, OR OTHER DESCRIPTION OF PLACE TO WHICH REMAINS ARE TO BE SHIPPED	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT RETURNED, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DETROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susie Tucker 31

in a Ts Vault Funeral, date, time Friday 3-31-00 11:00

Church, Chapel, Graveside Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 4 Grave 6 Row _____ Section 2 Division/Block 7

Grave space & Care Fund _____ 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** _____ 375.00

Burial Container _____ 250.00

Handling Fees MAR 28 2000 _____ 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA _____ 45.00

Sales taxes _____ 19.38

Total Due _____ 2269.38

Paid receipt number Credit card paid 2269.38

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

X Robert Osby

Address

28203 ENGELHORN OAK TRL

City

ESCONDIDO, CA 92026

Telephone

X (760) 749-7148

Work Order # **E** 15631

Invoice # _____

Acct. # _____

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) Susie	1B. MIDDLE Lillian	1C. LAST (FAMILY) Tucker	2. DATE OF BIRTH MONTH DAY YEAR 11/01/1905	3. DATE OF DEATH MONTH DAY YEAR 03/26/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert E. Osby, Son 28203 Engelmann Oak Trail Escondido, CA 92026	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Andersop-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 03/29/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/31/2000 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005896
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-31-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pedro Lenz

in a liner Funeral, date, time Tues 4-4 12:00

Church Chapel Graveside El Cerrito Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X M.S.

Lot 260 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Paid E-13774 ⊕

Additional spaces and care fund _____ ⊕

Opening/Closing & Setup _____ ⊕

Burial Container _____ ⊕

Handling Fees _____ ⊕

Flower vases - Marker setting fee _____ ⊕

Recording and filing fee _____ ⊕

Sales taxes _____ ⊕

Total Due _____ ⊕

Paid receipt number _____

Balance due _____

I hereby certify I am the X 10 daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Maria Salinas
Signature
X 4380 Satewood Ln
Address
X San Diego Ca. 92114
City
X (619) 267-0123
Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15632**

E- 15632

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) PEDRO	1B. MIDDLE ENCARNACION	1C. LAST (FAMILY) FERREL	2. DATE OF BIRTH MONTH, DAY, YEAR 02/23/1921	3. DATE OF DEATH MONTH, DAY, YEAR 03/30/2000	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA SALINAS—DAUGHTER 7380 GATEWOOD LANE SAN DIEGO, CA 92014	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 634 S MOLLISON AVE/EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/31/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/31/2000 JACKIE KOZICA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005925
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102	11B. DATE BURIED 4-4-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Poe-Deed
lot trash

MT. HOPE CEMETERY
INTERMENT ORDER

Edmund is
grave 7

City of San Diego

Date 03-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ginnie L. White

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 of \$.

will be applied and billed to undersigned. _____

Lot 88 Grave 2 & 3 Row — Section 2 Division Block 12

Grave space & Care Fund 2 at 895⁰⁰ 1790[—]

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375⁰⁰ 750[—]

Burial Container 2 at 190⁰⁰ 380[—]

Handling Fees 2 at 145⁰⁰ 290[—]

Flower vases — Marker setting fee _____

Recording and filing fee 2 at 45⁰⁰ 90[—]

Sales taxes 2 at 14³³ 29.46

PAID

JUL 03 2001

Paid receipt number R-52265 1500⁰⁰

Total Due 3329.46

Balance due \$1829.46

R-53876 1829.46

I hereby certify that the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and agree that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Ginnie L. White

Address 356 54th St.

City S.D. Ca.

Zip Code 92114

Telephone (619) 263-9705

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # **E 15633**

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53876

Date: July 3rd, 20 01From: Annie & Edmund White Address: 356 - 54th St., S.D., CA 92119Three-Hundred Ninety-NINE and 46/100 Dollars (\$ 399.46)In: PAID Payment of Pre-Need Account (LOT) IN-FULLLot 88 Grave 2 and 3 Row - Section 2 Division 12Invoice No. Acct. No. W.O. E-15633BALANCE DUE Personal Check # 3775Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JUL 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>399.46</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53773

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 4th, 20 01
 From: Annie & Edmund White Address: 356 - 54th St., S.D., CA 92114
One-Hundred and NO/100 Dollars (\$ 100.⁰⁰/~~00~~)

 In -part Payment of Pre-Need Lot & Trust

 Lot 88 Grave 243 Row — Section 2 Division 12
Invoice No. Acct. No. W.O. E-15633BALANCE DUE 399.46Coupon #13Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒AC-212 (Rev. 5-94) # 4222NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

JUN 04 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	<u>100 00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53644

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 4th, 2001

From: Annie L. White Address: 356 - 54th St., San Diego, CA 92114
One - Hundred and NO/100 Dollars (\$ 100.⁰⁰/_{XX})

In - part Payment of Pre-Need Lot & Trust

Lot 88 Grave #2+3 Row - Section 2 Division 12

Invoice No. / /Acct. No. / /W.O. E-15633BALANCE DUE 499.46Coupon # 12Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

PAID

MAY 04 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	100 ⁰⁰
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	100 ⁰⁰

WHITE, ANNIE & EDMUND 356 54th Street, San Diego 92114 263-9705

			DEBIT	CREDIT	BALANCE
03-30-00	Opened Pre-need Lot & Trust.				
	Lot 88 Grave 2 & 3, Sec 2, Div 12		1790.00		1790.00
	Trust includes 2 opening/closing, 2 liners, 2 handling fees, 2 recording fees, 2 tax on liners.	358 20%	1539.46		3329.46
03-30-00	Receipt 522265	1432 80%		1500.00	1829.46
5-3-00	R- 52385	Coupon		80.00	1749.46
6-1-00	R- 52518	2		100.00	1649.46
7-5-00	R- 52625	3		100.00	1549.46
7-27-00	R- 52715	4		100.00	1449.46
9-7-00	R- 52831	5		100.00	1349.46
10-10-00	R- 52953	6		100.00	1249.46
11-3-00	R- 53027	7		100.00	1149.46
12-5-00	R- 53121	8		100.00	1049.46
12-22-00	R- 53176	9		100.00	949.46
02-22-01	R- 53383	(10)		250.00	699.46
4-5-01	R- 53529	11		-100.00	599.46
5-04-01	R- 53644	12		-100.00	499.46
06-04-01	R- 53773	13		-100.00	399.46
07-03-01	R- 53876	14		-399.46	0

WHITE, ANNIE & EDMUND

Pre-need Lot & Trust

Rem. to Trust

PAID

JUL 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

E-1563 Attach to ledger card

Celestial Grand Chapter
Order of the Eastern Star

To whom this concern,
I called this morning to
see if my payment had been
received. It hadn't. I called
the bank & put a stop on it
because it was mailed 11/30/01
for the amt. of \$200⁰⁰—

This payment is for the
following month also—
Payment #10

Thank you.
Annie White

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARJORIE HACKNEY TUE 4-11 9:00

in a Survivor Funeral, date, time 4-7 10:00

Church, Chapel, Graveside Delivering only Conrad 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 135 Grave 3 Row PRE-NEED Section E-9631 Division/Block 13

Grave space & Care Fund PAID

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container APR 11 2000 145.00

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO 45.00

Recording and filing fee 14.73

Sales taxes 769.73

Total Due 769.73

Paid receipt number R-52312 769.73

Balance due 0

I hereby certify I am the PA. Nancy Hottel of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15634

E-15634

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) MARJORIE	1B. MIDDLE JUNE	1C. LAST (FAMILY) HACKNEY	2. DATE OF BIRTH MONTH DAY YEAR 07/27/1923	3. DATE OF DEATH MONTH DAY YEAR 03/13/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS - DEPUTY PA 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Conrad Lemon</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10175 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/06/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/07/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2006370
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input checked="" type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-11-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IRIS PENN

in a LINER Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside : MAYER Mortuary.
3:00 JOHN

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 145 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund 4-5-00 895

Additional spaces and care fund CANCELLED

Opening/Closing & Setup 375

Burial Container 190

Handling Fees 145

Flower vases - Marker setting fee _____

Recording and filing fee 45

Sales taxes 14.73

ERIC PRYTON - BROTHER
858 693-0116

Total Due 1664.73

Paid receipt number _____

Balance due _____

I hereby certify I am the X Brother of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Eric M. Pryton
Signature
X 10159 Camino Volcan
Address
X San Diego Cn
City Zip Code
X 858 693 0116
Telephone

Work Order # E 15635

Invoice # _____

Acct. # _____

May ⁴⁻³ E-15635
Cancel
might be cremation
MAYER C'AL

SEE BACK FOR
LOT OWNER NAMES

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Thomas, Jessie

in a LINER Double Depth Funeral, date, time Thu 4-7 1:00

Church, Chapel, Graveside Raydale 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. B.T

Lot 65 Grave 9 Row — Section 3 Division/Block 12

Grave space & Care Fund 795-

Additional spaces and care fund

Opening/Closing & Setup 375-

Burial Container 2 380.00 190-

Handling Fees 2 320.00 145-

Flower vases - Marker setting fee 23.78

Recording and filing fee 45-

Sales taxes 29.45 14.73

Total Due 1588.51

Paid receipt number R-52269 100.00

Balance due 1488.51

I hereby certify I am the Sister in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

224085 Gloria Thomas
463 Colorado ave #4
Chula Vista, Ca. 91910
585-7016

Invoice #

Work Order # E 15636

Acct. #

Calvin M. Gee

Gloria Thomas

2nd
owners

PAID
APR 11 1974
ALL INFORMATION
CONTAINED
HEREIN IS UNCLASSIFIED

379.73
R-52290

379.73

Additional one for book with copy.

1488.51
R-52276

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found (C)

1A. NAME OF DECEDENT—FIRST (GIVEN) Jessie	1B. MIDDLE -	1C. LAST (FAMILY) Thomas	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1938	3. DATE OF DEATH MONTH DAY YEAR 03/30/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Larry Thomas, Brother 463 Colorado Ave. Apt. A Chula Vista, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>	
				8B. DATE SIGNED 04/03/2000	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/05/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2006214
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Vital Records; P.O. Box 85222 San Diego, CA 92102	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 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.

E- 15636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Jessie		1B. MIDDLE -		1C. LAST (FAMILY) Thomas		2. DATE OF BIRTH MONTH DAY YEAR 05/07/1938		3. DATE OF DEATH MONTH DAY YEAR 03/30/2000		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Larry Thomas, Brother 463 Colorado Ave. Apt. A Chula Vista, CA 91910					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Alfred Williams</i>				8B. DATE SIGNED 04/03/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/05/2000 <i>Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006214			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92102		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 4-7-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kevin F. Jones</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-15636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Jessie	1B. MIDDLE -	1C. LAST (FAMILY) Thomas	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1938	3. DATE OF DEATH MONTH DAY YEAR 03/30/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Larry Thomas, Brother 463 Colorado Ave. Apt. A Chula Vista, CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person having permit [Signature]

8B. DATE SIGNED
04/03/2000

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/05/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006214
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92102	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☐ A. BURIAL (INCLUDES ENTOMBMENT)

☐ B. CREMATION

☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY

☐ D. SCIENTIFIC USE

☐ E. TEMPORARY ENVAULTMENT

☐ F. DISINTERMENT

☐ G. SHIP IN TO CALIFORNIA

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIAM MOORD PA # 20001276

in a Double Death Funeral, date, time 4-10-00 9:00am

Church, Chapel, Graveside 10 Memorial Mortuary.

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 2 Grave 3B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 165.00

Burial Container 50.00

Handling Fees MAY 18 2001

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, Ca 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E** 15637

Invoice # 330266

Acct. # 000950

E-15637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE L.	1C. LAST (FAMILY) MOORD	2. DATE OF BIRTH MONTH, DAY, YEAR 08/05/1933	3. DATE OF DEATH MONTH, DAY, YEAR 03/28/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR - PAO 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/03/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/07/2000 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006313
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rick J Hernandez

in a double depth Funeral, date, time Thursday 4-6-00 1:00

Church, Chapel, Graveside : Heath Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 164 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number 52275 2044.45

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alice B. Hernandez
Signature
X 3236 Grim Ave
Address
X San Diego CA 92104
City
X (619) 528-9414 Zip Code
Telephone

Work Order # E- 15638

Invoice #

Acct. #

E-15638

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

43

1A. NAME OF DECEDENT—FIRST (GIVEN) RICARDO	1B. MIDDLE JESUS	1C. LAST (FAMILY) HERNANDEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 03/22/1956
3A. CITY OF DEATH San Diego			3. DATE OF DEATH MONTH, DAY, YEAR 03/28/2000
4. SEX M		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alice Belinda Hernandez - Wife	
6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		6B. DATE SIGNED 04/03/2000	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home, 611 Highland Ave., National City CA 91950			
7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 807		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 3236 Grim Avenue San Diego CA 92104	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Box 82555, San Diego CA 92186 - 5222	9B. DATE PERMIT ISSUED 04/03/2000
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED 4-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LILLIAN MOTON

in a Grave Funeral, date, time WED. 4-5 1:00
Type of Burial Container
Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X Ceyj

Lot 88 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1564.73

Total Due 1564.73

Paid receipt number R-52277 1564.73

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Charlath G. Jones
Signature
X 3060-59th St #33
Address
X San Diego, CA 92105
City
X (619) 582-4431
Telephone
263-1781
msg 286-0712

Work Order # **E 15639**

Invoice # _____

Acct. # _____

E-15639

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

81

1A. NAME OF DECEDENT—FIRST (GIVEN) Lillian		1B. MIDDLE Bonnie		1C. LAST (FAMILY) Moton		2. DATE OF BIRTH MONTH DAY YEAR 05/20/1918		3. DATE OF DEATH MONTH DAY YEAR 03/30/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sheila Moton, Daughter 912 Alvin St. San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sheila Moton</i>				8B. DATE SIGNED 04/03/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/04/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006064	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 4-5-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need
Set
Final

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-03-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Danny I. Brown

In a T.S. Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Mortuary, _____

All Funeral cars must arrive before ~~3:00~~ 3:00 p.m. of regular work day or an extra charge of \$ 150.00

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 _____

Opening/Closing & Setup _____ 375-

Burial Container _____ 250-

Handling Fees _____ 185-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45-

Sales taxes _____ 19.38

Total Due _____ \$1869.38

Paid receipt number R-53271 1000-

R-53537 Balance due \$869.38

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature _____
Address _____

Signature of recorded holder of deed _____
City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15640

REA-104 (7-96) This information is available in alternative formats upon request.

BROWN, DANNY I. 739 Santa Isabel Dr., San Diego 92114

			DEBIT	CREDIT	BALANCE
04-03-00	Opened Pre-need Lot & Trust.				
	Lot 1891, Division 10		995.00		995.00
	Trust includes opening/closing, T.S.Vault,				
	handling fee, recording fee, tax on vault.		874.38		1869.38
04-03-00	R-52271			1000.00	869.38
5-2-00	R-52379	Coupon 1 2 2		72.00	797.38
6-6-00	R-52535	3 2 4		72.00	725.38
7-6-00	R-52636	3 2 6		72.00	653.38
8-3-00	R-52732			72.00	581.38
9-11-00	R-52844	9 2 10		72.00	509.38
10-9-00	R-52945	11 2 12		72.00	437.38
11-3-00	R-53022	13 2 14		72.00	365.38
12-5-00	R-53113	15 2 16		72.00	293.38
1-4-01	R-53208	17 2 18		72.00	221.38
02-01-01	R-53309	19 + 20		72.00	149.38
3-6-01	R-53428	21 2 22		72.00	77.38
4-3-01	R-53527	23 + 24		77.38	000.00

REM.
+ 10
TRUST

Send or bring one coupon with each remittance

COUPON

2

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

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Amount Received

\$

36.00

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Amount Received

\$

36.00

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust****Danny Brown****E-15640****739 Santa Isabel Dr.****San Diego, CA 92114****Lot 1891 Division 10**

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before,
due date above.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

3

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 Div 10**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before,
due date above.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust****Danny Brown****E-15640****739 Santa Isabel Dr.****San Diego, CA 92114****Lot 1891 Division 10**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before,
due date above.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

D Brown

Amount Received

\$ **36.00**

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

5

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 Div 10**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before,
due date above.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

D Brown

Amount Received

\$ **36.00**

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****8****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **Pre-need Lot & 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.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ **36.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon 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 1891 Div 10****Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before,
due date above.\$ **36.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ **36.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before,
due date above

\$ 36.00

Amount due if paid more than _____ days
after due date above

\$

\$

Amount Received

\$ 36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before,
due date above

\$ 36.00

Amount due if paid more than _____ days
after due date above

\$

\$

Amount Received

\$ 36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Division 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Division 10

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

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 Div 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before,
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-used Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Division 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before,
due date above

\$ 36.00

Amount due if paid more than _____ days
after due date above

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-used Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before,
due date above

\$ 36.00

Amount due if paid more than _____ days
after due date above

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Division 10

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 36.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before
due date above.

