MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-29-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KENNETH R. FLOURNOY

in a LINER (Type of Burial Container) Funeral, date, time FRI 9-1 1:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

Lot 98 Grave 10 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-52807	1664.73
Balance due	0

PAID
AUG 29 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr

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

X Lorraine Flournoy
Signature

X 1846 Winnett St
Address

X San Diego Calif 92114
City Zip Code

X
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E-15900

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of $ 150 00 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 of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 15900

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CASHIER'S CHECK CUSTOMER RECEIPT

02015 EUCLID AND FEDERAL

(OFFICE OF ISSUE) 095 19750

E-15900

7099975

REMITTER: LEVERNE FLOURNOY

DATE: AUGUST 29, 2000

PAYEE NAME ****MT. HOPE CEMENTARY**********

$*******1,664.73**

$1664DLS AND 73CTS

UNION BANK OF CALIFORNIA

UNION BANK OF CALIFORNIA, N.A.
SAN FRANCISCO, CALIFORNIA
800-238-4486

FORM 00247 (Rev. 3/2000)

Leverne Flournoy
1816 Winnett St
619.264-5861

NON-NEGOTIABLE

(AUTHORIZED SIGNATURE)

Leverne Flournoy

E-15900

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 35

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kenneth	Ray	Flournoy	12/15/1964	08/25/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Leverne Flournoy, Mother 1816 Winnett St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	08/30/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/2000 [signature]	2014352 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-1-00	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 REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMUEL S. ROMERO

In a LINER (Type of Burial Container) Funeral, date, time SAT 9-2 11:00

Church, Chapel, Graveside : GREENWOOD Mortuary.

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

Lot 3441 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED LOT	Ø
Additional space and care fund	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling	Ø
Flower vases – Marker setting fee SATURDAY OVERTIME	600.00
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	600.00
Paid receipt number R-52813	600.00
Balance due	Ø

PAID
AUG 31 2000
MT. HOPE CEMETAR
CITY OF SAN DIEGO

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.

X Ignacio Romero
Signature

X 11122 Accra Ln.
Address

X San Diego Ca. 92131
City Zip Code

X 858-566-2599
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 15901

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15901

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMUEL	SOLIS	ROMERO	12/07/1927	08/29/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	IGNACIO ROMERO -- BROTHER 11122 ACCRA LANE SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD--843	▶ Victoria Meza	09/01/2000

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 09/01/2000	▶ 2014429

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-2-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 8-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ammon L Martin 1:00 TUES

in a T.S. Vault (Type of Burial Container) Funeral, date, time ~~11:00~~ 9-5-00

~~Church, Chapel~~ Graveside ;) Roosdale Mortuary.

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

will be applied and billed to undersigned. Ammon L. Jenkins

Lot 73 Grave 1 Row — Section 2 Division 12

Grave space & Care Fund	895-
Additional spaces and care fund	
Opening/Closing & Setup	375-
Burial Container	250-
Handling Fees	45-
Flower vases – Marker setting fee	
Recording and filing fee	185-
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-52815	
Balance due	Ø

PAID

AUG 31 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the ~~X mother~~ 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 Frank Martin (Signature)
X 6659 Harning Street (Address)
X San Diego, CA 92111 (Zip Code)
X (858) 277-1808 (Telephone)

Invoice #

Work Order # E 15902

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15902

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ammon	Louise	Martin	09/02/1907	08/28/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Frank C. Martin, Husband 6659 Manning St. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Patricia Tinsley	09/01/2000

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/01/2000 P Tinsley	2014444 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-5-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

7 NO.
14 " W
34 " L

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NAAIL GAI PA 20010245

in a _____ (Type of Burial Container) Funeral, date, time FRI 9-1 9:00

Church, Chapel, Graveside DELIVERY ONLY ; FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 111 Grave BETWEEN 3 & 6 Row _____ Section I00 F [redacted] Block 43

Grave space & Care Fund	90.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
Paid receipt number	
Balance due	

PAID 9-29-00

Marco De La Torre

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 # 335917

Work Order # E 15903

Acct. # 000953

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

9-5-00

E-15 903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

7 Month

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Nhail	Jail	Gai	01/21/2000	08/26/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Nyadeng Gai, mother 5222 Trojan Ave. #313 SanDiego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083		08/31/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/2000 C.Maggard	2014348

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-1-00	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 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.

108.00

BLOCK 43

42 43 44 45 46 47 48 49 50 51

GREENWOOD CEMETERY
MT. HOPE CEMETERY

110.00

107 108 109 110 111

110.00

BLOCK 43

64 65 66 67 68 69 70 71 72 73

ok per
vaud
merkley mitchell
ok per P.A.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VENANCIA MEZA PA20001696

in a Double Depth (Type of Burial Container) Funeral, date, time WED 7/19/00 1:30

~~Church, Chapel, Graveside~~ DELIVERY : MERKLEY-Mitchell 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 3 Grave 3B 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	

PAID 9-15-00

PA MARK DELATOBA (858) 694-3503

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 # 334249

Acct. # 000952

Work Order # E 15904

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

7-25-00

E-15 904

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 82

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VENANCIA	-	MEZA	04/01/1918	07/02/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	MARCO de la TOBA-PUBLIC ADMINISTRAT. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victoria A Mitchell	07/12/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/12/2000	2011516 V.I.MITCHELL ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 7-19-00	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 REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Priest, Albert R.

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 22 Grave 63 Row — Section MAS Division/Block L

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	375 x 2	750-
Burial Container		380-
Handling Fees		320-
Flower vases – Marker Setting Fee		
Recording and filing fee	45 x 2	90-
Sales taxes		29.95
	Total Due	1569.45
	Paid receipt number R-52805	1569.45
	Balance due	0

PAID

AUG 28 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

A R Priest Jr
Signature

10771 Black Mountain Rd.
Address

San Diego CA 92126
City Zip Code

(858) 566-7058
Telephone

Invoice # _____

Work Order # E 15905 -

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-00

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

in a Double Depth (Type of Burial Container) Funeral, date, time Wed 9-6 12:00

Church, Chapel, Graveside Featherngill 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 43 Grave 4 Row Section MAS Division/~~Block~~ O

Grave space & Care Fund ..... Pre-Need ..... -0-

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1149.45

Paid receipt number R-52814 1149.45

Balance due -0-

PAID

AUG 31 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

X Signature

X 9314 PIKE RD Address

X SANTEE City 92071 Zip Code

X 562-9398 Telephone

Invoice #

Work Order # E 15906

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15906

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Don	W.	Nelson, Sr.	01/23/1933	08/29/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Donald W. Nelson, Jr., son 9314 Pike Rd. Santee, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Hatheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	▶	08/31/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/2000	2014332 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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego,CA92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3851 Market St. San Diego, CA 92102	11B. DATE BURIED 1-6-00	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 9-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUGENE HORN BRIDEN

in a T.S. VAULT Funeral, date, time TUES 9-5 11:30 10:00

Type of Burial Container

Church Chapel Graveside 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 776 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund PRE-NEED D-9090 0

Additional spaces and care fund _____

Opening/Closing & Setup D-9207 0

Burial Container 1978 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

See attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 15907

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E15907

E-15907

INTERNATIONAL HOUSE

Power vases – Marker settings

Recording and filing fee

Sales taxes

Total due

Paid receipt number

Balance due

E_15907

E-15967

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMOGENE	LUCILLE	BRIDEN	02/03/1923	08/31/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JEAN ROTH - DAUGHTER 1226 TOBIAS DR CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Paul Ta Valli Ta	09/01/2000

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/01/2000 P Valentine	2014450 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 1 S 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 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.

Jack, D

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-00

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

in a ash Vault (Type of Burial Container) Funeral, date, time MON 9-25 AYD

Church, Chapel, Graveside _____ ; FEATHERINGILL PAVL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3429 Grave _____ Row _____ Section _____ Division/Block ID

Grave space & Care Fund	Pre-Need C-5618	0
Additional spaces and care fund	Pre Need E-13583	—
Opening/Closing & Setup	1997 " "	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		0
Recording and filing fee	" "	0
Sales taxes	" "	0
	Total Due	Ø
	Paid receipt number	
	Balance due	

Into grave of Jack Stone

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 15908

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15 908

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Katherine	Geraldine	Stone	11/19/1922	08/31/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Stephen M. Stone, Son 6664 Danville Ave. San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD 1083	▶	09/02/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	09/01/2000 T.Truesdale	2014439 ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222, San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 9-6-00	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 OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-00

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

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 231 Grave 1 Row _____ Section GAR Division/Block 2

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number 52821	874.38
Balance due	Ø

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 Evelyn L. Lundy
Signature

X 2620 SECOND AVE 11-B
Address

X SAN DIEGO CA 92103
City Zip Code

X 619-299-3417
Telephone

Invoice # _____

Work Order # E 15909

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

D. I. P.

ROBERT [redacted] DALE

[redacted]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN DRYSDALE 9-13-00

In a LINER (Type of Burial Container) Funeral, date, time WED 9-~~20~~ 9:00

Church, Chapel, Graveside Delivery Only: 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 80 Grave 12 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	PRE-NEED D-5372	~~0~~
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED D-6592	0
Burial Container	" 1976 "	~~0~~
Handling Fees	" "	~~0~~
Flower vases – Marker setting fee		
Recording and filing fee	" "	~~0~~
Sales taxes	" "	~~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 recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 15910

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15910

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
HELEN	IRENE	DRYSDALE	08/06/1923	09/03/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NANCY 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	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7357 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	[signature]	09/12/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	GENE K. CONERY 09/12/2000	2015001

A[illegible]NGE IN DISPOSI[illegible] REQUIRES A NEW [illegible] TO SHOW FINAL [illegible]SPOSITION.

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-13-00	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 REMAINS DISPOSER —IF APPLICABLE

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

D. I. P

1st BURIAL WAS CLAUDE SMITH

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-00

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

In a LINER (Type of Burial Container) Funeral, date, time THUR 9-7 1:00

Church, Chapel, Graveside ; RAGSDALE SKIPPER Mortuary.

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

Lot 720 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ..... PRE-NEED D-7492	-0-
Additional spaces and care fund ..... PAID	—
Opening/Closing & Setup	375.00
Burial Container ..... SEP 06 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-52829	769.73
Balance due	-0-

MORTUARY TO BRING check TODAY

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 15911

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15911

E-15911

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 88

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lottie	Ardilia	Smith 01	01/21/1912	08/31/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Thomas Phillips, Nephew 2040 Braeburn Rd. Altadena, CA 91001

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Vikki Tinsley	09/04/2000

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/06/2000	2014580 T. Tinsley ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 9-7-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Grave of Dorothy Turner

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-00

(P.)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK B. TURNER

in a _____ Funeral, date, time MON 11-13 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 179 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	PRE-NEED E-1026 1980	0
Additional spaces and care fund	" "	
Opening/Closing & Setup		0
Burial Container		
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 Stuart M. Phister
Signature

X 6814 N. Del Rey
Address

X Clovis, Ca. 93611
City Zip Code

X (559) 299-6416
Telephone

Invoice # _____

Work Order # E 15912

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15912

age (83) 99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACK	PITTARD	TURNER	07/08/1917	09/02/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FRESNO	FRESNO	STUART M. PHISTER (NEPHEW) 6814 N. DEL REY CLOVIS, CA 93611

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EVERGREEN CREMATION SERVICE OF CALIFORNIA 1021 T. STREET, FRESNO, CA 93721	FD1561	▶ Ellen Miller	09/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/05/2000 M. RABARA	▶ 96882

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 11800, FRESNO, CA 93775	P.O. BOX 85222, SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY BELMONT MEMORIAL PARK FRESNO, CA	12B. DATE CREMATED 9-7-2000	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-00

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

in a T. S. VAULT (Type of Burial Container) Funeral, date, time TUES 9-12 9:00

Church, Chapel, Graveside ; GREENWOOD FELICIA 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 R.C.