\$ 36.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 36.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****20****DO NOT MAIL ENTIRE BOOK**

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.

\$

36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new addressSend or bring one coupon with each remittance**COUPON****19****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 Div 10

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before,
due date above.

\$

36.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-med Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Division 10

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before,
due date above.



\$ 36.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-med Lot & Trust

Danny Brown

E-15640

739 Santa Isabel Dr.

San Diego, CA 92114

Lot 1891 Div 10

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before,
due date above.



\$ 36.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 36.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Lot & Trust

Denny Brown

E-15640

739 Santa Isabel Dr.
San Diego, CA 92114
Lot 1891 Division 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before,
due date above\$ ~~36.00~~Amount due if paid more than _____ days
after due date above

\$ 41.38

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Lot & Trust

Denny Brown

E-15640

739 Santa Isabel Dr.
San Diego, CA 92114
Lot 1891 Div 10

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before,
due date above

\$ 36.00

Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

PRE-NEED
TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of PEGGY MEANS

in a TIS VAULT Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. _____

Lot 1890 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED E-14854 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-52272 150.00

Balance due 724.38

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Peggy E. Means
Signature
X 3345 Blackton Dr.
Address
X San Diego Ca 92105
City
X (619) 264-5445
Telephone Zip Code

Work Order # E 15641

Invoice # _____

Acct. # _____

MEANS, PEGGY 2345 Blackton Dr., San Diego 92105 264-5445

			DEBIT	CREDIT	BALANCE
04-03-00	Opened <u>Pre-need Trust</u> . Trust includes opening/closing, T.S. Vault, handling fee, recording fee, tax on vault. (Lot 1890 Div 10)		874.38		874.38
04-03-00	R-15641				
5-15-00	R- 52441	Coupon # 1		150.00	724.38
6-19-00	R- 52578	2		30.00	694.38
7-19-00	R- 52685	3		30.00	664.38
8-9-00	R- 52755	4		30.00	634.38
9-20-00	R- 52891	5		30.00	604.38
10-12-00	R- 52970	6		30.00	574.38
11-7-00	R- 53042	7		30.00	544.38
12-13-00	R- 53150	8		30.00	514.38
01-11-01	R- 53248	9		30.00	484.38
02-12-01	R- 53349	10		30.00	454.38
03-20-01	R- 53475	Coupon 11		30.00	424.38
04-11-01	R- 53565	12		30.00	394.38
05-11-01	R- 53673	13		- 30.00	364.38
6-08-01	R- 53798	14		- 30.00	334.38
7-10-01	R- 53900	15		- 30.00	304.38

MEANS, PEGGY

Pre-need Trust

Cont'd.

all To Trust

Bal Forward: 274.38

7-31-01	R-53965	Aug 10 Camp # 15	- 30.00	244.38
9-04-01	R-54107	Sep 10 Camp # 17	30.00	214.38
10-5-01	R-54201	18	30.00	184.38
11-9-01	R-54315	19	30.00	154.38
12-4-01	R-54419	Dec 10 # 20	- 30.00	124.38
1-9-02	R-54532	21	30.00	94.38
2-5-02	R-54610	22	30.00	64.38
3-15-02	R-54767	23	30.00	34.38
4-10-02	R-54853	24	34.38	0

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53565

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 11th, 2001
 From: Peggy E. Means Address: 2345 Blackton Dr., S.D., 92105
Thirty and NO/100 Dollars (\$ 30.⁰⁰xx)
 In - Part Payment of Pre-Need TRUST

Lot 1890 Grave — Row — Section — Division 10
 Block —

Invoice No. —Acct. No. —W.O. E-15641BALANCE DUE 364.³⁸Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2437

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

APR 11 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	30	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	30	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54107

Date: 9-4-01, 20From: Peggy L. Means Address: 2345 Rescption Dr. San Diego CA 92105Dollars (\$ 30.00)In _____ Payment of Thirty Dollars x/100
Pre-Need TrustLot 1890 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15641BALANCE DUE \$214.38NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>30</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒ISSUED BY Luke Prince

2611

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53673

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 11th, 2001From: Peggy E. Means Address: 2345 Blackton Dr., S.D., CA 92105
Thirty and .00/100 Dollars (\$ 30.00)
 In - part Payment of Pre-Need Trust

 Lot 1890 Grave Row Section Division 10
 Block
Invoice No. Acct. No. W.O. E-15641BALANCE DUE 334.38Coupon #13Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒AC-212 (Rev. 5-94) CK# 2472NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

MAY 11 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>30.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53798

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 8, 20 01From: Peggy Means Address: 2345 Blackten DR., S.D., CA 92105Thirty and -00/100 Dollars (\$ 30.00)In -part Payment of Pre-Need TrustLot 1890 Grave — Row — Section — Division 10
Block 10Invoice No. —Acct. No. —W.O. E-15641BALANCE DUE 304.32Coupon 14Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 5-94) CK# 2509NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.**PAID**

JUN 08 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	30 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	30 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53960

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 10th . 20 01
 From: Peggy E. Means Address: 2345 Blackton Dr., San Diego, CA 92105
Thirty and 00/100 Dollars (\$ 30.00 ~~xxx~~)
 In - PART Payment of Pre-Need Trust

Lot 1890 Grave — Row — Section — Division Block 10

Invoice No. —Acct. No. —W.O. E-15641BALANCE DUE 274.38Coupon # 15Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 2536

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

PAID

JUL 10 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	76007	
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	63033	30 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	30 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53965

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 31st, 20 01From: Peggy E. Means Address: 2345 Blackton Dr., S.D., CA 92105
Thirty and NO/100 Dollars (\$ 30.00 ~~xxx~~)
In -part Payment of Pre-Need Trust
 Lot 1890 Grave — Row — Section — Division 10 Block 10
Invoice No. —Acct. No. —W.O. E-15641BALANCE DUE 244.38Coupon 15-AugPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JUL 31 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54201

Date: 10-5, 20 01
 From: Peggy Means Address: On file
Thirty and 00/100 Dollars (\$ 30.00)
 In Part Payment of Pre-need trust

 Lot 1890 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15641BALANCE DUE 184.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30 00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30 00</u>

 Pre-Need Lot ☐ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

#2632

ISSUED BY

Viewmo

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54315

From:

Peggy Means

Address:

2345 Blaktion Dr San Diego

Date:

11-9

.20

01

92105

Dollars (\$ 30.00)

In

part

Payment of

Pre-Need Trust

Lot

1890

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E-15641

BALANCE DUE

154.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	30 00
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

J. Shickellin

TOTAL PAID

\$

30 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54417

Date: 12/04, 20 01
 From: Peggy Meons Address: unrecord
Thirty 00 and 00 Dollars (\$) 30.00

 In part Payment of pre-need trust
Coupon # 20

 Lot 1890 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15641

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

DEC - 4 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, C.
Paula Waterford

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>30</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

 Pre-Need Lot ☐ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

2693

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54532

From:

Peggy Means

Address:

2345 Bluebonnet Dr San Diego 92105

Date:

1-9, 2002

Dollars (\$

30.00)

In

part

Payment of

Pre-Need Trust

Lot

1890

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E-15641

BALANCE DUE

94.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT 67007

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

76390

30 00

30 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

2735

ISSUED BY

D. Shultz

TOTAL PAID

\$

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54618

From:

Peggy Means

Address:

2345 Blackton Dr San Diego 92105

Date:

2-5-07

, 20

Dollars (\$ 30.00)

In

part

Payment of

Pre-Need Trust

Lot

1890

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E-15641

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 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

78390

Pre-Need Lot ☐At Need ☐On Acct ☐Pre-need Trust ☒Cash ☐Check ☒

2739

ISSUED BY

J. Shults

TOTAL PAID

\$

30 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54767

Date: March 15, 2002
 From: Peggy E. Means Address: on record
thirty and 00 Dollars (\$ 30.00)

 In part Payment of Pre-need trust account
Coupon #23

 Lot 1890 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13641BALANCE DUE \$ 34.38Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>30</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

ISSUED BY

Paulette Crawford

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-paid Trust E-15641**

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before,
due date above.



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 30.00

NAME **PEGGY E. MEANS**

ADDRESS **2345 BLACKTON DR**

CITY **SAN DIEGO** STATE **CA** ZIP **92105**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Trust E-15641

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before,
due date above.

\$ 30.00

Amount due if paid more than _____ days
after due date above.

\$ 30.00

\$

Amount Received

\$

NAME

PEGGY MEANS

ADDRESS

2345 BLACKTON DR.

CITY

SAN DIEGO

STATE

CA

ZIP

92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Trust E-15641**

Peggy K. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before,
due date above.



\$ **30.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **30.09**

NAME

PEGGY MEANS

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO

STATE

CA

ZIP

92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-15641**

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before,
due date above

\$

30.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

30.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO

STATE

CA

ZIP

92105

☐ check (✓) if this is new address

Bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Trust E-15641**

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before,
due date above.



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 30.00

NAME **PEGGY E. MEANS**

ADDRESS **2345 BLACKTON DR.**

CITY **SAN DIEGO** STATE **CA** ZIP **92105**

☐ check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Trust E-15641

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before,
due date above.

\$ 30.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 30.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR

CITY

S.D. CA

ZIP

92105

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Trust E-15641**

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before,
due date above.



\$ **30.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **30.00**

NAME **PEGGY E. MEANS**

ADDRESS **2345 BLACKTON DR.**

CITY **SAN DIEGO** STATE **CA** ZIP **92105**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

28

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No.

Pre-used Trunc E-15641

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

E-15641

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before
due date above



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 30.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR.

CITY

SAN DIEGO

STATE

CA ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Trust E-15641**

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 10)

E-15641

E-15641

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before,
due date above



\$ **30.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME Peggy E. Means Amount Received \$ 30.00
ADDRESS 2345 Blackton Dr.
CITY San Diego STATE CA ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Trust E-15641

Peggy E. Means

E-15641

2345 Blackton Dr.

San Diego, CA 92105

(Lot 1890 Div 18)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before,
due date above



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

Amount Received

\$ 30.00

ADDRESS

2345 BLACKTON DR.

CITY

SAN DIEGO

STATE

CA

ZIP

92105

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rafael De la Cruz WED 4-5 3:30

in a Liner Funeral, date, time Guadalupe

Church, Chapel, Graveside 3:00 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. F-C

Lot 150 Grave 434 Row — Section 2 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 195.00

Burial Container APR 16 2000 95.00

Handling Fees 50.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 7.36

Total Due \$587.36

Paid receipt number 00000000 150.00

Balance due \$737.36

I hereby certify I am the R-53296 of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Padre Father Signature ESEQUIEL DELA CRUZ

Address 1530 SCOTT ST

City San Diego CA Zip Code 92106

Telephone (619) 758-1693

Invoice # —

Acct. # —

Work Order # **E 15642**

REA-104 (7-96) This information is available in alternative formats upon request.

E-15642

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

3

1A. NAME OF DECEDENT—FIRST (GIVEN) RAFAEL		1B. MIDDLE -	1C. LAST (FAMILY) DELACRUZ	2. DATE OF BIRTH MONTH DAY YEAR 04/17/1997	3. DATE OF DEATH MONTH DAY YEAR 03/31/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EZEQUIEL DELACRUZ—FATHER 1530 SCOTT ST SAN DIEGO, CA, 92108 92106		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY 2601 IMPERIAL AVE SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		9A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		BB. DATE SIGNED 04/04/2000				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JENIE CHAVEZ 04/04/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006130
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102		11B. DATE BURIED 4-5-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE GEMETERY
INTERMENT ORDER

City of San Diego

Date 4-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David E Morgan 1:00
in a TS Vault Funeral, date, time Thursday 4-6-00
Church, Chapel, Graveside : Markle, Mitchell 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 1003 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 19.38

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 2269.38

Paid receipt number 52278 2269.38

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Invoice # _____

Acct. # _____

Work Order # **E 15643**

E-15643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

75

1A. NAME OF DECEDENT—FIRST (GIVEN) DAVID	1B. MIDDLE EUGENE	1C. LAST (FAMILY) MORGAN	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1924	3. DATE OF DEATH MONTH DAY YEAR 03/31/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES MORGAN - WIFE 4736 BAYLOR DRIVE SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKNEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria S. Mitchell</i>		
			8B. DATE SIGNED 04/05/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/05/2000 V.I. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006201
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 4-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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) DAVID	1B. MIDDLE EUGENE	1C. LAST (FAMILY) MORGAN	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1924	3. DATE OF DEATH MONTH DAY YEAR 03/31/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		
6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES MORGAN - WIFE 4736 BAYLOR DRIVE SAN DIEGO, CA 92115					

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria A. Mitchell</i>	8B. DATE SIGNED 04/05/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/05/2000 V.I. MITCHELL
	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006201			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 4-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Victoria A. Mitchell</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 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

Preneed

Date 4-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances M Morgan

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before ^{3:00}~~3:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 1002 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund _____ 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

APR 03 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due _____ 1395.00

Paid receipt number 52278 1395.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15644**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-03-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Mitchell

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before ^{3:00} ~~5:00~~ 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/Block 12

Grave space & Care Fund 895-

Additional spaces and care fund _____

Opening/Closing & Setup 375-

Burial Container 190-

Handling Fees 145-

Flower vases - Marker setting fee _____

Recording and filing fee 45-

Sales taxes 14.73

Total Due \$1,664.33

Paid receipt number VISA 416.00

Balance due 1248.33

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.

Sister - Janet Sigworth
Signature of recorded holder of deed

Pauline Mitchell
Signature
P.O. Box - 695
Address
PEAR Blossom, Ca - 93553
City
661-944-5189
Telephone
Zip Code

Work Order # E 15645

Invoice # _____

Acct. # _____

MITCHELL, PAULINE P.O. Box 695 Pearblossom CA 93553 661 944-5189

For JANET SIGWORTH

			DEBIT	CREDIT	BALANCE
04-03-00	Opened Pre-need Lot & Trust.	179			
	Lot 117, Gr 9, Sec 2, Div 12	716	895.00		895.00
	Trust includes Opening/closing, liner,				
	handling fee, recording fee, tax on liner.		769.73		1664.73
04-03-00	Visa			416.00	1248.73
5-16-00	R- 52440 Coupon 1			52.00	1196.73
6-19-00	R- 52574 2			52.00	1144.73
7-25-00	R- 52706 3			52.00	1092.73
9-25-00	R- 52878 4 & 5			104.00	988.73
11-17-00	R- 53069 coupon 6 + 7			104.00	884.73
01-08-01	R- 53235 coupon 8			52.00	832.73
02-15-01	R- 53356 9 + 10			104.00	728.73
4-18-01	R- 53589 11 & 12			104.00	624.73
6-21-01	R- 53832 13 & 14			104.00	520.73
8-29-01	R- 54076 15 & 16			104.00	416.73
10-18-01	R- 54245 17 + 18			104.00	312.73
11-01-01	R- 54372 19 & 20			104.00	208.73
1-8-02	R- 54525 21, 22, 23 + 24			208.73	0

PAID - 1

MITCHELL, PAULINE Pre-need Lot & Trust

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

Pauline Mitchell
P.O. Box 695
Pearblossom, CA
661 944-5189
E-15645

Preneed for: - Janet Sigworth
~~Pauline Mitchell~~

PLEASE Fix your
Records - I'm

Lot 117 Grave 9 Sec 2 Div 12

Payment NO.