Lot 139 Grave 10 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Pre-Need E-15245	0
Additional spaces and care fund	10-23-00 1997	
Opening/Closing & Setup	" "	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee	SEP 11 2000	
Recording and filing fee		0
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO	0
	Total Due	0

PAID

Paid receipt number ____

Balance due ____

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

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

Signature of recorded holder of deed

X [signature] Signature

X 3953 San Martine Way Address

X San Diego CA 92130 City Zip Code

X 858-481-2855 Telephone

Invoice # ____

Work Order # E 15913

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15913

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YEE	LAI	LAM	11/01/1920	09/06/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUTH CHANG - DAUGHTER 3953 SAN MARTINE WAY SAN DIEGO, CA 92130

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ [signature]	09/11/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 09/11/2000	2014919 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-12-00	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 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 9-8-00

ELVIRA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Elivera~~ TAN SIMS

in a Double Crypt (Type of Burial Container) -1st Burial Funeral, date, time TUE 9-12 11:00

Church Chapel Graveside ; Rosedale 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 Otto Sims Jr.

Lot 133 Grave 2 Row ____ Section 1 Division/Block 11.

Grave space & Care Fund	895-
Additional spaces and care fund	—
Opening/Closing & Setup 375 & 2	750-
Burial Container	380-
Handling Fees	320-
Flower vases	—
Recording and filing fee 95 & 2	90-
Sales taxes	29.45
Total Due	$2464.45
Paid receipt number R-52848	2464.45
Balance due	-0-

PAID
SEP 11 2000
MT HOPE CEMETARY
CITY OF SAN DIEGO

Mortuary to bring check

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 Otto Sims Jr.
Signature

X 1388 WYSTONE DR.
Address

X SAN DIEGO CA 92113
City Zip Code

X (619) 262-4361
Telephone

Invoice # ____

Work Order # E 15914

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15914

E15914

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Found 62

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Elvira	Tan	Sims	03/15/1938	09/04/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Otto Sims, Jr., Husband 1388 Wystone Dr. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	FD-1329	Marcelle Tinsley	09/08/2000

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/2000	2014808 M Linsley

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jameson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-8-00

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

in a liner (Type of Burial Container) Funeral, date, time MON 9-11 10:00

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 $ _____

will be applied and billed to undersigned. _____

Lot 149 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
Total Due	1664.73
Paid receipt number VISA	1664.73
Balance due	0

PAID
SEP 11 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

JAY SMITH

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

_____
Signature of recorded holder of deed

X _____ Signature

X 10880 NORTHWIND AVE Address

X SAN DIEGO 92126 City Zip Code

X 858 695 0386 Telephone

Invoice # _____

Work Order # E 15915

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND 78 [redacted]

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4
GEORGE	OWEN	LUCKIE JR	06/25/1922	09/06/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIAN SMITH - FRIEND 4571 CONTOUR BLVD SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ [illegible]	09/08/2000

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

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/2000 P Valentine	2014813 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCA[redacted] (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 1-11-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURI[redacted] ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-8-00

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI 9-15 10:30

Church, Chapel Graveside ; Beardsley Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

Lot 31 Grave 1 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need D-6112	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-52842	874.38
Balance due	0

PAID
SEP 1 1 2000
MT HOPE CEMETARY
CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

X Marjorie A. Justice
Signature
X 3305 MACAULAY ST.
Address
X SAN DIEGO, CA 92106
City Zip Code
X (619) 223-3347
Telephone

Invoice # _____

Work Order # E 15916

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	-	JUSTICE	01/24/1916	09/08/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARJORIE A. JUSTICE - DAUGHTER 3305 MACAULAY STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107	FD-816	▶ [signature]	09/13/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/14/2000 TC MITCHELL	2015112 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-15-00	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 ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 OR[redacted]

City of [redacted]

Date 9-8-00

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

in a LINER (Type of Burial Container) Funeral, date, time WED 9-13 1:00

Church Chapel Graveside ; S.D. 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 85 Grave 2 Row Section 1 Division/Block 12

PAID

SEP 11 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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-52819	1664.73
Balance due	0

~~MORTUARY~~ to ~~BRING CHECK~~

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

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

Signature of recorded holder of deed

X Signature

X Address See attached

X City Zip Code

X Telephone

Invoice #

Work Order # E 15917

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15 9/7

INTERMENT ORDER

9-8-00

JOYCE [illegible]

LINER

WED 9-13 1:00

S.D. MEMORIAL

[illegible] 150.00

85 2 1 12

Grave space & Care Fund	845.00
Endowment Species 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

MORTUARY TO BRING CHECK

Paid receipt number

Balance due

I hereby certify I am the X of the above named decedent and this is your authority [illegible] and represent [illegible] Cemetery harmless from [illegible]

[illegible]

E 1500

E-15917

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOYCE	MARIE	MCBRIDE	08/30/1950	09/01/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOLORES LE DAY - COUSIN 3111 K ST. SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 3441 UNIVERSITY AVE. SAN DIEGO, CA (2104	FD-1575	▶ [signature]	09/11/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	09/11/2000 J. JOHNSON	▶ 2014901

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-13-00	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 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 Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-00

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

in a LINER (Type of Burial Container) Funeral, date, time 8:30 Pri. Sep-15

Church, Chapel, Graveside ; Pagsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2705 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7284	Ø
Additional spaces and care fund ..... Pre-Need Lot + Trust 1969	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
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 1 AUTERY PORTER JR. hold under deed.