Payment Due Date

Payment Amount Due

Balance Due

June-00

52.00

1,196.73

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E 15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E 15645
Mt. Hope Cemetery
Prepayment Plan Record

Pauline Mitchell
P.O. Box 695
Pearblossom, CA
661 944-5189
E-15645

Preneed for:
Pauline Mitchell

PAID

FEB 15 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645

Mt. Hope Cemetery

Prepayment Plan Record

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

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

E-15645

Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645

Mt. Hope Cemetery

Prepayment Plan Record

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

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

E-15645

Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

Pauline Mitchell
P.O. Box 895
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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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 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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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.	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

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

E-15645

Mt. Hope Cemetery Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

E-15645
Mt. Hope Cemetery
Prepayment Plan Record

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

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

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52440

 From: Pauline Mitchell Address: P O Box 695 Pearblossom Ca 93553
Tully Two Dollars (\$ 52.00)

 In part Payment of Pre-Need Lot - Trust
Janet Sigworth
 Lot 117 Grave 9 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 1196.73NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Comm	77184	
80% Sales	100	
of Lots	77184	52 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	52 00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2199

ISSUED BY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52574

From: Pauline Mitchell Address: P O Box 695 Pearblossom Ca 93553 Date: 6-19 ⁹⁰
Twenty two Dollars (\$ 52.00)
 In part Payment of Pre-Need Lot - Trust

Lot 117 Grave 9 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 1144.73Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>52</u>	<u>00</u>

ISSUED BY

P. Mitchell

2222

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53589

MOUNT HOPE CEMETERY

(619) 527-3400

From: Pauline Mitchell Date: 4-18, 2001
One Hundred Four Address: PO Box 695 Pearblossom Ca 93553
In part Payment of Pre-Need Trust Dollars (\$ 104.00)

Lot 117 Grave 9 Row _____ Section 2 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E- 15645BALANCE DUE 624.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

I Shullon

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>104 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>104 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53832

From: Pauline Mitchell Date: 6-21 .20 01
One Hundred Four Address: PO Box 695 Pearblossom 93553-0695
 In part Payment of Pre-Need Lot & Trust Dollars (\$ 104.00)

Lot 117 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 520.73Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>104 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>104 00</u>

ISSUED BY

2517

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54076

Date: 8/30/01, 20From: Pauline L. Mitchell Address: P.O. Box 695One Hundred & four Dollars 4/100 Dollars (\$ 104.00)In Part Payment of Pre-Need TrustJanet SigworthLot 117 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 416.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

P. Pounce

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>104</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	76390	

TOTAL PAID

\$ 104 00

2602

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54245

Date: 10/18, 20 01

From: Pauline L. Mitchell Address: on record
One hundred and four Dollars (\$ 104.00)
In part Payment of Pre-Need Lot & TRUST

Lot 117 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 312.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2647

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>104</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>104</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54525

Date: 1-8, 2002
 From: Pauline L. Mitchell Address: on record
Two-Hundred and Eight and .73 Dollars (\$) 208.73

 In: full Payment of Pre-need lot/trust paid.
Coupons # 21, 22, 23 & 24.

 Lot 117 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2681

NOT VALID FOR REFUND UNLESS STAMPED
"PAID" IN THIS SPACE

JAN 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	208.73
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	208.73

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54372

Date:

11-21

, 20

01

From:

Barbara Mitchell

Address:

One Decoral

One Hundred Four

Dollars (\$ 104.00)

In

part

Payment of

Pre-Need Lot & Trust

Lot

117

Grave

9

Row

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-15645

BALANCE DUE

208.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

78390

104 00

TOTAL PAID

\$

104 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2661

ISSUED BY

J. Mitchell

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52706

From: Pauline Mitchell Address: P.O. Box 695 Pear Blossom 93553 Date: 7-25 80
fifty two Dollars (\$ 52.00)
 In part Payment of Pre-Need Lot. & Trust

Lot 117 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE 1092.73Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	52 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63035	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	52 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52878

E-15649

Date:

9-15

20⁰⁰

From:

Pauline Mitchell

Address:

P.O. Box 695 Beardsboro Ct

93553

One hundred forty

Dollars (\$ 104.00)

In

part

Payment of

Pre-Need Lot & Funeral

Lot

117

Grave

9

Row

Section

2

Division
Block

12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE

988.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	104.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



2286

ISSUED BY

S. Mitchell

TOTAL PAID

\$

104.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53069

From: PAULINE L. MITCHELL Address: P.O. Box 695 Pearblossom, CA 92553-0695
One hundred Four 00/100 Dollars (\$ 104.00)
 In part Payment of Pre-Need Lot & trust. For
(PAULINE L. Mitchell)

Lot 117 Grave 9 Row — Section 2 Division 12
 Block

Invoice No. _____

Acct. No. _____

W.O. E-15645BALANCE DUE \$ 884.73Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

NOV. 17 2000

 MOUNT HOPE CEMETERY
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	79390
TOTAL PAID	\$ <u>104.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53235

Date: JAN. 08, 2001

From: PAULINE L. MITCHELL Address: P.O. Box 695, PEARBLOSSOM, CA 93553-0695

FIFTY - TWO and NO/100 Dollars (\$ 52.00)

In - PART Payment of PRE-NEED LOT & TRUST

Lot 117 Grave 9 Row - Section 2 Division Block 12

Invoice No. / /

Acct. No. / /

W.O. E-15645

BALANCE DUE 832.73

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2411

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

PAID

JAN 08 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

52.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53356

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 15th, 2001
 From: Pauline L. Mitchell Address: PO Box 695 Pearblossom, CA 93553
One-Hundred Four and NO/100 Dollars (\$ 104.00)
 In - part Payment of Pre-Need Lot & Trust for:
Janet Sigworth

Lot 117 Grave 9 Row — Section 2 Division 12
 Block 63

Invoice No.
 Acct. No.
 W.O. E-15645
 BALANCE DUE 728.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2436

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

PAID
PAID

 FEB 15 2001
 FEB 15 2001

 MT HOPE CEMETARY
 CITY OF SAN DIEGO, CA
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>63.00</u>
80% Sales	100	<u>104.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>41.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>104.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-03-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELISE RHODIMER LAMBERT *nee*

in a Ash Vault *Type of Burial Container* Funeral, date, time AYD 4-18

Church, Chapel, Graveside Telophase S. 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 12 Grave 3 Row — Section HAS Division/Block P

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105-

Burial Container 55-

Handling Fees 60-

Flower vases - Marker setting fee

Recording and filing fee 45-

Sales taxes 4.26

Total Due \$ 269.26

Paid receipt number R-52281 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

nee
Signature of recorded holder of deed

Janice Dyppink
Signature
1177 Bitterbrush Ln.
Address
El Cajon
City
(619) 447-4524
Telephone
92019
Zip Code

Invoice # _____

Acct. # _____

Work Order # E 15646

E-15646

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) ELSIE	1B. MIDDLE RHODIMER	1C. LAST (FAMILY) LAMBERT	2. DATE OF BIRTH MONTH DAY YEAR 12/02/1908	3. DATE OF DEATH MONTH DAY YEAR 02/14/2000	4. F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JANICE DYPVIK-NIECE PO BOX 815 SPRING VALLEY, CA 91976		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY - EL CAJON 145 E LEXINGTON AVE EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1604		6A. SIGNATURE OF APPLICANT—Person taking permit Jeshe Guillen	

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8B. DATE SIGNED 02/18/2000
-----------------------------	--	-------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/18/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. GUILLEN
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☐ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-18-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 04-04-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LORETTA F. FREEMAN

in a Double Crypt Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 1897 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00 750.00

Burial Container 380

Handling Fees SEP 05 2003 320.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00 90.00

Sales taxes CITY OF SAN DIEGO, CA 29.45

Total Due 2564.45

Paid receipt number R-52285 -641.00

Balance due \$1923.45

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

15647

FREEMAN, LORETTA F. 5010 La Paz Dr., San Diego 92113

		DEBIT		CREDIT	BALANCE
04-04-00	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, tax on crypt.	199	20 %	1569.45	2564.45
04-04-00	Receipt 52285	796	80 %	641.00	1923.45
6-13-00	R- 52564			80.00	1843.45
7-5-00	R- 52630			80.00	1763.45
8-2-00	R- 52728	3		80.00	1683.45
9-7-00	R- 52832	4		80.00	1603.45
10-7-00	R- 52944	5		80.00	1523.45
12-5-00	R- 53117	6		80.00	1443.45
1-4-01	R- 53209	7		80.00	1363.45
7-31-01	R- 53967	8 + 9		-160.00	1203.45
10-5-01	R- 54205	10 + 11		-160.00	1043.45
11-01	R- 54297	12 + 13		160.00	883.45
12-24-01	R- 54469	14 + 15		160.00	723.45
1-7-03	R- 55789	16 to 20		400.00	323.45
2-4-03	R 55884	21		243.45	80.00

Rem to Trust

PAID

SEP 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

FREEMAN, LORETTA

Pre-need Lot & Trust

800

8-21-03 Mailed delinquent notice
9-5-03 R 50645

800

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-15647

(619) 527-3400

56645

Date: Sept 5, 2007
 From: G. Freeman Address: 5010 La Paz dr 92113
Eighty Dollars (\$ 80.00)

 in full Payment of per med
 Lot 1897 Grave 1 Row _____ Section _____ Division Block 10
Invoice No. E 15647

Acct. No. _____

W.O. _____

BALANCE DUE DNOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

SEP 05 2007

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>80</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>80</u>	<u>00</u>

TOTAL PAID \$ 80.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55884

MOUNT HOPE CEMETERY

(619) 527-3400

E-15647

Date: Feb 3, 2003

 From: Loretta Freeman Address: 5010 La Paz Dr SD 92113
 Two Hundred Forty three & 45/100 Dollars (\$ 243.45)

 in part Payment of Preneed lot & trust
 Lot 1897 Grave 1 Row Section Division Block 10

Invoice No. E 15647

Acct. No. _____

W.O. _____

BALANCE DUE 80.00

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

FEB 04 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

Ram Hetzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

243 45

243 45

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5938

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55789

Date: 1-7-03, 20__
 From: Loretta Freeman Address: On Record
Lower Handed Dollars (\$ 400.00)

 in part Payment of Pre-need lot - trust
 Lot 1897 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 323.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5932

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	400	00
Trust	77186		
Sales Tax	60101		
	78390	400	00

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54469

From: Loretta Freeman Date: 12-24, 2001
One Hundred Sixty Address: 3010 La Paz Dr. San Diego 92113
part Dollars (\$) 160.00
 In Payment of Pre-Need Lot - Trust

Lot 1897 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 723.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>160</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>160</u>	<u>00</u>

ISSUED BY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54297

Date: 11-5, 2001
 From: Loretta Freeman Address: On Record
One Hundred Sixty Dollars (\$ 160.00)
 In part Payment of Pre-Need Lot & Trust

 Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 883.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>160 00</u>
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

TOTAL PAID

\$ 160 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54205

Date: 10-5, 2001
 From: Loretta Freeman Address: On file
One hundred sixty and 00/100 Dollars (\$ 160.00)
 In Part Payment of Pre-need lot + Trust

 Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1043.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5548

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Vi Wms

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	65033	<u>160.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>160.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53967

Date: July 31st, 20 01From: Loretta F. Freeman Address: 5010 La Paz Dr., S.D., CA 92113One-Hundred Sixty and No/100 Dollars (\$ 160.00)In - part Payment of Pre-Need TrustLot 1897 Grave — Row — Section — Division 10 Block 10Invoice No. —Acct. No. —W.O. E-15647BALANCE DUE 1,203.45Coupon # 8 Jan # 9 FebPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JUL 31 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	76707	
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	63033	<u>160 00</u>
Trust	9022	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 160 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53209

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 1-4, 2001

From: Loretta Freeman Address: 5010 La Paz Dr San Diego 92113
Eighty Dollars (\$ 80.00)

In part Payment of Pre-need Lot & Trust

Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1363.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5299

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial	100	
Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83003	80.00
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	80.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53117

 Date: Dec. 5, 2000
 From: LORETTA F. FREEMAN Address: 5010 La Paz Dr, San Diego 92113
 Dollars (\$ 80⁰⁰ ~~xxx~~)

 In -PART Payment of PRE-NEED TRUST

 Lot 1897 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1,443.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5248

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

PAID

DEC 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

[Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	80 ⁰⁰
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	80 ⁰⁰

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52944

From: Loretta Freeman Address: 5010 La Paz Dr. San Diego 92113 Date: 10-9, 2000
Eighty Dollars (\$ 80.00)
 In part Payment of Pre-Need Lot - Trust

Lot 1897 Grave _____ Row _____ Section _____ Division 10
 Block 34

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1523.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83933	<u>46</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>80</u> <u>00</u>

5227

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52832

From: Loretta Freeman Address: 5010 Del Rey Dr. San Diego 92113 Date: 9-7, 2000
Eighty Dollars (\$ 80.00)
 In part Payment of Pre-Need Lot - Trust

Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1603.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Carr	77184	80	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	80	00

ISSUED BY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52728

Date: 8-2 00

From: Loretta Freeman

La Paz Dr. San Diego 92113

Dollars (\$ 80.00)

In part Payment of Pre-Need Lot & Trust

Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647

BALANCE DUE 1683.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	4	00
20% Sales Tax	77184	76	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	80	00

ISSUED BY

J. Schiller

5153

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52630

Date: 7-5 90From: Loretta Freeman Address: 5010 La Jolla Dr San Diego 92113In part Payment of Pre-Need Lot + Trust Dollars (\$ 80.00)Lot 1897 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1763.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

D. Shackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	80	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	80	00

5062

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52564

From: Loretta Freeman Address: 5010 La Playa San Diego 92113 Date: 6-13 90
Eighty Dollars (\$ 80.00)
 In part Payment of Pre-Need Int. - Trust

Lot 1897 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15647BALANCE DUE 1843.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

5150

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	80	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	80	00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-4-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Augusta Sawyer

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. _____

Lot 146 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____ 795.00

Additional spaces and care fund PAID IN _____

Opening/Closing & Setup _____

Burial Container FULL 8-4-00 _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 795.00

Paid receipt number credit card 199.00

Balance due 596.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature X Augusta Sawyer

X 306 7 1/2 911

Address X S.W. - on

92102

City X

696-0914

Telephone _____

Zip Code

Invoice # _____

Work Order # E 15648 Acct. # _____

E-15648

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

E-15648

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-4-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of DAVID TINOCO

in a _____ Funeral, date, time WED 4-5-0010:00
Type of Burial Container
Church, Chapel, Graveside GUADALAPANA 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 969 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund PAID 100.00

Additional spaces and care fund _____

Opening/Closing & Setup APR 15 2000 125.00

Burial Container _____

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes _____

MORTUARY to
BRING check

Total Due 270.00

Paid receipt number R-52295 270.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City (619) 232-6475 Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15649

E-15649

E-15649

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) DAVID		1B. MIDDLE -	1C. LAST (FAMILY) TINOCO		2. DATE OF BIRTH MONTH DAY YEAR 07/25/1995	3. DATE OF DEATH MONTH DAY YEAR 03/31/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LUIS TINOCO—FATHER 2026 KEARNEY AVE APT#2 SAN DIEGO, CA, 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 04/04/2000				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JOSE CHAVEZ 04/05/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006167	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-9222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY EXVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102		11B. DATE BURIED 4-5-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antones Beltran

In a liner Type of Burial Container Funeral, date, time Thi 4-7 9:00

Church, Chapel, Graveside Mortuary, Waver

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. HMC

Lot 60 Grave 8 Row _____ Section 1 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-52293

Balance due 0

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

VICENTE BELTRAN
Signature of recorded holder of deed

X Vicente Beltran
Signature
X 3243 38th St
Address
X San Diego Ca 92105
City
X (619) 284-1306
Telephone
Zip Code

Work Order # E 15650

Invoice # _____

Acct. # _____

E 15656

E- 15650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

50

1A. NAME OF DECEDENT—FIRST (GIVEN) Jesus	1B. MIDDLE Antonio	1C. LAST (FAMILY) Beltran	2. DATE OF BIRTH MONTH, DAY, YEAR 05/13/1949	3. DATE OF DEATH MONTH, DAY, YEAR 04/03/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vicente Beltran - Son 3243 38th St. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424	8A. SIGNATURE OF APPLICANT—Person taking permit John Mayer		
			8B. DATE SIGNED 04/05/2000		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge in applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/06/2000 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006234
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O.Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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) Jesus	1B. MIDDLE Antonio	1C. LAST (FAMILY) Beltran	2. DATE OF BIRTH MONTH, DAY, YEAR 05/13/1949	3. DATE OF DEATH MONTH, DAY, YEAR 04/03/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vicente Beltran - Son 3243 88th St. San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

BA. SIGNATURE OF APPLICANT—Person taking permit: *John Mayer* 8B. DATE SIGNED: **04/05/2000**

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/06/2000 <i>John Mayer</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006234
AUTHORIZATION OF LOCAL REGISTRAR	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3761 Market St. San Diego, CA 92102	11B. DATE BURIED 4-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Finigan</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE PA# 2000 1008 ME
in a Double Depth Funeral, date, time MON 4-10 9-1660

Church, Chapel, Graveside Delivery 1.00 Aptlan 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 2 Grave 2 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 165.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee MAY 18 2000

Recording and filing fee MT. HOPE CEMETARY

Sales taxes CITY OF SAN DIEGO, CA 45.00

Total Due 386.00

P.A. Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 15651**

Invoice # 330 265

Acct. # 000957

E-15651

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE -		1C. LAST (FAMILY) DOE		2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN		3. DATE OF DEATH MONTH DAY YEAR 09/02/1999		4. SEX M			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658			8A. SIGNATURE OF APPLICANT—Person taking permit <i>John A. Ruffin</i>				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized (permitted) by Section 71.00 of the Health and Safety Code.						8B. DATE SIGNED 04/10/2000							
PERMIT 99-1660 AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 04/10/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102				11B. DATE BURIED 1-10-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-5-00