X [signature] Signature

X 11491 SMITHERS CT. Address

X S.D. 92126 City Zip Code

X (858) 5783332 Telephone

(619) 2469333 CELL

Signature of recorded holder of deed

Invoice # _____

Work Order # E 15918

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15918

E-15 918

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Clemitine	-	Porter	12/25/1916	09/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Autery Porter, Jr., Son 11491 Smithers Ct. San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	09/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/14/2000 [signature]	▶ 2015171

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-15-00	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 ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-11-00

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

In a T-S vault (Type of Burial Container) Funeral, date, time THUR. 9-14 2:00

Church, Chapel, Graveside ERICKSON ANDERSON JOHN Mortuary.

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

Lot 954 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... Pre-Need C-3928 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 250

Handling Fees 185

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number P-52858 0

Balance due _____

PAID

SEP 1 / 2000

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X L. Joyce Jones
Signature

X 1598 Delight St.
Address

X El Cajon Ca 92021
City Zip Code

X 619-447 9126
Telephone

Invoice # _____

Work Order # E 15919

Acct. # _____

104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15919

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

87

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCILLE	AMA	TANK	02/11/1913	09/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	L. JOYCE TANK - DAUGHTER 1598 DELIGHT ST EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE, LA MESA, CA 91941	FD-296	▶ Paulette Valentine	09/12/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/12/2000 P Valentine	2014976 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 1-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURI[illegible] ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

James Turner

D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-00

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Fri 9/15/00 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 2 Grave 9 Row ____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need	Ø
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-52887	874.38
Balance due	Ø

PAID
SEP 19 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

~~MORTUARY TO BRING CHECK~~

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

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

Signature of recorded holder of deed

X Cassandra Archie
Signature

X 857 Rupert St
Address

X San Diego 92114
City Zip Code

X 619-263-8714
Telephone

Invoice # ____

Work Order # E 15920

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15 920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cassandra	Hicks	Turner	05/19/1930	09/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Cassandra J. Archie, Daughter 857 Leppert St. San Diego, CA992144

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Williams	09/12/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/14/2000	2015128

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-11-00

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

in a LINER (Type of Burial Container) Funeral, date, time THUR 9-14 11:30

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 58 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need E-15717 5-17-00	0
Additional spaces and care fund	
Opening/Closing & Setup ..... interfund transfer 10-31-00	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

See attached

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15921

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 5921

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Helen	B.	Alter	08/15/1911	09/10/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Irene Prentice, PAS 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. SanDiego, CA	FD 1424	▶ John Mayer	09/12/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/12/2000 John Mayer	201499 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

[redacted]

ne

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-00

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

in a LINER Funeral, date, time THUR 9-14 11:30

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 58 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Fund E-15717	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	
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

PUBLIC ADMINISTRATOR/GUARDIAN
PERSON & ESTATE OF HELEN ALTER
By [signature] Deputy
9-12-00
Public Administrator
Public Guardian
5201-A Ruffin Road
San Diego, California 92123

Invoice

Work Order # E 15921

Acct. # _____

REA-104 (7-88)

This information is available in alternative formats upon request.

Printed on recycled paper

Irene

E-15 921

R-524 54

INTERMENT ORDER

Date 9 [illegible]

Helen [illegible]

Lines

Thank [illegible]

Mayer

Lot 58 Grave 3 Row Section 1 Division Grave 12

Grave Space & Care Fund Pre-Paid E-15717 0

Additional spaces and care fund

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Marker Fees

Marker Fees

E 15591

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kim H. LEN

In a LINER (Type of Burial Container) Funeral, date, time SAT 9/16/00 1:00

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 245 Grave 10 Row Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
SATURDAY OT RATE	
~~Flower vases - Marker setting fee~~	600.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number #52871	2264.73
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 15922

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E15922

E15 922

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIM	HANG	LEN	01/01/1950	09/07/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MOEUN MIN-HUSBAND 420 ROBINSON AVENUE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [illegible]	09/13/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/13/2000 M.MITCHELL	▶ 2015090

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-16-00	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 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 9-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kim H. LEN

in a LINER (Type of Burial Container) Funeral, date, time SAT 9/16/00 1:00

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 245 Grave 10 Row Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	325.00
Burial Container	190.00
Handling Fees	145.00
SATURDAY OT RATE	600.00
~~Flower vases - Marker setting fee~~	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number	
Balance due	0

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

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

Signature of recorded header of deed

X [illegible]
Signature

X 420 Robinson Ave.
Address

X San Diego, CA
City Zip Code

X
Telephone #

Invoice #

Work Order # E 15922

Acct. #

REA-104 (7-94)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TERESA T. AQUI

in a liner (Type of Burial Container) Funeral, date, time FRI 9-15 9:30

Church, Chapel, Graveside ; Bayview Crematory 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 145 Grave 3 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-52857	1664.73
Balance due	0