You are hereby authorized and instructed, REPP subject to your rules and regulations, to inter the remains
of FLOYD IVAN PA 20001118 99-2148

in a Double Depth Funeral, date, time Mon 4-10 1:00

Church, Chapel, Graveside Delivery : Chapel 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 2 Grave 2T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 330267

Acct. # 000952

Work Order # E 15652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN) FLOYD		1B. MIDDLE IVAN		1C. LAST (FAMILY) RIEP		2. DATE OF BIRTH MONTH DAY YEAR 08/14/1913		3. DATE OF DEATH MONTH DAY YEAR 12/31/1999		4. SEX M.	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DE LA TORRE-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658			8A. SIGNATURE OF APPLICANT—Person taking permit <i>John A. Roegner</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10526 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 4-20-00					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID: \$ 7.00		9B. DATE PERMIT ISSUED: 04/10/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-10-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-06-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

897 Wilian Jones & Clarence Jones 225872

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Clarence 2/6/01 DBL copy # E16172

✓ Lot 11 Grave 546 Row — Section 1 Division Bless 12

Grave space & Care Fund 995.00 1990.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
AUG 08 2005
paid in full R-52298
MOUNT HOPE CEMETERY Total Due 1990.00
Paid receipt number R-52298 300.00
Balance due \$1690.00

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Wilian Jones
Signature 47761 Solola Ave
Address San Diego, CA. 92114
City 263-3847 Zip Code
Telephone

Work Order # **E 15653**

Invoice # _____

Acct. # _____

210234 + 225872

JONES, VIVIAN & CLARENCE 4776 Solola Ave., San Diego 92114 263-3847

			DEBIT	CREDIT	BALANCE
04-06-00	Opened Pre-need Lots. ^{Two grave sites, one turned into an AT-Need 5/8}	398 20			
	Lot 11, Grave 5 & 6, Sec 1 Div 12	1592 20	1990.00		1990.00
04-06-00	Receipt 52298			300.00	1690.00
7-8-00	R-52639 Coupon 1			100.00	1590.00
01-18-01	R-53269 Coupon 2 ^{AT-Need}			100.00	1490.00
2-2-01	R-53313 paid off Grave 5			495.00	995.00
	995.00 owing on Grave 6				
6-5-01	R-53778 Coupon #1			100.00	895.00
2-28-03	Mailed delinquent notice				
3-11-03	R56017 #2			75.00	820.00
4-4-03	R56106 3			100.00	720.00
6-19-03	R. 56394 4			75.00	645.00
10-30-03	Mailed final delinquent notice				
11-20-03	R56921			75.00	570.00
6/04	R-57134			75.00	495.00
9/9/04	R-57427			75.00	420.00
7-12-04	57775 no coupon			75.00	345.00
9-10-04	57995			75.00	270.00

JONES, VIVIAN & CLARENCE Pre-need Lots

12-30-04	58364	no coupon		75.00	235.00
3-16-05	58634	"		25.00	160.00
7-28-05	Mailed Delinquent Notice	8-8-05	PAID	160.00	0

PAID

AUG 08 2005

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SHADRACH LOCKRIDGE
in a T-S. VAULT Funeral, date, time WED 4-12 11:00

Type of Burial Container
☒ Church ☒ Chapel ☒ Graveside Graveside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X

✓ Lot 7 Grave 2 Row _____ Section 100F Division/Block 15
Grave space & Care Fund 1595.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container APR 12 2000 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
CITY OF SAN DIEGO CA

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 2469.38

**MORTUARY to
BRING check**

Paid receipt number 52326 2469.38

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Signature See
X Address attached
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15654 Invoice # _____
Acct. # _____

E-15654

E-15654

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) Shadrach	1B. MIDDLE Meshach	1C. LAST (FAMILY) Lockridge	2. DATE OF BIRTH MONTH DAY YEAR 03/07/1913	3. DATE OF DEATH MONTH DAY YEAR 04/04/2000	4. SEX M
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DE INFORMANT Virgil M. Lockridge, Wife 9373 Monoma Dr. La Mesa, CA 91942			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mart.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10070 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/07/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/16/2000 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006429
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

15654

INTERMENT ORDER

Form 1 (Rev. 1-77)

STADNEN LOCK H. 04 E

Y. S. YAVIT

WED 4 12 1100

(2) (2)

At the time of the interment, the deceased was 100F years of age.

The interment was made in accordance with the provisions of the 100F law.

<u>7</u> days	<u>2</u> hours	<u>100F</u>	<u>15</u>
Interment & Care Fee			1595.00
Interment & Care Fee			375.00
Interment & Care Fee			250.00
Interment & Care Fee			185.00
Interment & Care Fee			—
Interment & Care Fee			45.00
Interment & Care Fee			19.38
Interment & Care Fee			2969.38
RETURNED TO SINK CHECK			

☒ The deceased was buried in the 100F position.

☒ The deceased was buried in the 100F position.

☒ The deceased was buried in the 100F position.

☒ The deceased was buried in the 100F position.

E 15654

PRE-NEED
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRGIL M. LOCKRIDGE

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 7 Grave 1 Row _____ Section 100F Division/Block 15
Grave space & Care Fund _____ 1595.00

Additional spaces and care fund _____ **PAID**

Opening/Closing & Setup _____

Burial Container _____ APR 12 2000

Handling Fees _____ MT. HOPE CEMETARY

Flower vases - Marker setting fee _____ CITY OF SAN DIEGO, CA

Recording and filing fee _____

Sales taxes _____

MORTUARY to
BRING check

Total Due _____ 1595.00

Paid receipt number 125235 1595.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed,

Signature of recorded holder of deed _____

X
Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15655

Invoice # _____

Acct. # _____

E- 15655

E-15655

15

1595.00

1ST Burial
Emmanuel Jr. Holmes MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-07-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Holmes

in a Double Death Crypt Funeral, date, time Thu 4-14 11:00

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. + Bill

Lot 78 Grave 12 Row - Section 2 Division Block 11

Grave space & Care Fund Pre-Need E-18185

Additional spaces and care fund

Opening/Closing PAID 375.00

Burial Container " " E-18185

Handling Fees APR 11 2000

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO

Total Due \$ 420.00

Paid receipt number R-52314 420.00

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15656

Invoice #

Acct. #

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) Florence		1B. MIDDLE Delia		1C. LAST (FAMILY) Holmes		2. DATE OF BIRTH MONTH DAY YEAR 09/26/1927		3. DATE OF DEATH MONTH DAY YEAR 04/07/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Emanuel Holmes, Jr., Son 5615 Dream St. San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort., 3050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 04/10/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/13/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2006672	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS		BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 4-14-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
		CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
		SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
		TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
		SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-10-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Esther Cordova 4-13 in a liner Funeral, date, time THUR 4-12-00 12:00 Church, Chapel, Graveside; Guadalupe Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

✓ Lot 69 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 195.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52326 1664.73

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature

X Address

X City

X Telephone

Zip Code

Invoice # _____

Acct. # _____

Work Order # E

15657

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-10-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Esther Cordova 4-13
in a liner Funeral, date, time 4-13-00 12:00
Church, Chapel, Graveside : Guadalupe Mortuary.
All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 69 Grave 9 Row Section 2 Division/Block 12Grave space & Care Fund 895.00Additional spaces and care fund Opening/Closing & Setup 375.00Burial Container 190.00Handling Fees 145.00Flower vases - Marker setting fee Recording and filing fee 45.00Chapel Guadalupe

Memorial Chapel & Mortuary

2601 Imperial Avenue

San Diego, Ca 92102

(619) 544-9333 Fax (619) 544-9334

I, of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. **FUNERAL DIRECTOR**

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Invoice # Acct. # Work Order # E 15657

RFA-104 (7-99)

This information is available in alternative formats upon request.

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#11011
4/12/00

E-15657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

42

1A. NAME OF DECEDENT—FIRST (GIVEN) DORA	1B. MIDDLE ESTER	1C. LAST (FAMILY) CORDOVA-SAENZ	2. DATE OF BIRTH MONTH DAY YEAR 10/21/1957	3. DATE OF DEATH MONTH DAY YEAR 04/05/2000	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PAMELA PAREDES-DAUGHTER 333 WOODMAN ST, COMPLEX B SAN DIEGO, CA, 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92002		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</i>		

04/12/2000

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JOSE CHAVEZ 04/13/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006602
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222		
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 4-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HENOK F. SEMERE

in a LINER Funeral, date, time SAT 4-15 12:00
Church Chapel Graveside RAGSDALE Mortuary,

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

✓ Lot 85 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	<u>SATURDAY OVERTIME</u> 600.00
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	45.00
Recording and filing fee	14.73
Sales taxes	2264.73
Total Due	2264.73
Paid receipt number	<u>R-57322</u> 2264.73
Balance due	<u>0</u>

PAID

APR 12 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

FESSEHA SEMERE

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

X Semere Fessah
Signature
X 327 Sunswest St
Address
X San Diego 92114
City Zip Code
X (619) 434-1144
Telephone

Work Order # E 15658

Invoice # _____

Acct. # _____

E-15658

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) Henok		1B. MIDDLE F	1C. LAST (FAMILY) Fesseha	2. DATE OF BIRTH MONTH, DAY, YEAR 01/24/1977	3. DATE OF DEATH MONTH, DAY, YEAR 04/08/2000	4. SEX M
5A. CITY OF DEATH Cambridge			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Massachusetts	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Semere Fesseha, Father 327 Sunswep St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 04/24/2000		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/14/2000 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006758
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102		11B. DATE BURIED 4-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH J. SZAKACS

in a ASH VAULT Funeral, date, time AND Tues 4-25-00

Church, Chapel, Graveside Telephone 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 4368 Grave 4369 Row Pre-Need C-9056 Section 10 Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 60.00

Flower vases - Marker setting fee APR 14 2000

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 269.26

Paid receipt number 52333 269.26

Balance due 0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X John R. Szakacs
Signature
X 1714 Washington Place
Address
X San Diego Calif 92103
City (619) 295 0176 Zip Code
X Telephone

Work Order # E 15659

Invoice #

Acct. #

76885

E-15659

HT

396

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) JOSEPH		1B. MIDDLE JOHN		1C. LAST (FAMILY) SZAKACS		2. DATE OF BIRTH MONTH DAY YEAR 07/07/1906		3. DATE OF DEATH MONTH DAY YEAR 04/07/2000		4. SEX M			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ESTHER SZAKACS-WIFE 1714 WASHINGTON PLACE SAN DIEGO, CA 92103							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY—SAN DIEGO CA 92108 7851 MISSION CENTER CT., SUITE 104 SAN DIEGO,						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1272		8A. SIGNATURE OF APPLICANT—Person taking permit Jeslie Guillen				8B. DATE SIGNED 04/11/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/11/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006471			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102				11B. DATE BURIED 4-25-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL K. F. [Signature]					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113				12B. DATE CREMATED 4/13/2000		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

D.I.P.
1st BURIAL
WALTER BADGLEY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DOROTHY BADGLEY

in a LINER Funeral, date, time FRI 4-14 2:00

Church, Chapel, Graveside Mortuary, FEATHERINGILL

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. ELMER

✓ Lot 74 Grave 6 Row 1972 Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED D-2358 ⊕

Additional spaces and care fund ⊕

Opening/Closing & Setup " " ⊕

Burial Container " " ⊕

Handling Fees " " ⊕

Flower vases - Marker setting fee " " ⊕

Recording and filing fee " " ⊕

Sales taxes ⊕

Total Due ⊕

Paid receipt number _____

Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15660

Invoice # _____

Acct. # _____

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) Dorothy	1B. MIDDLE Mae	1C. LAST (FAMILY) Badgley	2. DATE OF BIRTH MONTH DAY YEAR 07/20/1924	3. DATE OF DEATH MONTH DAY YEAR 04/11/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Janelle Spencer, daughter 10928 SW 76 Terrace Ocala, FL 34476		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Peatheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Dee Suedol</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/4/13/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/13/2000 T. Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006619
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE DOE PA # 20001128 ME 00-00392

in a Double Depth Funeral, date, time MON 4-17 11:00

Church, Chapel, Graveside _____ Mortuary, Humphrey

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 2 Grave 3T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____ **PAID**

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____ **MT. HOPE CEMETARY**

Flower vases - Marker setting _____ **CITY OF SAN DIEGO, CA**

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 330503

Acct. # 000952

Work Order # **E** 15661

E-15661

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) JANE		1B. MIDDLE =	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR Unknown	3. DATE OF DEATH MONTH DAY YEAR 02/23/2000	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr - Public Administrator 5201-A Ruffin Road San Diego CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 04/14/2000

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/14/2000 J.E. King	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. 2006761
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records - P.O. Box 85222 San Diego CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <div style="text-align: center;">-</div>				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 4-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of ANITA CENDEJAS

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 148 Grave 11 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____

Sales taxes _____

Total Due 895.00

Paid receipt number R-52321 224.06

Balance due 671.00

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order # E 15662

Invoice # _____

Acct. # _____

CENDEJAS, ANITA 1157 10th Ave., #3 San Diego 92101 233-9036

			DEBIT	CREDIT	BALANCE
04-12-00	Opened Pre-need Lot.				
	Lot 148, Grave 11, Section 2, Division 12		895.00		895.00
04-12-00	Receipt 52321			224.00	671.00
6-13-00	R-52562	1		28.00	643.00
7-26-00	R-52710	2		28.00	615.00
8-24-00	R-52799	3		28.00	587.00
9-26-00	R-52912	4		28.00	559.00
10-24-00	R-53496	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	391.00
4-30-01	R-53628	11		28.00	363.00
5-11-01	R-53687	12		28.00	335.00
6-2-01	R-53840	13		28.00	307.00
7-31-01	R-53964	14		28.00	279.00
8-29-01	R-	15		28.00	251.00
9-21-01	R-54154	16		28.00	223.00
10-30-01	R-54271	17		28.00	195.00

CENDEJAS, ANITA

E-15662 -over-

E-15662

CENDEJAS, ANITA

1157 10th Ave., #3, San Diego, CA 92101 233-9036

		DEBIT	CREDIT	BALANCE
12/03/2001	BALANCE FORWARDED Lot 148, Gr 11, Sec 2, Div. 12			195.00
12/13/2001	Coupon # 18 R-54408		-28.00	167.00
12/13/2001	R-54409 Coupon # 19		-28.00	139.00
2-5-02	R-54623 20		28.00	111.00
2-5-02	R-54624 21		28.00	83.00
3-18-02	R-54779 22		28.00	55.00
5-2-02	R-54926 23 2 24		27.00	28.00
5-7-02	R-54956		28.00	0

5-3-02 sent
letter - forgot
to sign check.
then balance will
be 0. gave deed
PA ID 5-7-02
E-15662 R-54956

CENDEJAS, ANITA

E-15662

E-15662

0.*

55.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

28.00+

023

671.000

224.00+

024

895.00*

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 54956

Date: 5-7-02, 20From: Anita Cendejas Address: On RecordTwenty eight Dollars (\$ 28.00)In full Payment of Pre-Need LotLot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

MAY 07 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY S. Michelle

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 54926

Date: 5-2-07, 20
From: Monte Cardenas Address: 1157 10th Ave Apt 3 San Diego 92101
Kelly Eric
In full Payment of Pre-Need Lot Dollars (\$ 55.00)

Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE \$ 29.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

55.00 27

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54779

E-15662

Date:

March 18, 2002

From

Amita Cendejas

Address:

on record

Twenty-Eight

Dollars (\$ 28.00)

In

part

Payment of

Preneed Lot & must account

Coupon # 22

Lot

148

Grave

12

Row

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-156623

BALANCE DUE

\$1380.45
55NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

28 00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

1209

ISSUED BY

P. Crawford

TOTAL PAID

\$

28 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54624

Date:

Feb 5, 20 02

From:

Anita Candelas

Address:

on record

In

Seventy - Eight

Payment of

Pre-need lot & trust

Dollars (\$

28.00)

Lot

148

Grave

11

Row

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-156623

BALANCE DUE

\$ 1408.45

PR 00 83.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

1202

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

78390

TOTAL PAID

\$

28 00

ISSUED BY

Paulette Crawford

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54623

From: Anita Cendejas Date: February 6, 2002
Twenty - Eight Address: on record
 In part Payment of Pre-need lot & Trust coupon # 20 Dollars (\$ 28.00)

Lot 148 Grave 11 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E - 15662BALANCE DUE \$1436.45\$11.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1201/1202

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Bonnette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	28	00
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54409

From: Anita Cendejas Date: December 3, 20 01
 Address: On Record
Twenty-Eight Dollars (\$ 28.00)
 In part Payment of pre-need lot
Coupon # 19
 Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 139.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Paullette
Crawford