PAID

SEP 12 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

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

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

MARIA VERONICA A. SO
Signature of recorded holder of deed

X Signature

X 4669 CLAIREMONT MESA BLVD.
Address

X SAN DIEGO CA. 92117
City Zip Code

X 858 - 581 - 3798
Telephone

Invoice #

Work Order # E 15923

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15923

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

68

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
TERESA	T.	AQUI	09/12/1932	09/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	MARIO S. AQUI - SON 4569 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶ [signature]	09/13/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/13/2000 E. DOUGIELLO	2015106 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-15-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN J. CANADIEN

in a LINER (Type of Burial Container) Funeral, date, time ~~MON 9-18~~ TUES 9-19 10:00

Church, Chapel, Graveside DELIVERY ONLY: MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 156 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	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R- 52881	1664.73
Balance due	0

PAID

SEP 15 2000

MT. HOPE CEMETAR
CITY OF SAN DIEGO

MORTUARY TO BRING CHECK

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 15924

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15924

E-15924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
John	J.	Canadien	04/23/1910	09/02/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Darnell Price, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2858 Adams Av. San Diego, CA	FD 1424	▶ John Mayer	09/11/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/12/2000 John Mayer	2014931 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1 1 00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-15924

DARNELL
PRICE

INTERMENT ORDER

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Electric Vault - Mortar setting fee	—
Recording and filing fee	45.00
Sales tax	[illegible]

MUST WAIT TO
BRING CHECK

E 15924

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-00

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time MON 9-18 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 $ _____

will be applied and billed to undersigned. _____

Lot 85 Grave 5 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 R-52876	1769.38
Balance due	0

PAID

SEP 14 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

~~Mortuary to bring check~~

I hereby certify I am the Brother 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.

Norfleet Lynch
Signature

3063 Little St
Address

San Diego 92102
City Zip Code

(619) 264-3357
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 15925

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E. 15 905

E-15925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 74

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elzora	-	Smith	12/20/1925	09/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Norfleet Lynch, Brother-In-Law 3263 Gillette St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	09/14/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/14/2000	2015166 ▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-18-00	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 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 9-13-00

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

in a LINER (Type of Burial Container) Funeral, date, time THUR 9-14

Church, Chapel, Graveside _____ : FEATHERING (Steve) Mortuary.

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

will be applied and billed to undersigned. _____

Lot 74 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund E-1562 Pre-Need	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	
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 see attached

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15926

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 15926

INTERMENT ORDER

Bonafi Container	0
Handling fees	0
Flower vases - Marker setting fee	
Recording and filing fee	0
Sales taxes	
Total Due	0
Paid (receipt number)	
Balance due	

The any family - and the X DAUGHTER of the above named decedent and [illegible] is your author [illegible] Cemetery [illegible]

E-15925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 87

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	Charles	Schmith	05/21/1913	09/12/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Mary Jo Grubbs, daughter 3955 El Canto Dr. Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD 1083	▶ R Tsdale	09/13/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	09/13/2000 T.Truesdale	2015051 ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
92186-5222 PO BOX 85222, San Diego, CA	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St., San DIego, CA 92102	11B. DATE BURIED 9-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURI[illegible] ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

16
chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-00

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

in a T.S. (Type of Burial Container) Funeral, date, time FRI 9-15 10:30

Church, Chapel, Graveside ; BEARDSLEY MITCHELL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 31 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre-Need ~~0~~
Additional spaces and care fund	PAID
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-52867	874.38
Balance due	~~0~~

SEP 13 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X Marjorie A. Justice
Signature

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

_____
Signature of recorded holder of deed

X 3305 MACAULAY ST.
Address

X SAN DIEGO, CA 92106
City Zip Code

X (619) 223-3347
Telephone

Invoice # _____

Work Order # E 15927

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15927

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARJORIE	M.	JUSTICE	05/03/1911	09/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARJORIE A. JUSTICE - DAUGHTER 3305 MACAULAY STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107	FD-816	▶ [signature]	09/14/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/15/2000	2015196 TC MITCHELL ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-15-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-14-00

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

in a Double Depth (Type of Burial Container) Funeral, date, time Sat. 9-16 11:00

Church, Chapel, Graveside ; Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 37 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	380.00
Handling Fees	320.00
Flower vases – Marker setting fee Saturday overtime	600.00
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2644.45
Paid receipt number R-52873	2044.45
R-52877 Balance due	600.00

PAID
SEP 14 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

~~mortuary to bring check for 600.00~~

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 Doris Ruth Watts
Signature
X 7235 Datwood Lane
Address
X San Diego 92114
City Zip Code
X 619-479-0587
Telephone

Invoice # _____

Work Order # E 15928

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15928

E 15928

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

65

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	[redacted]
Thomas	Harwood	Watts	01/12/1935	09/12/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Doris R. Watts, Wife 7235 Gatewood Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	09/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/14/2000	2015168 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-16-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim 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 ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE [redacted]

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-00

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

in a DOUBLE DEPTH Funeral, date, time MON 9-18 1:30

Type of Burial Container

Church, Chapel, Graveside ; MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 35 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
Total Due	2044.45
Paid receipt number R-52880	2044.45
Balance due	-0-

PAID

SEP 15 2000

MT. HOPE CEMETAR
CITY OF SAN DIEGO

MORTUARY to BRING check

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 15929

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15929

E-15929

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

44

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Biejek	Shordieng	01/01/1956	09/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Peter Lual, Husband 5111 Orange Ave. #6 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. SAn Diego, CA	FD 1424	▶ John Mayer	09/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/15/2000 John Mayer	2015262 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-18 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 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.