CREDIT	67007	
20% Sales Care	77184	<u>28.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54408

Date: 12/3, 20 01From: Anita Cendeyas Address: In recordIn Twenty-Eight Dollars (\$ 28.00)In Part of Payment of Pre-need LotCoupon # 18Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15662BALANCE DUE \$ 167.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>28.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

Paullette CrawfordTOTAL PAID \$ 28.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15662

54271

Date: 10/30, 2001

From Anita Cendeyas Address: On Record
Twenty-Eight and 00 Dollars (\$ 28.00)

In part Payment of Pre-need lot for:
Anita Cendeyas

Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE \$ 195.00

E-15662

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1187

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Paula C. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>28.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54154

Date: 9-21, 20 01

From: Anita Cerdas Address: 1157 10th Ave Apt 3 San Diego

Dollars (\$ 28.00)

In: past Payment of: Pre-Need Lot

Lot 148 Grave 11 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15663

BALANCE DUE 223.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR REFUND OR CREDIT UNLESS STAMPED
"PAID" IN THIS SPACE

PAID

SEP 21 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	28.00

1174

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54078

Date: 8/29/01 . 20
 From: Anita Cendejas Address: 1157 10th Ave
Twenty-eight Dollars x/100 Dollars (\$) 28.00

 In part Payment of Pre-Need Trust

 Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 251.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY d. Prince

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>28</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>28</u>	<u>00</u>

1172

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53964

MOUNT HOPE CEMETERY

(619) 527-3400

From: Anita Cendejas Address: 1157 10th Ave #3 San Diego 92101 Date: 7-31, 2001
Twenty Eight Dollars (\$ 28.00)
 In part Payment of Pre Need Lot

Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 279.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

PAID

JUL 31 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>28.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53840

From: Anita Cerdas Address: 1157 10th Ave Apt 3 San Diego 92101 Date: 6-25 2001

Twenty Eight Dollars (\$ 28.00)

In part Payment of Pre-Need Est

Lot 148 Grave 11 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 307.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	28	00
Opening/Closing	77184		
Burial Containers	100		
	77181		
	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	28	00

1163

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53687

MOUNT HOPE CEMETERY

(619) 527-3400

From Anta Cerdas Address: 1157 10th Ave #3 San Diego Date: 5-14, 20 01
Twenty Eight Dollars (\$ 28.00)
 In part Payment of Pre-Need Lot

Lot 148 Grave 11 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 335.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53628

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 30, 20 01From: Amita Cendejas Address: 1157 - 10th Ave. #3, S. Diego, CA 92101
Twenty-Eight and NO/100 Dollars (\$ 28.00)
 In -part Payment of Pre-Need Lot

 Lot 148 Grave 11 Row - Section 2 Division 12
 Block
Invoice No. / /Acct. No. / /W.O. E-15662BALANCE DUE 363.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1153

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

PAID

APR 30 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

MulversCREDIT
20% Sales Care

67007

77184

80% Sales
of Lots

100

77184

Opening/
Closing

100

77181

Burial
Containers

100

77182

Handling Fee

100

77185

Recording &
Misc. Fees

100

77183

Pre-Need
Trust

63033

9022

Sales Tax

60101

78390

TOTAL PAID

\$

28.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53507

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 28, 20 01

From: Anita Cendejas Address: 1157- 10th Ave. #3, S. Diego, 92101
Twenty-Eight and NO/100 Dollars (\$ 28.⁰⁰ ~~xx~~)

In-part Payment of Pre-Need Lot

Lot 148 Grave 11 Row — Section 2 Division 12
Block

Invoice No. /Acct. No. /W.O. E-15662BALANCE DUE 391.⁰⁰Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1116

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

MAR 28 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	28 ⁰⁰
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	28 ⁰⁰

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53392

Date: Feb. 23, 20 01From: Amita Cendejas Address: 1157 10th Ave #3, S.D., CA 92101Twenty-Eight and NO/100 Dollars (\$ 28.⁰⁰/_{xxx})In - part Payment of PreNeed LotLot 148 Grave 11 Row - Section 2 Division 12Invoice No. / /Acct. No. / /W.O. E-15662BALANCE DUE 419.⁰⁰Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1111NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

FEB 23 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>28</u> ⁰⁰
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28</u> ⁰⁰

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53303

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan - 31 - 20 01
 From: Anita Cendejas Address: 1157 - 10th AVE #3 SAN DIEGO, CA 92101
twenty eight \$900 Dollars (\$ 28.00)
 In PART Payment of PRE-NEED FOR (ANITA CENDEJAS)

Lot 148 Grave 11 Row — Section 2 Division 12
 Block

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE \$ 447Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JAN 31 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>28.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53202

MOUNT HOPE CEMETERY

(619) 527-3400

Date: January 3rd, 2001From: Anita Cendejas Address: 1157 - 10th Ave., #3, San Diego, 92101
Twenty-Eight and NO/100 Dollars (\$ 28.00 ~~xxx~~)
In -part Payment of Pre-Need Lot
 Lot 148 Grave 11 Row - Section 2 Division 12
 Block
Invoice No. /Acct. No. /W.O. E-15662BALANCE DUE 475.00

Pymt #7

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 5-94)

#1104

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

PAID

JAN 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53114

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec. 5, 2000
 From: Anita Cendejas Address: 1157 - 10th AVE. #3, SAN DIEGO, 92101
TWENTY - Eight and NO/100 Dollars (\$ 28.⁰⁰ ~~xx~~)

 In - PART Payment of PRE-NEED TRUST FOR:
ANITA CENDEJAS

 Lot 148 Grave 11 Row - Section 2 Division 12
 Block

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 503.⁰⁰ ~~xxx~~PYMT #6Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

Pymt #6 #1096NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

DEC 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY Janise C. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>28</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>28</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52996

MOUNT HOPE CEMETERY

(619) 527-3400

From: Anta Cendejas Date: 10-24, 2000
Twenty eight Address: 1157, - 10th Ave #3 San Diego 92101
 In part Payment of Pre-need Lot Dollars (\$ 28.00)

Lot 148 Grave 11 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 531.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52912

MOUNT HOPE CEMETERY

(619) 527-3400

From: Anita Cendejas Address: 1157 10th Ave #3 SD 92101 Date: 9-26, 2000
Twenty-eight and 00/100 Dollars (\$ 28.00)
 In Part Payment of Pre-Need Lot

Lot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#1145

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

SEP 25 2000

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

V Williams

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>28 00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>28 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52799

Date: 8-24 90From: Anta Cendejas Address: 1157 10th Ave #3 San Diego 92101In Twenty eight Dollars (\$ 28.00)In part Payment of Pre-Need LotLot 148 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 587.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT.	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52710

Date: 7-26 00 19

From: Anita Cardenas Address: 1157 - 10th Ave #3 San Diego 92101

Twenty eight Dollars (\$ 28.00)

In part Payment of Pre-Need Lot .

Lot 14.8 Grave 11 Row Section 2 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-15662

BALANCE DUE 615.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1137

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

J. Michelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	28 00
Opening/ Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	28 00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52562

From: Anita Cendejas Address: 1157 10th Ave #3 San Diego 92101 Date: 6-13 90
Twenty eight Dollars (\$ 28.00)
 In part Payment of Pre-Need Lot & Trust

Lot 148 Grave 118 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15662BALANCE DUE 643.00.45Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

1129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
60% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	28	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	28	00

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David W. Chillman *thru* 4-27

in a _____ Funeral, date, time _____
Type of Burial Container _____
Church, Chapel, Graveside _____ ~~Chapel~~ *CA* Burial Mortuary.

All Funeral cars must arrive before ^{3:00}~~9:00~~ p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. _____

Lot 119 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15663**



THE CITY OF

SAN DIEGO

E-15663

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

4 2000
MONTH YEAR

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 1 Row _____ Block _____

Division 11 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.

Joanne A. Chillman Widow 5001 Rebel Rd
San Diego CA 92117

Signature Relation to deceased Address

I hereby authorize the above disinterment:

Joanne A. Chillman
(Lot owner must sign if not legal custodian)

4/12/2000
Date



DIVERSITY
BRINGS US ALL TOGETHER

PAID for TRION FLOWER VASE

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

1ST
BURIALDate 4-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of KIM SALVADORin a DOUBLE DEPTH Funeral, date, time FRI 4-21 1:00Church Chapel Graveside RAGSDALE Mortuary.All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00will be applied and billed to undersigned. X 64✓ Lot 94 Grave 3 Row _____ Section 1 Division Block 7Grave space & Care Fund Pre-Need E-5942 0

Additional spaces and care fund _____

Opening/Closing & Setup 1993 Pre-Need E-11227 0Burial Container " " 0Handling Fees " " 0

Flower vases - Marker setting fee _____

Recording and filing fee " " 0Sales taxes " " 0Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the X Step mom of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Sylvia Young
Signature
X 5484 TRINIDAD WAY
Address
X SAN DIEGO, CA 92114
City Zip Code
X 619 364-2185
Telephone

Work Order # E 15664

Invoice # _____

Acct. # _____

E- 15664

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) Kim	1B. MIDDLE Elizabeth	1C. LAST (FAMILY) Salvador	2. DATE OF BIRTH MONTH DAY YEAR 09/09/1957	3. DATE OF DEATH MONTH DAY YEAR 04/11/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carlene Young, Step-Mother 5484 Trinidad Way San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort., 3050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
			8B. DATE SIGNED 04/18/2000		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/19/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Williams</i> 2008940
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Young</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kim F. Young</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

WED 4-19

Date 4-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jimmy Purifoy PA 20001295

in a Double Depth Funeral, date, time Tue 4-18 9:00

Church, Chapel, Graveside Delivery Only: Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 1500

will be applied and billed to undersigned.

Lot 2 Grave 4B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees PAID

Flower vases - Marker setting fee MAY 18 2000

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETARY

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 330544

Acct. # 000957

Work Order # E 15665

E-15665

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) Jimmie	1B. MIDDLE -	1C. LAST (FAMILY) Purifoy	2. DATE OF BIRTH MONTH DAY YEAR 12/11/1940	3. DATE OF DEATH MONTH DAY YEAR 04/01/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darnell Price, Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nettie Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/14/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/17/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vicki Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-19-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Melvin Benson

In a liner Funeral, date, time Mon 4-17 1:00

Church, Chapel Graveside Mortuary, Bayview

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 126 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number VISA 1664.73

Balance due 0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Mary E. Benson
Signature
X 6225 Chamocum Ave apt 1107
Address
X San Diego, Ca 92115
City Zip Code
X 619-285-4718
Telephone

Work Order # **E 15666**

Invoice # _____

Acct. # _____

E-15666

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) MELVIN	1B. MIDDLE E.	1C. LAST (FAMILY) BENSON	2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1934	3. DATE OF DEATH MONTH, DAY, YEAR 04/11/2000	4. SEX M
5A. CITY OF DEATH BOULEVARD		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARY BENSON—WIFE 1630 JEWELL VALLEY ROAD BOULEVARD, CA 91905		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL SERVICES 7510 Clairemont Mesa Blvd. Suite 109 San Diego, CA 92111		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1661	8A. SIGNATURE OF APPLICANT—Person taking permit: M. M. Molina		

04/13/2000

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 04/14/2000 M. MOLINA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006687
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LO AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS 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.

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EDITH ANITA FOWLER

in a LINER Funeral, date, time MON 4-17 1:00

Type of Burial Container Church Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 184 Grave 1 Row 2 Division/Block 12

Grave space & Care Fund PAID 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup APR 18 2000 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 1664.73

Sales taxes 1664.73

MORTUARY to BRING check Total Due 1664.73

Paid receipt number R-52342 1664.73

Balance due 0

I hereby certify I am the X of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature
X Address
X City
X Telephone

Zip Code

Work Order # E 15667

Invoice #

Acct. #

E-1566

E-15667

INTERMENT ORDER

4-17-60

KEITH ARITA FOWLER

WYVA

MON 4-17-60

Interment order for the body of KEITH ARITA FOWLER, deceased, to be interred in the cemetery of the City of Los Angeles, California, on the 17th day of April, 1960, at 1:00 P.M.

184	1	12
		895.00
		375.00
		190.00
		145.00
		45.00
		11.73
		1664.73

MARTINE
TO BRING LUNCH

B. J. Jett
J. J. Jett
J. J. Jett
J. J. Jett

E 15667

E-15667

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) EDITH	1B. MIDDLE ANITA	1C. LAST (FAMILY) FWLER	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1908	3. DATE OF DEATH MONTH, DAY, YEAR 04/11/2000	4. SEX F
5A. CITY OF DEATH NORTH HOLLYWOOD		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BUPORD FIELDS, BROTHER 11529 HELA AVENUE LAKEVIEW TERRACE, CA 91342		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BL., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kathleen Crosby</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 4/14/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/17/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Mark L. ...</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST., L A CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEM. 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kathleen F. ...</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>-</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>-</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>-</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>-</i>	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE <i>-</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Paid
Funeral

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George + Chiyoko Masumoto

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before ^{3:00}~~3:00~~ p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 5090 Grave 5091 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing **PAID** 2 at 105.00 210.00

Burial Container 2 at 55.00 110.00

Handling Fees **APR 14 2000** 2 at 60.00 120.00

Flower vases - Marker setting _____

Recording and filing **MT. HOPE CEMETARY** 2 at 45.00 90.00
CITY OF SAN DIEGO

Sales taxes 2 at 4.26 8.52

Total Due 538.52

Paid receipt number R-52331 538.52

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Chiyoko Masumoto
Signature
X _____
Address
X _____
City Zip Code
X _____
Telephone

Work Order # **E 15668**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E 15668

52121

Date: February 10 2000From: Chiyoko Masumoto Address: 814 Cedar Ave Chula Vista CA 91911Two Hundred Ninety Six and 80/100 Dollars (\$ 296.80)In full Payment of foundation and two vasesLot 5090 & 5091 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 1596BALANCE DUE tNOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	20	00
Containers	77182		
	100	26	00
Handling Fee	77185	249	24
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101	1	56
	78390		
TOTAL PAID	\$	296	80

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

7982 ISSUED BY Lynda

Pre-Paid
Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Digenori 2 Peggy Taurudone

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before ^{3:00}~~3:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 5092
5093 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Containers _____

Handling Fees _____

Flower vases - funeral setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID	2	at	105.00	210.00
	2	at	55.00	110.00
APR 14 2000	2	at	60.00	120.00
	2	at	45.00	90.00
	2	at	4.26	8.52

Total Due 538.52

Paid receipt number R-52331 538.52

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Work Order # **E 15669** Invoice # _____
Acct. # _____

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52122

Date: February 10 1980
 From: Peggy & Shigenori Tsuruda Address: 814 Cedar Ave Chula Vista CA 91911
Two Hundred Ninety Six and 8/100 Dollars (\$ 296.80)
In Full Payment of Foundation and two vases
 Lot 5092 & 5093 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E1596BALANCE DUE 296.80NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

ISSUED BY

Lynne

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	20	60
Containers	77182		
	100	26	00
Handling Fee	77185		
Recording &	100	296	84
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	1	56
	78390		
TOTAL PAID	18	296	80

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HAZEL ITO

In a ash Vault Funeral, date, time Fri 4-21 2:30

Church, Chapel Graveside : LEWIS COLONIAL 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 171 Grave 2 Row 11 Section 11 Division/Block 7

Grave space & Care Fund Pre-paid C-0715

Additional spaces and care fund **PAID**

Opening/Closing & Setup 105.00

Burial Container APR 17 2000 55.00

Handling Fees 60.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY**

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-52340 269.26

Balance due 0

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # **E 15670**

Invoice #

Acct. #

76904

E-15670

HT 578

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HAZEL	1B. MIDDLE YORIKO	1C. LAST (FAMILY) ITO	2. DATE OF BIRTH MONTH DAY YEAR 06/16/1928	3. DATE OF DEATH MONTH DAY YEAR 04/13/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELWOOD ITO - BROTHER 5031 LYON ST SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8B. DATE SIGNED 04/14/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/14/2000 F Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006745 [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY		
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 4/18/2000	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORENCE BALDWIN

In a _____ Funeral, date, time MON 5-8

Church, Chapel, Graveside _____ 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 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 Disinterment fee 350.00

Flower vases - Marker setting fee _____

Recording and filing fee PAID _____

Sales taxes _____

APR 14 2000

Total Due 350.00

Paid receipt number R-523 32 350.00

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Rose A. Rosendine
Signature
X 6223 BRANTINE ST
Address
X SAN DIEGO 92122
City
X (858) 453-4141 Zip Code
Telephone