15929

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-00

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

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time MON 9-18 1:30

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 35 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
Total Due	2044.45

MORTUARY to BRING check

Paid receipt number _____

Balance due _____

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 [signature]
Signature

X 5111 ORANGE AVE #6
Address

X SAN DIEGO
City Zip Code

X CA 92115 619 281-5832
Telephone

Invoice # _____

Work Order # E 15929

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-00

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

in a T. S. VAULT (Type of Burial Container) Funeral, date, time MON 9-18 12:00

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. X [signature]

Lot 42 Grave 2 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-52879	1769.38
Balance due	-0-

PAID

SEP 15 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

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.

X Darrell Jones
Signature

X 7731 Gribble St.
Address

X San Diego, CA 92114
City Zip Code

X (619) 479-7082
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 15930

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 15930

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 30

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GENA	LYNN	JOHNSON	09/14/1969	09/13/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DARRELL LEWIS - BROTHER 7731 GRIBBLE STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶	09/15/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/15/2000 M. SHIROMA	2015256 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-19 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 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 9-15-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSEILEE MANNING ~~WED 9-20~~

in a LINER (Type of Burial Container) Funeral, date, time 12:00

Church, Chapel, Graveside ~~Sunday Only~~ : 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 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container NEEDY FAMILY / DONATED USED LINER	—
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	1460.00

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

X Latima Warren
Signature

X 3778 Warren
Address

X San Diego CA 92116
City Zip Code

X 501-4827
Telephone

Invoice # _____

Work Order # E 15931

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

D.I.P.
John Jordan

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-00

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

in a LINER (Type of Burial Container) Funeral, date, time WED 9-20 10:00

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 85 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need D-6489 ~~0~~

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 fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52882 769.73

Balance due ~~0~~

SEP 18 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X Arlene J. Rousey
Signature
X 2222 Boundary Street
Address
X S.D. CA 92104
City Zip Code
(619) 584-8270
Telephone

Invoice # _____

Work Order # E 15932

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15932

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FELICITAS	CABARDO	JORDAN	07/10/1924	09/16/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Allan M. Jordan - Son 2222 Boundary Street San Diego CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	Judith King	09/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/19/2000 J.E. King	2015389

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED San Diego CA 92102 9-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anita P. Orid

in a Liner (Type of Burial Container) Funeral, date, time Fri 22-00 - 10:00

Church, Chapel, Graveside Greenwood Mortuary.

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

Lot 4994 Grave Row Section Division/Block 10

Grave space & Care Fund pre need C-9573 —

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 14.23

Total Due 769.23

Paid receipt number R-52883 769.73

Balance due 0

PAID

SEP 18 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Mother 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.

Lillian Orid
Signature

4025 N. Bonita St.
Address

Spring Valley 91977
City Zip Code

(619) 460-7015
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15933

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOREEN CAMPBELL PA20010269

in a LINER (Type of Burial Container) Funeral, date, time THUR 9-21 11:00

Church, Chapel, Graveside Delivery ; CALIF. FUNERAL ALTERNATIVES Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4 Grave 2B 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	

PAID 10-30-00

DARNELL Pride (858) 694-3507

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 # 336851

Work Order # E 15934

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

9-22-00

CITY OF SAN DIEGO, CALIFORNIA

GOVERNMENT AGENCY INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: C336851

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289,
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 RUFFIN ROAD A
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE: 10-30-00
BY: CA (CK) IF ED
PAYMENT REF NO: _____
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/22/00	10/22/00	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-15934
DEPT: MT. HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DOREEN CAMPBELL PA#20010269	
LOT 4 GR 2B DIVISION 13	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

RETURN WITH PAYMENT

INV NO. 336851

E-15,934

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Doreen	Maud	Campbell	02/06/1921	09/05/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Darnell Price, PA 5201A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person listed on permit	8B. DATE SIGNED
California Funeral Alternatives 1020 E. Pennsylvania Ave, Escondido, CA 92025	FD1624	▶ Marcia Jungas	09/18/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	09/19/2000 M. Jungas	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-21-00	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 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-1593

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANITA	PALACIOS	ORIOL	11/23/1912	09/15/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LILLIAN ORIOL - DAUGHTER-IN-LAW 4025 NORTH BONITA STREET SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	09/21/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 09/21/2000	2015520 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED / / 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 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 Sep-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daisy Blaye Bopah 9-29

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

Church, Chapel, Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. DBM

Lot 59 Grave 5 Row – Section 1 Division/Block 12

Grave space & Care Fund	895
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	$ 1769.38
Paid receipt number R-52884	1769.38
Balance due	0

PAID

SEP 18 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

Signature

Address 8253 Loma View Ct

City Spring Valley, CA Zip Code 91977

Telephone 619-475-1313

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15935

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Daisy	Blaye	Bopah	09/02/1933	09/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Seattle	Washington	Daniel B. Menyon, Son 8253 Loma View Ct. Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Kagedale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD1329	▶	09/28/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$7.00	09/28/2000	▶ 2015925

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-29-00	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	16C. 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.

UNDER 20 weeks
Letter fr[illegible]ctor.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-00

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

in a _____ Funeral, date, time WED 9-20 12:00

Type of Burial Container

Church, Chapel Graveside GUADALUPANA Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1632 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-52888	270.00
Balance due	0

PAID

SEP 19 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

MORTUARY to BRING check

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15936

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15936

Scripps Mercy Hospital
4077 Fifth Avenue
San Diego, CA 92103-2180
Tel 619-294-8111

E- 15936

Scripps

9-19-2000

To: Guadalupana Mortuary

This is to verify that Maria Torres. had an intrauterine fetal demise of a female infant on 9-14-2000. The fetus was 19 3/7 weeks in gestation with a weight of 289 grams.

L.D. FUGGINSER, F.A.C.O.G.

Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Walter Bartlett

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 45 Grave 4 - 6 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... To: _____

Handling Fees ..... Eleanor R. Pio _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... & Bartlett ? _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

Signature See

Address attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 15937

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E15 931

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

QUITCLAIM DEED

In consideration of WALTER E. BARTLETT (DECEASED) DAUGHTER ELEANOR PIO

I/We _____

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to ELEANOR K. PIO (BARTLETT)

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 45 *Grave* 4-6 *Row* ____ *Section* 4 *Division/Block* 6

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 14 *day of* Sept ~~19~~ 2000

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

_____

_____

_____

_____

_____

Witnesses

_____

DIVERSITY
BRINGS US ALL TOGETHER

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANAYAH C. NEELEY

in a _____ Funeral, date, time FRI 9-22 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : HUMPHREY DAN Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. Keshona M. McMillan

Lot 1053 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number VISA	270.00
Balance due	-0-

PAID

SEP 20 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X Keshona McMillan
Signature

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

X 3111 Meade Ave Apt 40
Address

X SAN Diego CA, 92116
City Zip Code

X (619) 501-4654
Telephone

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 15938

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E.L 5931

430132215926740
MT HOPE CEMETARY-CITY
3751 MARKET STREET
SAN DIEGO, CA 921024527
619-527-3400

09/19/00 12:31:13 1

MAIL/PHONE

ACCOUNT NUMBER	EXP.
4160240000205716	0603

TRAN CODE	AUTH.	REF #
22	012365	001001

AMOUNT $ 270.00

DESC Interment of Lenayah Neeley

X Phone Order

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

E- 15938

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANAYAH	CHENAI	NEELEY	09/09/2000	09/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Keshona M. McMillan - Mother 3111 Meade Avenue, Apt.8 San Diego CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	Judith King	09/20/2000

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/21/2000	George R Florence

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 9-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
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.

38 L
16 W

Lavera Cadd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9.19.00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Faustino Espinosa

in a _____ Funeral, date, time Thrs 21 1:30

Type of Burial Container

Church [redacted] graveside _____ ; Guadalupana Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2001 Grave _____ Row _____ Section 1 Division 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	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-52893	270.00
Balance due	0

PAID
SEP 20 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 15939

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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15939

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	FAUSTINO	ESPINOZA	07/11/1999	09/17/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DENISE DELGADO-MOTHER 657 17th. ST. SAN DIEGO,M CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA 92102	FD-1425	▶ L. Lizarraga	09/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	L.LIZARRAGA 09/20/2000	2015421 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Into grave of Mildred Y[illegible]ey and Thomas Starkey

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-00

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

in a ASH VAULT 8"x14" (Type of Burial Container) Funeral, date, time TUES 9-26 10:00

Church Chapel Graveside : EL CAJON ELMER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3 Grave _____ Row _____ Section IOOF ~~Division~~/Block 46

Grave space & Care Fund ..... Pre-Need	A-2445
Additional spaces and care fund	—
Opening/Closing & Setup ..... PAID	105.00
Burial Container	55.00
Handling Fees ..... SEP 21 2000	60.00
Flower vases – Marker setting ..... MT. HOPE CEMETARY	—
Recording and filing ..... CITY OF SAN DIEGO	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-52895	269.26
Balance due	0

Julia Pavao

Julia Sister

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

X Julia S Pavao
Signature

X PO Box 1164
Address

X El Cajon Ca 92022
City Zip Code

X 619-579-0397
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 15940

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15940

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

82

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VIRGINIA	MAE	HAMLET	01/03/1918	09/16/2000	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
JULIA S PAVAO-SISTER
P O BOX 1164
EL CAJON CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
EL CAJON MORTUARY
684 S MOLLISON AVE/EL CAJON, CA 92020

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-1022

8A. SIGNATURE OF APPLICANT—Person taking permit: Jackie Kozica

8B. DATE SIGNED: 09/20/2000

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 09/20/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2015430 JACKIE KOZICA

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
—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102	11B. DATE BURIED 9-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC 601-D CRANE ST/LAKE ELSINORE, CA 92530	12B. DATE CREMATED 9-22-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Luis Flores
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 9-19-00

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

In a LINER (Type of Burial Container) Funeral, date, time Fri 9-22 1:00

Church, Chapel, Graveside ; Rayedale Mortuary.

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

Lot 89 Grave 4 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund PAID	
Opening/Closing & Setup 8-7-01	375.00
Burial Container 1589.73 - Victims of crime program	190.00
Handling Fees	145.00
Flower vases – Marker setting fee + 75.00 - Margaret Lawson	—
Recording and filing fee	45.00
Sales taxes 1664.73	14.73
Total Due	1664.73
Paid receipt number	
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

X Margaret D. Lawson
Signature

X 1431 Palm View Crt
Address

X National City 91950
City Zip Code

X (619) 336-1214
Telephone

Invoice # 339959

Work Order # E 15941

Acct. # 104258

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-1 5941

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

23

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Maleeke	-	Lawson	10/03/1976	09/15/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Margaret Lawson, Mother 1431 Palm View Cg. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Andersum-Kagsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Kathleen William	09/21/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/21/2000 Kathleen William	2015547

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-15 941

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. _____

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-7-01

PAID BY (CIRCLE ONE): CA CR NP

PAYMENT REFERENCE NUMBER # 61-602697

AMOUNT PAID 1589.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME MARGARET LAWSON

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS State of Calif.
Victims of Crime
Program

REMARKS E-15941
072
J. Shuhlin

CASHIER _____ INV. NO. 339959

TR-1861 (3-82)

STATE OF CALIFORNIA

WARRANT NUMBER 61-602697

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0214 FUND NAME RESTITUTION FUND

IDENTIFICATION NO. 616571 E 15941 8700 MO. 08 DAY 07 YR. 2001 90-1342/1211 61602697

DOLLARS $ ****1589 CENTS .73

TO CITY OF SAN DIEG DBA MOUNT HOP
3751 MARKET ST
SAN DIEGO CA 92102

KATHLEEN CONNELL
STATE CONTROLLER

⑆121113423⑆ 61602697⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

61-602697

ISSUE DATE: 08/07/2001
PATIENT ACCOUNT NUMBER:
CLAIMANT NAME: MARGARET LAWSON SSN: 411 66 2663

THE ENCLOSED CHECK FOR $ 1589.73 IS FOR THE FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC
09/22/00	1664.73	1664.73	0.00	75.00	1589.73 01)

01) ALLOW LOSS TO REIMBURSE YOUR SHARE OF COST.