Work Order # E 15671

Invoice # _____

Acct. # _____

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

E-15671

STATE FILE NUMBER		61-039538		CERTIFICATE OF DEATH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		8009 2364	
1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR	
Florence				Baldwin		April 24, 1961		3:00 A.M.	
3. SEX		4. COLOR OR RACE		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)	
Female		White		England		Sept. 14, 1898		62 YEARS	
8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER			
George H. Farrand, Eng.		Elizabeth Moyle-Eng.		Brit. Sub.		None			
12. LAST OCCUPATION		13. PERIOD OF TIME IN THIS OCCUPATION		14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS			
Housewife		40							
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE NAME OF SERVICE		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE			
No		Married		William E. Baldwin		Tax Officer			
19a. PLACE OF DEATH—NAME OF HOSPITAL		19b. STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS!		19c. CITY		19d. LENGTH OF STAY IN COUNTY OF DEATH		19e. LENGTH OF STAY IN CALIFORNIA	
		5060 Gaylord Drive		San Diego		6 Wks.		6 Wks.	
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS!)		20b. IF INSIDE CITY CORPORATE LIMITS		20c. IF OUTSIDE CITY CORPORATE LIMITS		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)			
12 Smith Rd.		<input type="checkbox"/> CHECK HERE		<input checked="" type="checkbox"/> NOT IN A TOWN					
20c. CITY OR TOWN		20d. COUNTY		20e. STATE		21b. ADDRESS OF INFORMANT (IF OUTSIDE CITY CORPORATE LIMITS)			
San Diego		Lancashire		England					
22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE TIME OF HIS OR HER DEATH UNTIL THE TIME OF HIS OR HER DEATH.		22b. PHYSICIAN OR CORONER'S SIGNATURE		22c. ADDRESS		22d. DATE SIGNED			
		A. E. GALLAGHER, Coroner		3322 Congress Street		4/24/61			
23. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		24. DATE		25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER'S SIGNATURE (IF BODY EMBALMED); LICENSE NUMBER			
Cremation		4/26/61		Cypress View Crematory		Ernest L. Haller, 4415			
27. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)		28. DATE ASSIGNED FOR BURIAL (FOR LOCAL REGISTRATION)		29. LOCAL REGISTRATION SIGNATURE		30. CAUSE OF DEATH			
Pacific Beach Mortuary		APR 26 1961		J. J. Walker M.D.					
30. CAUSE OF DEATH		31. OPERATION—CHECK ONE:		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE:			
PART I. DEATH WAS CAUSED BY:		<input checked="" type="checkbox"/> OPERATION PERFORMED				<input checked="" type="checkbox"/> AUTOPSY PERFORMED			
IMMEDIATE CAUSE (a):		<input type="checkbox"/> OPERATION NOT PERFORMED				<input type="checkbox"/> AUTOPSY NOT PERFORMED			
Acute cardiac decompensation									
DUE TO (b):									
Coronary occlusion									
DUE TO (c):									
Arteriosclerotic coronary heart disease.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a):									
Generalized arteriosclerosis.									
34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED		35a. TIME OF INJURY			
35a. INJURY OCCURRED		35b. PLACE OF INJURY		35c. CITY, TOWN, OR LOCATION		35d. STATE			
<input type="checkbox"/> WHILE AT WORK		<input type="checkbox"/> NOT WHILE AT WORK							

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) FLORENCE		1B. MIDDLE -		1C. LAST (FAMILY) BALDWIN		2. DATE OF BIRTH MONTH DAY YEAR 09/14/1898		3. DATE OF DEATH MONTH DAY YEAR 04/24/1961		4. SEX F	
5A. CITY OF DEATH SAN DIEGO,				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KARL ROSENQUIST SON IN LAW 6223 BRANTING ST SAN DIEGO, CA 92122					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KARL ROSENQUIST 6223 BRANTING ST SAN DIEGO, CA 92122						7B. CALIF. LICENSE NUMBER —IF APPLICABLE -		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Karl Rosenquist</i>		8B. DATE SIGNED 05/02/2000	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/02/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOC. (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED 5 8 00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED CREMATORIUM GARDENS BLACKPOOL, ENGLAND	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

E-15671

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 BALDWIN

from Lot 124 Grave 20 Section 100F Row _____ Block 14

Division _____ and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

Division _____ Cemetery ENGLAND

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.

Elsie Harney Sister 36500 Euclid ave
Signature Relation to deceased Address

Wilmington, OH

4/40/04

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)

Date

SUSAN A. PERSING
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 3-3-2009

Susan A. Persing



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Benueva Vallejos

in a Silver Funeral, date, time Tues 4-18-00 9:00

Church, Chapel, Graveside : Marking - M, t, c, d Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

X Lot 163 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 52336 1014.79

52341 Balance due 649.94

I hereby certify I am the X Daughter of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature X Benue Vallejos

Address 1827 Monroe Ave

City San Diego Co. Zip Code 92116

Telephone 619-296-1035

Invoice #

Acct. #

Work Order # E 15672

E-15672

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 95

1A. NAME OF DECEDENT—FIRST (GIVEN) GENOVEVA	1B. MIDDLE -	1C. LAST (FAMILY) VALLEJOS	2. DATE OF BIRTH MONTH DAY YEAR 03/28/1905	3. DATE OF DEATH MONTH DAY YEAR 04/13/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LORRIE SERAFIN - DAUGHTER 1827 MONROE AVENUE SAN DIEGO, CA 92116	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Dutrow Mitchell</i>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/17/2000	
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/17/2000
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006821	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S):

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
☐ B. CREMATION ☐ F. DISINTERMENT
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 4-18-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jensen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KAREN BELCHER & PEARLINE BELCHER

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 75 Grave 3 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Market setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 895.00

Paid receipt number R-52334 224.00

Balance due 671.00

I hereby certify I am the _____ of the above named _____ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address 530 ELWOOD AVE
City SAN DIEGO Zip Code 92114
(619) 263-7813
Telephone _____

Invoice # _____

Work Order # E 15673 Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56630

Date: September 3 20 03
 From: Karen Belcher Address: on record
Eighty Four and 00 Dollars (\$ 84.00)
 in year Payment of Pre-need lot account.
 Lot 75 Grave 3 Row _____ Section 2 Division 12
 Block _____
Invoice No. E-15673

Acct. No. _____

W.O. _____

BALANCE DUE \$ 251.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1853

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

SEP 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Paulette C.

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	77186
Sales Tax	60101
	76390

TOTAL PAID

\$

84.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53469

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 19, 20 01From: Karen Belcher Address: 930 Elwood Ave., San Diego, CA 92114Fifty - Six and NO/100 Dollars (\$ 56.⁰⁰/_{XX})In - part Payment of Pre-Need LotLot 75 Grave 3 Row — Section 2 Division 12Invoice No. Acct. No. W.O. E-15673BALANCE DUE 419.⁰⁰Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#1656

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

MAR 19 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	56 ⁰⁰
Opening/Closing	77184	
Burial	100	
Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	76390	
TOTAL PAID	\$	56 ⁰⁰



THE CITY OF SAN DIEGO

E-15673

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 Snider
Cemetery Manager

RS:ph

cc: file



Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-15673

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 14th day of APRIL, 1900,
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 exclu-
sive right of interment in: Lot 75, Grave 3, Row , Section
2, Block/Division 12, located in Mt. Hope Cemetery, for and in con-
sideration of a total purchase price of \$ 895.00, payable as follows:
\$ 224.00 cash herewith, the receipt of which is hereby acknowledged;
\$ 28.00 on the 10th day of JUNE, 1900; and the balance
in installments of \$ 28.00 or more, payable at the office of Mt. Hope
Cemetery, on the 10th 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, regu-
lations, 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.

E-15673

WITNESS our hands this day and year above written.

Deed to be issued to:

23 payments at 28.00
1 payment at 27.00

643

Name

Address

PURCHASER

KAREN BELCHER
Print Name

K. BELCHER
Signature

930 ELWOOD AVE
Street Address (Mail)

SAN DIEGO CA 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sue Shelton

SLW:st(62-1)
1-23-90

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59118

E-15673

Date: 8/30/2005

From: Karen Belcher Address: 930 Elwood Ave. SD, CA 92114

Ninety Five dollars 10/100 Dollars (\$ 95.10)

In check 2039 Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 75 Grave 3

Invoice No.

Acct. No. E-15673

W.O.

BALANCE DUE

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	80101
	78390

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

2039

ISSUED BY

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

TOTAL PAID

\$

KAREN M. BELCHER

930 ELWOOD AVE.
SAN DIEGO, CA 9211490-3668/1222
3302873

2039

DATE

8.30.05

PAY TO
THE ORDER OF

MT HOPE CEMETERY

NINETY-FIVE 10/100

DOLLARS

A

Security Features
Printed on BackSan Diego
National BankNorth Park Office
3180 University Avenue
San Diego, California 92104
AN EQUAL OPPORTUNITY LENDER, MEMBER FDIC

MEMO LOT 75 COR 3 SEC 2

DIV 12

Belcher

NP

BELCHER, KAREN & PEARLINE 930 Elwood Ave., San Diego 92114 263-7813

		DEBIT	CREDIT	BALANCE
04-14-00	Opened Pre-need Lot.			
	Lot 75 Gr 3 Sec 2 Div 12	895.00		895.00
04-14-00	Receipt 52334		224.00	671.00
6-1-00	R-52513		28.00	643.00
7-5-00	R-52632		28.00	615.00
8-7-00	R-52714 ✓		28.00	587.00
9-13-00	R-52868 ✓ Coupon 4		28.00	559.00
10-9-00	R-52942 ✓ Coupon 5		28.00	531.00
12-06-00	R-53127 ✓ 6+7		56.00	475.00
03-19-01	R-53469 ✓ Coupon 8+9		56.00	419.00
3-14-03	delinquent letter mailed			
4-21-03	replied to collection			
4-29-03	R-540177 ✓ 10+11		56.00	363.00
6-13-03	56380 ✓ 12		28.00	335.00
8-3-03	Coupons ✓ 13+14+15 R-54630		84.00	251.00
11-3-03	54850 16+17		56.00	195.00
4-29-04	57497 18+19		56.00	139.00
7-21-04	mail payment to Isabelle Perry Co LLC			
	use ID # 2553585 (collection)			
	BELCHER, KAREN & PEARLINE			
	Pre-need Lot			

E-15673

Isabelle Peron
Collection

744 3199

MS 606C

Dr. Belcher

Acad.

IP# 2553585

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Blackman

in a liner Funeral, date, time Wed 4-19 11:00
Church, Chapel Graveside 3:00 Memorial 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 47 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container APR 17 2000 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52337 1664.73

Balance due 0

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

LARRY

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

X Larry Blackman
821 N 45th St.

Address

X San Diego CA 92102

City

Zip Code

X 619-527-1180

Telephone

Invoice # _____

Work Order # E 15674

Acct. # _____

E-15674

E-15674

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) RANDY	1B. MIDDLE GILBERT	1C. LAST (FAMILY) BLACKMON	2. DATE OF BIRTH MONTH, DAY, YEAR 11/15/1956	3. DATE OF DEATH MONTH, DAY, YEAR 04/13/2000	4. SEX M
5A. CITY OF DEATH NATIONAL CITY	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LARRY BLACKMON—BROTHER 821 N. 45TH ST SAN DIEGO, CA 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-4575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.				8B. DATE SIGNED 04/18/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/18/2000 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006905
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-19-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

DIP
1ST BURIAL
OSCAR GRANTLOW

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma Jackson

in a Silver Funeral, date, time THUR 4-27 11:00

Church, Chapel, Graveside GOOD BODY 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 174 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund Pre-Paid D-2683 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Paid E-15048 0

Burial Container Interment 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Earl Grantlow
Signature
X 3183 Mabley St
Address
X San Diego 92123
City Zip Code
X 858-277-7719
Telephone

Work Order # E 15675

Invoice # _____

Acct. # _____

E-15675

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-3 1973CHARGE Carl L. GranlowADDRESS 3183 Mobley St. S.D. 92123NAME OF DECEASED Oscar J. GranlowOWNER Norma O. GranlowADDRESS 90 aboveMORTUARY Goodbody's (Gallop)

<u>X- 11-11-11</u>	<u>D.I</u>
LOT <u>174</u> GR <u>Mon</u> ROW <u>SEC</u> DIV <u>10</u>	<u>24750</u>

OPENING TIME <u>1 PM</u> DAY DATE <u>2-5-73</u>	<u>110 00</u>
---	---------------

VASE BOX <u>Bell</u> SIZE <u>#5</u>	<u>7350</u>
-------------------------------------	-------------

REMOVAL OR FOUNDATION VET. _____

TOTAL \$ 431.00PAID RECEIPT NUMBER 19958

BALANCE _____

12" X 24" Flush markers only**PAID**

FEB 5 1973

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED

IN PERSON

PHONE BY Carl L. Granlow

ORDER

TAKEN BY R. M. ...W.O. NO. **D** 2683INVOICE NO. Cash

E-15675

96

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NORMA	1B. MIDDLE OLEDA	1C. LAST (FAMILY) JACKSON	2. DATE OF BIRTH MONTH DAY YEAR 07/02/1904	3. DATE OF DEATH MONTH DAY YEAR 04/14/2000	4. SEX F
5A. CITY OF DEATH YUCCA VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN BERNARDINO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EARL GRANLOW: SON 3183 MOBLEY STREET SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-790	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria M...</i>		
			8B. DATE SIGNED 04/20/2000		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/21/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. ...</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA SAN BERNARDINO COUNTY HEALTH DEPT.—351 N. MOUNTAIN VIEW AVE., SAN BERNARDINO, CA 92415	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-27-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

B LEANANA TONE JONES ASHLOCK

Date 4-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

A of EMANANA TONE JONES ASHLOCK

in a _____ Funeral, date, time THUR 4-20 11:00

Church, Chapel, Graveside _____: Memorial 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 392 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund PAID

Opening/Closing & Setup 125.00

Burial Container APR 21 2000

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-52340 270.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15676

Invoice # _____

Acct. # _____

E-15676

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) LEMAJANA	1B. MIDDLE TONER	1C. LAST (FAMILY) JONES-ASHLOCK	2. DATE OF BIRTH MONTH, DAY, YEAR 04/16/2000	3. DATE OF DEATH MONTH, DAY, YEAR 04/16/2000	4. SEX F
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KARCAMEO ASHLOCK-MOTHER 3483 ALONQUIN WAY SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Johnny B. Johnson</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 11/18/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/19/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. JOHNSON
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92002	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED 4-20-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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-15676

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) EMAJANA	1B. MIDDLE TONE'E	1C. LAST (FAMILY) JONES-ASHLOCK	2. DATE OF BIRTH MONTH, DAY, YEAR 04/16/2000	3. DATE OF DEATH MONTH, DAY, YEAR 04/16/2000	4. SEX F
5A. CITY OF DEATH CHULA VISTA	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FARCAMEO ASHLOCK-MOTHER 8883 ALONQUIN WAY SAN DIEGO, CA 92154 3483		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit Jeffrey B. Johnson	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/18/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/19/2000 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006971
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE					<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
					<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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

4-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWINA THOMPSON

in a ASH VAULT Funeral, date, time 4-21-00

Church, Chapel, Graveside BAYVIEW 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 279 Grave 7 Row 2 Section 2 Division/Block 12

PAID

Grave space & Care Fund 300.00

Additional spaces and care fund 105.00

Opening/Closing & Setup 55.00

Burial Container 60.00

Handling Fees 23.78

Flower vases - Marker setting fee 45.00

Recording and filing fee 4.26

Sales taxes 593.04

Total Due 593.04

Paid receipt number R-52345

Balance due 0

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15677

Invoice #

Acct. #

E-15677

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) EDWINA		1B. MIDDLE LYNN	1C. LAST (FAMILY) THOMPSON	2. DATE OF BIRTH MONTH DAY YEAR 07/07/1956	3. DATE OF DEATH MONTH DAY YEAR 04/13/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DANITA WARD—SISTER 1745 PETAL DRIVE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL SERVICES 7510 Clairemont Mesa Blvd. Suite 109 San Diego, CA 92111		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1661		8A. SIGNATURE OF APPLICANT—Person taking permit M. Molina		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 04/19/2000		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 04/19/2000 H. MOLINA		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2005921
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102		11B. DATE BURIED 4-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 Fortune Way Vista, CA 92083		12B. DATE CREMATED 4-20-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION S. Schuck	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge L. Armenta Jr.

In a T.S. VAULT Funeral, date, time wed 4-19-00 9:30

Church, Chapel, Graveside : CA Bacial 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. MA

✓ Lot <u>72</u>	Grave <u>1</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>	
Grave space & Care Fund					<u>895.00</u>
Additional spaces and care fund					—
Opening/Closing & Setup					<u>375.00</u>
Burial Contact <u>APR 19 2000</u> <u>TOP SSAL</u>					<u>250.00</u>
Handling Fees					<u>185.00</u>
Flower vases - Marker setting fee <u>MT HOPE CEMETARY</u> <u>VASE 25.00</u> <u>HF 20.00</u>					<u>45.00</u>
Recording and filing fee <u>CITY OF SAN DIEGO</u>					<u>45.00</u>
Sales taxes					<u>21.31</u>
Total Due					<u>1816.31</u>
Paid receipt number <u>R-52344</u>					<u>1816.31</u>
Balance due					<u>0</u>

I hereby certify I am the + Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 15678

Invoice # _____
Acct. # _____

E-15678

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) Jorge	1B. MIDDLE L.	1C. LAST (FAMILY) Armenta, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 12/22/1955	3. DATE OF DEATH MONTH DAY YEAR 04/16/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCEMENT Yolanda Armenta-wife 1877 Donax Ave. #1 San Diego, CA 92154	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 2200 Highland Ave., National City, CA 91960			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1689		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code				8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i>	
				8B. DATE SIGNED 04/18/2000	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/19/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Mitchell
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records-P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-17-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

1st BURIAL
A.C. BRADLEY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTHY BRADLEY

in a DOUBLE DEPTH Funeral, date, time Tues 4-25 1:00

Church, Chapel, Graveside Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 49 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-9069 0

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED E-10911 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee _____

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X
Signature _____

X
Address _____

X
City _____

Zip Code _____

X
Telephone _____

Invoice # _____

Work Order # E 15679 Acct. # _____

E-15679

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

78

1A. NAME OF DECEDENT—FIRST (GIVEN) Dorothy		1B. MIDDLE Marie		1C. LAST (FAMILY) Bradley		2. DATE OF BIRTH MONTH DAY YEAR 10/24/1921		3. DATE OF DEATH MONTH DAY YEAR 04/18/2000		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dawnetta Duplessis, Daughter 14775 Dashway Poway, CA 92064				7. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> 04/20/2000					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.						8A. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2007062					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/20/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007062	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 4-25-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VERNELLA CEASAR

in a T.S. VAULT Funeral, date, time MON 4-24 11:00

Type of burial container
Church, Chapel, Graveside : CABURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 169 Grave 7 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees MT. HOPE CEMETARY 185.00

Flower vases - Marker setting fee CITY OF SAN DIEGO 23.78

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1793.16

Paid receipt number VISA 1793.16

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot hold under deed.

Signature of recorded holder of deed 229058x Yvonne Ceasar

Signature 727 Elizabeth St

Address SD Ca 92113

City (619) 264-4491

Telephone Zip Code

Invoice #

Acct. #

Work Order # **E 15680**

E-15680

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) Vernella	1B. MIDDLE Jean	1C. LAST (FAMILY) Cesar	2. DATE OF BIRTH MONTH DAY YEAR 03/11/1937	3. DATE OF DEATH MONTH DAY YEAR 04/18/2000	4. SEX F
5A. CITY OF DEATH Chula Vista	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Yvonne Cesar-daughter 727 Elizabeth Street San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT— <i>Yvonne Cesar</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/23/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/24/2000 M. Mitchell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007143
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records-P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED 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 4-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Lewis PA 20001349

In a liner Funeral, date, time 4-26-00 9:00
Type of Burial Container

Church, Chapel, Graveside 150.00 : Ragsdale Mortuary.

All Funeral cars must arrive before 9:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 2 Grave 4T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 115.00

Burial Container _____ 50.00

Handling Fees JUN 27 2000 _____

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 386.00

*Darnel Price
PA*

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 331189

Acct. # 000952

Work Order # **E** 15681

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE Vestor	1C. LAST (FAMILY) Lewis	2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1945	3. DATE OF DEATH MONTH, DAY, YEAR 04/13/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darnell Price, Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-3329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>		
			8B. DATE SIGNED 04/20/2000		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/21/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Jones</i>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-23-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAM CAMPOS

in a LINER Funeral, date, time _____

Church, Chapel, Graveside _____: MAYER Mortuary.

All Funeral cars must arrive before ^{3:00} ~~2:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 91 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-15272 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Work Order # E 15682

Invoice # _____

Acct. # _____

REA-104 (7-88)

This John / mayer formats upon request.

mayer no longer
mortuary.
Greenwood
cremation apt
at Greenwood
E-15682

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Coleman, Jr.

in a double depth Funeral, date, time Tuesday, 4-25-00 11:00

Church Chapel, Graveside : Dagdale 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 2918 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund **PAID** 995.00

Additional spaces and care fund _____

Opening/Closing & Setup APR 25 2000 375.00

Burial Container MT. HOPE CEMETARY 380.00

Handling Fees CITY OF SAN DIEGO 320.00

Flower vases - Marker setting fee ✓

Recording and filing fee 45.00

Sales taxes 29.45

Mortuary to bring

Total Due 2144.45

Paid receipt number R-52364 2144.45

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Ernestine Coleman
Signature
415 So 418th St
Address
San Diego, CA 92113
City
619 262-4137
Telephone

Work Order # **E** 15683

Invoice # _____

Acct. # _____

E-15683

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE -	1C. LAST (FAMILY) Coleman, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 05/16/1923	3. DATE OF DEATH MONTH DAY YEAR 04/18/2000	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Earnestine Coleman, Wife 415 S. 48th St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED 04/20/2000		9A. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/20/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LAVADA THOMPSON *Kui*

in a ASH VAULT Funeral, date, time AYD 4-21

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 46 Grave 4 Row 1 Section 1 Division/Block 11

Grave space & Care Fund PRENEED E-2198 0

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees PAID 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 4.26

Sales taxes MT. HOPE CEMETARY 4.26

CITY OF SAN DIEGO Total Due 269.26

Paid receipt number 52351 269.26

Balance due 0

I hereby certify I am the + of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15684

E- 15684

11

E-15684

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) Lavada	1B. MIDDLE -	1C. LAST (FAMILY) Thompson	2. DATE OF BIRTH MONTH DAY YEAR 08/29/1925	3. DATE OF DEATH MONTH DAY YEAR 04/06/2000	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara Patterson-Wright, Daughter 1006 10th St. Imperial Beach, CA 91932		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 30376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

04/11/2000

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/11/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2006508
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

FOR CORONER'S USE ONLY

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 4-17-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-need
Set a time

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus J Armas

in a TS Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Mortuary, _____

All Funeral cars must arrive before ^{3:00}~~3:00~~ p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. _____

✓ Lot 160 Grave 1 Row _____ Section 1 Division/Block 22 11

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup..... **PAID** 375.00

Burial Container..... 250.00

Handling Fees..... 185.00

Flower vases & Marker setting fee..... 180.00
Trion APR 20 2000 MT. HOPE CEMETERY

Recording and filing fee..... 45.00
CITY OF SAN DIEGO

Sales taxes..... 21.31

Total Due..... 1951.31

Paid receipt number 52350 1951.31

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Jesus J. Armas

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order # **E 15685**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dwayne Ivey

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ Lot 612 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees NOV 2 2002

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY

Sales taxes CITY OF SAN DIEGO

Total Due 995.00

Paid receipt number 52352 249.00

Balance due 746.00

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature Dwayne S. Ivey

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15686

IVEY, DWAYNE 5797 Tooley Street, San Diego 92114 264-7230

			DEBIT	CREDIT	BALANCE
4-20-00	Opened Pre-need Lot.	199 20%			
	Lot 612 Division 10	796 20%	995.00		995.00
04-20-00	Receipt 52352			249.00	746.00
6-12-00	R-52554 Coupon 1			31.00	715.00
7-20-00	R-56690 Coupon 2			31.00	684.00
8-24-00	R-52197 3			31.00	653.00
9-21-00	R-52894 " " 4			31.00	622.00
10-25-00	R-53003 5			31.00	591.00
11-22-00	R-53079 6			31.00	560.00
12-27-00	R-53187 7			31.00	529.00
01-31-01	R-53298 8			31.00	498.00
3-2-01	VISA 9			31.00	467.00
4-4-01	VISA 10			31.00	436.00
4-18-01	R- 11			31.00	405.00
5-22-01	VISA			31.00	374.00
7-25-01	R-53956 (NO #Coupon Submitted)			-31.00	343.00
9-24-01	VISA			31.00	312.00
10-22-01	VISA			-31.00	281.00
12-4-01	VISA			-31.00	250.00
1-23-02	AVE VISA			-31.00	219.00
	IVEY, DWAYNE	Pre-need Lot			

Ivey, Dwayne S. 5997 Zoolley St. SD Ca 92114

Balance Forwarded

4-4-02	Paid by ck 1707	-31.00	219.00
5-1-02	PAID BY VISA (for February)	-31.00	188.00
5-1-02	PAID BY VISA (for March)	-31.00	157.00
11-22-02	VISA	126.00	126.00

IVEY, Dwayne Preneed Lot E-15686

E-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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

X - DEEP
1ST BURIAL
VELMA MENEFIELD

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOSES MENEFIELD

in a T.S. VAULT Funeral, date, time THUR 4-27 2:00

Church, Chapel, Graveside HERKLEY MITCH Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

X Lot 37 Grave 5 Row Section 17 Division/Block 7

Grave space & Care Fund Pre-Paid D-811 -0-

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container 250.00

Handling Fees APR 27 2000 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 19.38

Sales taxes 874.38

Total Due 874.38

Paid receipt number R-52370 874.38

Balance due 0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 15687

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15687

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-12-71

CHARGE

Moses Menefield

ADDRESS

3022 Island Ave.

NAME OF DECEASED

Velma N. Menefield

OWNER

Moses Menefield

ADDRESS

Same

MORTUARY

Knapdale

239-1637

X-DEEP

D.I.F

LOT

37

GR

5

ROW

SEC

17

DIV

7

217.50

OPENING TIME

10A

DAY

DATE

Tues.
9-14-71

110 CC

VAULT

PAKLAUN

SIZE

#5

REMOVAL OR FOUNDATION VET

TOTAL

\$327.50

PAID RECEIPT NUMBER

BALANCE

12"x24" Single Head marker Only
 30 Day note
 Bill for marker on Ave.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
 I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED

IN PERSON

PHONE BY

Moses Menefield

ORDER

TAKEN BY

Rev. Echlin

W.O. NO.

D 00811

INVOICE NO.

9825

E-15687

X- DEEP
1ST BURIAL
VELMA MENEFIELD

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOSES MENEFIELD

in a T.S. VAULT Funeral, date, time THUR 4-27 2:00

Church, Chapel, Graveside Mortuary MARKLEY MITCH

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 37 Grave 5 Row 17 Division/Block 7

Grave space & Care Fund Pre-need D-811 -0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 125.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number

Balance due

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot / hold under deed.

Signature of decedent holder of deed

Signature

Address

Phone

Work Order # E 15687

Invoice #

Acct. #

REA-104 (7-88)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15687 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MOSES	1B. MIDDLE -	1C. LAST (FAMILY) MENEFIELD	2. DATE OF BIRTH MONTH DAY YEAR 07/31/1926	3. DATE OF DEATH MONTH DAY YEAR 04/22/2000	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PIERRE MENEFIELD - SON 2341 EAST 6710 SOUTH SALT LAKE CITY, UT 84121		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-119		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Th. Mitchell</i>			8B. DATE SIGNED 04/26/2000		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/27/2000 TC MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007375
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-27-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ricky Ferguson</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stefan Kunyadi Tue
in a T.S. Vault Funeral, date, time 1:30 P.m. 4-25-00

Church, Chapel, Graveside Conrad 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 4903 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Re-need E-8144 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container APR 24 2001 250.00

Handling Fees 185.00

Flower vases - Marker setting fee **MT HOPE CEMETARY** 45.00

Recording and filing fee **CITY OF SAN DIEGO** 19.38

Sales taxes 874.38

Total Due 874.38

Paid receipt number R-52356 874.38

Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Julie Lukka
Signature
X 1549 WATWOOD RD
Address
X LEMON GROVE CA. 91945
City
X 619-464-0128 Zip Code
Telephone

Work Order # **E 15688**

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11666

DEED E-15688

OWNERSHIP AND INTERMENT PRIVILEGES

TO Stefan Hunyadi for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4903, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8144

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:

Sandra L. Ward
Cemetery Manager

Tha Tullman
Property Director

E-15688

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

86

1A. NAME OF DECEDENT—FIRST (GIVEN) STEFAN	1B. MIDDLE -	1C. LAST (FAMILY) HUNYADI	2. DATE OF BIRTH MONTH DAY YEAR 04/07/1914	3. DATE OF DEATH MONTH DAY YEAR 04/23/2000	4. SEX M
5A. CITY OF DEATH EL CAJON	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT IRENE SUTKA - DAUGHTER 1549 WATWOOD ROAD LEMON GROVE, CA 91945		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person holding permit <i>Conrad Lemon</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 04/24/2000	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/24/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2007176
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS 200 BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DIP

1ST BURIAL

J. PAUL SWINNEY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY SWINNEY 4-26in a Grave Funeral, date, time Wed 11:00Type of Burial Container
Church, Chapel, Graveside Graveside : Conrad Mortuary.All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00will be applied and billed to undersigned. RLot 7 Grave 6 Row 100F Section 23 Division/Block 0Grave space & Care Fund Pre-Paid B-7136

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00Burial Container 190.00Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00Sales taxes 14.73Total Due 769.73Paid receipt number R-52357 769.73Balance due 0

I hereby certify I am the X Graveside of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # **E** 15689

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR
 GOLDENROD RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 254-2151

E-15689

Nº 30639

DATE 12-27FROM MARY L. SWINNEY ADDRESS 2414 69th ST. LG 92045FIVE HUNDRED FORTY THREE + $\frac{80}{100}$ DOLLARS (\$ 543.80)IN FULL PAYMENT OF J. PAUL SWINNEYLOT 7 GRAVE 6 ROW 100F SECTION 23INVOICE NO. CHECK 1122W.O. E-3459UNPAID BALANCE
AFTER THIS PAYMENT Ø

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

DEC 27 1982

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.ISSUED BY gle

CREDIT	67007	
25% SALES CASE	77184	
80% SALES	100	
OF LOTS	77184	
OPENINGS	100	265 00
	77181	
BOXES	100	830 00
	77182	
REMOVALS	100	39 00
FOUNDATIONS	77183	
SALES TAX	60101	13 80
	9020	
TOTAL PAID		543 80

E-15689

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

88

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY		1B. MIDDLE LOUISE		1C. LAST (FAMILY) SWINNEY		2. DATE OF BIRTH MONTH DAY YEAR 11/10/1911		3. DATE OF DEATH MONTH DAY YEAR 04/24/2000		4. SEX F			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALAN D. SWINNEY - GRANDSON 1500 SHADOWRIDGE DRIVE, #167. VISTA, CA 92083							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Alan D. Swinney</i>				8B. DATE SIGNED 04/24/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7110 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/25/2000		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007286			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 4-26-00		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Alan D. Swinney</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

FOR
RUTH HALL

MT. HOPE CEMETERY INTERMENT ORDER

*Pre-need
Int + Intert*

City of San Diego

Date 4-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVANGELINE M. FARNHAM *< 2nd owner ?*

in a urn Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before ^{3.00}~~2.00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

✓ 888 Lot _____ Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	<u>995.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1764.73</u>
Paid receipt number	<u>R-52365</u> <u>1764.73</u>
Balance due	<u>0</u>

PAID

APR 25 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Evangelina M. Farnham
Signature
P.O. Box 15872
Address
San Diego, Ca. 92175
City
1-619-461-2638
Telephone
Zip Code

Work Order # **E** 15690

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4-24-00

Thur

4-27

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TIMOTHY DRYER PA 20001238

in a DOUBLE DEPTH Funeral, date, time WED 4-26 1:00

Type of Burial Container

Church, Chapel, Graveside AZTLAN 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 2 Grave 5B Row _____ Section _____ Division 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup PAID 165.00

Burial Container 50.00

Handling Fees JUN 27 2000

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes

Total Due 386.00

JOHN EDWARDS
PUBLIC ADMIN.

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 331221

Acct. # 000952

Work Order # E 15631

E-15691

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN) TIMOTHY	1B. MIDDLE -	1C. LAST (FAMILY) DRYER	2. DATE OF BIRTH MONTH DAY YEAR 06/18/1951	3. DATE OF DEATH MONTH DAY YEAR 03/20/2000	4. SEX M.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SANDIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN EDWARDS—DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD., SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1658		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
8B. DATE SIGNED 04/25/2000					

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

00-00587

PERMIT
AUTHORIZATION OF
LOCAL REGISTRARTHIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID

\$ 7.00

9B. DATE PERMIT ISSUED

04/24/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

[Signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—
IF DEATH OCCURRED IN CALIFORNIA
**VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222**9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOLY CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

2nd half
of ashes
use ash vault
that is in grave.

will bury
ashes & permit

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jean Jessop Harvey McDonald
in a Witness Funeral, date, time Tues 6-6-10:00

Church, Chapel, Graveside Witness : TUES 6-13 Mortuary. 11:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 15000

will be applied and billed to undersigned.

Lot 3 Grave 4 Row 4 Section 4 Division Block 6

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container

Handling Fees APR 25 2000

Flower vases - Marker setting fee

Recording and filing fee **MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Sales taxes

Total Due 105.00

Paid receipt number R-52363 105.00

Balance due 0

I hereby certify I am the SON of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Jim McDonald
3336 RUSSELL ST.
SAN DIEGO, CA 92106
619-222-3405

Work Order # **E 15632**

Invoice #

Acct. #

E-15692

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) JEAN	1B. MIDDLE JESSOP	1C. LAST (FAMILY) HERVEY MACDONALD	2. DATE OF BIRTH MONTH DAY YEAR 07/24/1927	3. DATE OF DEATH MONTH DAY YEAR 09/02/1995	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANGUS R. MACDONALD - HUSBAND 755 BANGOR STREET SAN DIEGO, CA 92106		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ther Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 06/08/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 06/08/2000 TC MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009786
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☒ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 1/3 CREMATED REMAINS TO MT. HOPE CEMET- ERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6/12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Snedden</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JAMES CHEEK
in a liner Funeral, date, time Mon 5-1 11:00

Church, Chapel, Graveside 3:00 Heathcote Mortuary,

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 199 Grave 4 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees APR 27 2000 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes

Total Due 1664.73

Paid receipt number R-52368 1664.73

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Esther Sachs
Signature 5202 Auburn Dr.
Address San Diego 92105
City 619 284-2857 Zip Code
Telephone

Work Order # **E** 15693

Invoice #

Acct. #

E 15693

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

66

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE Henry	1C. LAST (FAMILY) Cheek	2. DATE OF BIRTH MONTH DAY YEAR 07/15/1933	3. DATE OF DEATH MONTH DAY YEAR 04/25/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE Esther Cheek, wife 5202 Auburn Dr. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

8B. DATE SIGNED
04/28/2000

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/28/2000 C. Maggard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007508
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego CA 92186-5222	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Paid
Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARVYN T. & KAZUE MURRAY

in a DOUBLE DEPTH Funeral, date, time _____

Church, Chapel, Graveside _____; Mortuary, _____

All Funeral cars must arrive before ^{3:00}~~3:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 156 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-paid D-2356 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375.00 750.00

Burial Container PAID 380.00

Handling Fees 320.00

Flower vase & Marker Setting fee AUG 01 2001 _____

Recording and filing fee 2 at 45.00 90.00

MT. HOPE CEMETARY 29.45

Sales taxes CITY OF SAN DIEGO, CA. 1569.45

Total Due 392.00

Paid receipt number R-52367 1177.45

Balance due 1177.45

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Kazue Murray
Signature
X 21 North S Ave
Address
X National City CA. Zip Code
X 263-1383 91950
Telephone

Work Order # E 15694

Invoice # _____

Acct. # _____

MURRAY, MARVYN T. & KAZUE 21 North "S" Ave., National City, 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)			
04-27-00	Receipt 52367		392.00	1177.45
6-2-00	R- 52527 Coupon # 1		-49.00	1128.45
7-5-00	R- 52624 2		-49.00	1079.45
8-7-00	R- 52743 3		-49.00	1030.45
9-12-00	R- 52852 1 x 5		-98.00	932.45
11-7-00	R- 53034 6 x 7		-98.00	834.45
12-5-00	R- 53126 8 x 9		-98.00	736.45
	R- 53260 10 x 11		-98.00	638.45
12-02-01	R- 53312 12 x 13		-98.00	540.45
3-6-01	R- 53433 14 x 15		-98.00	442.45
4-01	R- 53539 16 x 17		-98.00	344.45
5-4-01	R- 53646 18 x 19		-98.00	246.45
6-4-01	R- 53772 20 x 21		-98.00	148.45
7-03-01	R- 53877 22 x 23		-98.00	50.45
8-1-01	R- 53973 24		50.45	

MURRAY, MARVYN T. & KAZUE

Pre-need Trust

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53539

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 5, 2001From: MARVYN & KAZUE MURRAY Address: 21 North S. Ave., N.C., CA 91950
Ninety-Eight and 10/100 Dollars (\$ 98.⁰⁰/₁₀₀)
In -part Payment of Pre-Need Trust
 Lot 156 Grave 2 Row - Section 1 Division Block 11
Invoice No. / /Acct. No. / /W.O. E-15694BALANCE DUE 344.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5653

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

PAID

APR 05 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	98 ⁰⁰
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	98 ⁰⁰

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53646

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 4th, 20 01From: Marvyn & Kazue Murray Address: 21 North S. Ave., National City, CA 91950

Ninety - Eight and NO/100 Dollars (\$ 98.00)

In - part Payment of Pre-Need Trust

Lot 156 Grave 2 Row — Section 1 Division 11

Invoice No. Acct. No. W.O. E-15694BALANCE DUE 246.45Coupons # 18 & 19Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 5-94) # 5673NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

MAY 04 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY: [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	98 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	98 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52527

From:

 RAYNE MURRAY
 1014 N. 1st St.

Address:

21 North D. Ave National City

Date:

6-2

80

91950

Dollars (\$

49.00)

In

part

Payment of

Pre-Need

Lot

156

Grave

2

Row

Section

1

Division
Block

11

Invoice No.

Acct. No.

W.O.

E-15694

BALANCE DUE

1128.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	57507
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	68033
Trust	9022
Sales Tax	80101
	78390

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5425

ISSUED BY

S. Schellin

TOTAL PAID

\$

49 00

49 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53260

Date: Jan. 16, 2001From MARVYN + KAZUE MURRAY Address: 21 North "S" Ave., N.C., CA 91950NINETY - EIGHT and NO/100 Dollars (\$ 98.⁰⁰/_{xxx})In - part Payment of Pre-Need TrustLot 156 Grave 2 Row — Section 1 Division 11
BlockInvoice No. Acct. No. W.O. E-15694BALANCE DUE 638.⁴⁵/_{xxx}NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

TOTAL PAID

\$

98.⁰⁰

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53312

Date: Feb - 02 , 20 01

From: KAZUE MURRY Address: 21 NORTH S. AVE NATIONAL CITY, CA 91950
ninety eight dollars 00/100 Dollars (\$ 98.00)

In PART Payment of INTERMET PRE-NEED
MURRAY, MARVYN & KAZUE

Lot 156 Grave 2 Row — Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE \$ 540.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

FEB 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Maureen Crotte

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>98.00</u>
Trust	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>98.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53877

Date: July 3rd, 20 01
From: Marvin & Kazue Murray Address: 21 North "S" Ave., N.C., CA 91950
NINETY - EIGHT & NO/100 Dollars (\$ 98.00)
In -part Payment of Pre-Need TRUST

Lot 156 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE 50.45Personal Check # 5719Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JUL 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>98.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>98.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53772

Date: June 4th, 20 01
 From: Marynn + Kozue Murray Address: 21 North 5 Ave., N.C., CA 91950
Ninety-Eight and 100/100 Dollars (\$ 98.00)
 In -part Payment of Pre-Need Trust

Lot 156 Grave 2 Row — Section 1 Division 11
 Book

Invoice No. Acct. No. W.O. E-15694BALANCE DUE 148.45Coupon 20421Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 5694NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

JUN 04 2001

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>98.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>98.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52624

Date: 7-5 80
From: Rayne Murray Address: 21 North 2 Ave Apt City 91950
Lonely Niece
In: part Payment of Pre-Need Trust Dollars (\$ 49.00)

Lot 156 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE 1079.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5447

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

J. Shullon

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	49 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	49 00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52743

From: Rogue Murray Address: 21 North J. Ave National City 91950
Forty Nine Dollars (\$ 49.00)
 In: part Payment of Pre-Need Trust

Lot 156 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE 1030.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5472

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77104	
60% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	49 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	49 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52852

From: Royce Murray Address: 21 North S. Ave National City Date: 9-12 .20 00
Seventy eight Dollars (\$ 98.00)
In: part Payment of Pre-Need Trust

Lot 156 Grave 2 Row _____ Section 1 Division 11
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE 932.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5499

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	98	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	98	00

OFFICIAL RECEIPT



WHITE _____ TO CUSTOMER
CANARY _____ CEMETERY
PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53034

Date: Nov - 7 - 2000From: HARVYN T. & Kazue Murray Address: 21 NORTH S. AVE. NATIONAL CITY, CA 91950NINETY eight 8/100 Dollars (\$ 98.00)In PART Payment of (Pre-Need Trust)Lot 156 Grave 2 Row — Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE \$834.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

NOV 07 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY Maria [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>98.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>98.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53126

From: Rogue Murray Address: 21 North S. Ave National City Date: 12-5 2000
Ninety eight Dollars (\$ 98.00)
 In part Payment of Pre-Need Trust

Lot 156 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694

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	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	98 00
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	98 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY

5555

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53433

MOUNT HOPE CEMETERY

(619) 527-3400

From: Kayue Murray Address: 21 North S. Ave National City Date: 3-6 2001
Realty right Dollars (\$ 98.00)
 In part Payment of Per Need Trust

Lot 156 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-15694BALANCE DUE 442.45Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	98.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	98.00

ISSUED BY

5630

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mia Simone Wallace
in a _____ Funeral, date, time THUR 5-4 11:00

Church, Chapel Graveside 3:00 Payedale 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 3073 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____ **PAID**

Opening/Closing & Setup _____ 125.00

Burial Container _____ MAY 01 2000

Handling Fees _____

Flower vases - Marker setting _____ **MT. HOPE CEMETARY**
CITY OF SAN DIEGO, CA

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 270.00

Paid receipt number VISA 270.00

Balance due 0

I hereby certify I am the Mother of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Michelle Wright
Signature
244 So. Meadowbrook Dr. #A
Address
San Diego CA 92114
City Zip Code
(619) 470-9270
Telephone

Work Order # E

15635

Invoice # _____

Acct. # _____

E-15695

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) Nia	1B. MIDDLE Simone	1C. LAST (FAMILY) Wallace	2. DATE OF BIRTH MONTH DAY YEAR 04/16/2000	3. DATE OF DEATH MONTH DAY YEAR 04/16/2000	4. SEX F
5A. CITY OF DEATH La Mesa	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michele J. Wright, Mother 344 S. Meadowbrook Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Sections 7160 of the Health and Safety Code.		8B. DATE SIGNED 05/01/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/04/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BRENDA GRANT

in a LINER Funeral, date, time THUR 5-4 1:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 60 Grave 6 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund PAID
Opening/Closing & Setup 375.00

Burial Container MAY 0.3.2000 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 14.73

**MORTUARY to
BRING check**

Total Due 1664.73

Paid receipt number R-52381 1664.73

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Signature
X Address See
X City attached
X Telephone

Zip Code

Work Order # E 15696

Invoice # _____

Acct. # _____

E 15696

E-15696

INTERNET ORDER

DATE OF ORDER

5-1-00

CAROL A. GRANT

MEMBER

THRU 5-4 1:00

WAGSDALE

60

6

3

12

995.00

375.00

190.00

145.00

43.00

14.73

1664.73

QUANTITY TO
BEING ORDERED

E-15696

E- 15696

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) Brenda		1B. MIDDLE Patricia		1C. LAST (FAMILY) Grant		2. DATE OF BIRTH MONTH DAY YEAR 04/07/1959		3. DATE OF DEATH MONTH DAY YEAR 04/27/2000		4. SEX F	
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ebony L. Grant, Daughter 6720 Dorian St. #67 San Diego, CA 92139					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5000 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 05/02/2000	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH 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 OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/03/2000 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007757			
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
<input type="checkbox"/> B. CREMATION						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT					
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY						<input type="checkbox"/> F. DISINTERMENT					
<input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> G. SHIP IN TO CALIFORNIA					
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. 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 of Shigenori Tsurudo 2:30 in a Ash Vault Funeral, date, time Sat. 5-13-00 Church, Chapel, Graveside Community 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 5092 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Prepaid E156

Additional spaces and care fund _____

Opening/Closing & Setup Prepaid E15669

Burial Container **PAID**

Handling Fees _____

Flower vases MAX 1042000 Saturday Fee 210.00

Recording and filing fee _____

Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Total Due 210.00

Paid receipt number R-52389 210.00

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 15697

Invoice # _____

Acct. # _____

E-15697

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) Shigenori	1B. MIDDLE -	1C. LAST (FAMILY) Tsurudome	2. DATE OF BIRTH MONTH DAY YEAR 02/05/1912	3. DATE OF DEATH MONTH DAY YEAR 04/30/2000	4. SEX M
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Peggy F Tsurudome - Wife 898 Beech Ave Chula Vista Ca 91911	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista, Calif 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 05/01/00		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/01/2000 B. Weldenbrand	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2007563
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, Calif 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 5-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium Inc 601-D Crane st Lake Elsinore Ca 92530	12B. DATE CREMATED 5-4-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 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 5-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of YEMANE GHEBREMICHAEL 11:00
in a Funer Funeral, date, time MON 7-31

Church, Chapel, Graveside Funer 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 61 Grave 100F Row 30 Division/Block

Grave space & Care Fund **PAID**

Additional spaces and care fund

Opening/Closing & Setting JUL 05 2000

Burial Container

Handling Fees MT. HOPE CEMETERY INTERMENT FEE 1000.00
CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

SHARON OLIVER 283-4882 Total Due 1000.00
Paid receipt number R-52629 1000.00

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Yemane Ghebremichael X Signature
X 4725 W. Powell Address
X Gresham, OR 97030 City Zip Code

Work Order # E 15698 Invoice #
Acct. #

Yemai Ghabrenichail
4725 * 211 W. Powell
Gresham Oregon 97030



THE CITY OF

SAN DIEGO

E-15698

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

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 100F Row Block 30

Division and to remove the same to and reinter said remains

in Lot Grave Section Row Block

Division Cemetery ERITREA ASMARARA AFRICA

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.

Zemai Ghebremi - Brother 4725 W. Powell

Chae Gresham,

OR 97030

[Signature]
Signature

Relation to deceased

Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)

Date



DIVERSITY
BRINGS US ALL TOGETHER

E-15698

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Yemane	1B. MIDDLE Abraha	1C. LAST (FAMILY) Ghebremichael	2. DATE OF BIRTH MONTH DAY YEAR 03/24/1949	3. DATE OF DEATH MONTH DAY YEAR 06/02/1993	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Zemul Ghebremichael, Brother 4621 Wilson #8 San Diego, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Refuel Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/10/2000			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/19/2000 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011929
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☒ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☒ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED
 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY -	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Akbrt Ezgharia Iesfamarian Zoba 3 Number 09 House Number 10 Asmeria, Erertha	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

DIP
1st Burial
LEONARD
QUIJENCIO

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 5-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AURORA QUIJENCIO

in a T.S. VAULT Funeral, date, time FRI 5-5 12:00

Church, Chapel, Graveside Greenwood Mortuary KEN BARBA

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	<u>93</u>	Grave	<u>4</u>	Row		Section	<u>1</u>	Division/Block	<u>11</u>
Grave space & Care Fund	<u>PRE-NEED D-5689</u>								<u>0</u>
Additional spaces and care fund									<u>0</u>
Opening/Closing & Setup	<u>PRE-NEED E-14940</u>								<u>0</u>
Burial Container	<u>add. for T.S. Vault</u>								<u>60.00</u>
Handling Fees	PAID <u>add. for handling fee</u>								<u>40.00</u>
Flower vases - Marker setting fee									<u>0</u>
Recording and filing fee									<u>0</u>
Sales tax	<u>add. tax for T.S. Vault</u>								<u>4.65</u>
MT. HOPE CEMETARY CITY OF SAN DIEGO								Total Due	<u>104.65</u>
								Paid receipt number	<u>R-52383 104.65</u>
								Balance due	<u>0</u>

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Ken Barba
Signature 6759 ROCKETT ST.
Address LA MESA, CA 91942
Telephone (619) 463-3566 Zip Code

Work Order # **E** 15699

Invoice # _____
Acct. # _____

E-15699

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) AUROREA	1B. MIDDLE —	1C. LAST (FAMILY) QUIJENCIO	2. DATE OF BIRTH MONTH, DAY, YEAR 12/08/1909	3. DATE OF DEATH MONTH, DAY, YEAR 05/03/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEONARD QUIJENCIO: SON 3758 "T" STREET SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
			8B. DATE SIGNED 05/04/2000		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/05/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2007883
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Richard [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON CHARGE OF DISPOSING OF THE CREMATED REMAINS.