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 1589.73

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 616571
STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-19-00

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

in a Double Crypt (Type of Burial Container) Funeral, date, time Sep. Fri-22 1:30

Church Chapel Graveside : Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50 will be applied and billed to undersigned.

Lot 747 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund	1395
Additional spaces and care fund	—
Opening/Closing & Setup	375
Burial Container	380
Handling Fees	326
Flower vases – Marker set	—
Recording and filing fee	45
Sales taxes	29.45
Total Due	$ 2544.45
Paid receipt number R-52889	2544.45
Balance due	0

PAID

SEP 20 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO.

10-17-00 R-52981

2544.00

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

Georgia Giddings
Signature

3725 Sarasota Way
Address

Bonita, Ca. 91902
City Zip Code

619-479-3221
Telephone

Work Order # E 15942

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15942

E15942

TAX DEDUCTIBLE ITEM ☐

405

SAN JOSE LINE CENTER 2331 ZANKER ROAD SAN JOSE, CA 95131

9-20

Mt. Hope Cemetary

Two thousand five hundred forty four

BAL. FOR'D	
THIS PAYMENT	2544.00
BALANCE	
OTHER	
BAL. FOR'D	

CHARLES M. GIDDINGS, II
GEORGIA L. GIDDINGS
3725 SARASONA WAY
BONITA, CA 91902

[redacted]

⑆121000248⑆405 7407 752633⑈ NOT NEGOTIABLE

E15942

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOROTHEA	IONE	KOLPACOFF	02/18/1919	09/18/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	George E. Kolpacoff - Husband 1620 Angelus Avenue Lemon Grove CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Avenue, National City CA 91950	FD 807	[signature]	09/20/2000

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/20/2000	[signature] DLC

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego CA	11B. DATE BURIED 9-22-00	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 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 9-21-00

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

in a LINER (Type of Burial Container) Funeral, date, time Tues 9-26 2:00

Church, Chapel, Graveside ; Rosedale Mortuary.

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

Lot 51 Grave N 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 fees	—
Recording and filing fee	43.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-52901	1664.73
Balance due	0

PAID
SEP 22 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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 Ross
Signature
X 136 Royal Oak Dr.
Address
X San Diego, CA 92114
City Zip Code
(619) 479-6116
Telephone

Invoice # 337887

Work Order # E 15943

Acct. # 103572

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15943

15943

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

26

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Larry	Don	Ross, Jr.	08/30/1974	09/18/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ferlia A. Haynes-Jackson, Mother 136 N. Royal Oak Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	09/22/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/22/2000	▶ [signature] 2015598

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-26-00	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 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 Sep-21-00

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

in a LINER (Type of Burial Container) Funeral, date, time Sep Mon-25-00 1:00

Church, Chapel Graveside A S ; Rosepiste Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 86 Grave 7 Row — Section 2 Division/[redacted] 11

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	$1664.73

PAID

SEP 21 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid receipt number R-52896 1664.73

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

Alberta Smith
Signature

7771 Gribble St
Address

San Diego, Ca 92114
City Zip Code

619 475-0622
Telephone

Invoice #

Work Order # E 15944

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15944

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AB	-	ALLEN	05/10/1926	09/19/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TORRANCE	LOS ANGELES	ALBERTA SMITH-SISTER 7771 GRIBBLE ST. SAN DIEGO, CALIF. 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL BLVD., SAN DIEGO, CALIF.	FD1329	[signature]	09/21/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/21/2000	[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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA ST.,L.A., CA.90012	P.O. BOX 85222, SAN DIEGO, CALIF. 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CALIF. 92102	11B. DATE BURIED 9-25-00	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 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 9-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETTY BOWDEN-SMITH PA 20010288

in a Double Depth Funeral, date, time

Type of Burial Container

Church, Chapel, Graveside Delivery Only ; L.D. Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Lot _____ Grave _____ 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	

Duplicate See E-15958

Darnell Price P.A. (858) 694-3507

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 15945

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

into grave of
Charlene

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-00

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

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time TUE 9-26 1:00

Church, Chapel, Graveside : HUMPHREY 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 11.1 Grave 11 Row Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Re-need E-14816 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes .....

464-0854 Andria

Total Due 420.00

Paid receipt number 52905 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 #

Work Order # E 15946

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15946

MT HOPE CEMETERY

INTERMENT ORDER

Additional [illegible]	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	45.00
Recording and filing fee	
Sales taxes	420.00
Total Due	420.00
Paid receipt number 52905	420.00
Balance due	0

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

I hereby authorize the interment order hold under seed.

Signature of [illegible]

Work Order # E 15946

[illegible]

15946

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GERALD	R.	ENGLE	05/06/1919	09/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Andrea Kousens - Niece 8397 Lemon Avenue, #3 La Mesa CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	Judith King	09/25/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2000	2015678 J.E. King

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 9-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kent F. Inman	
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 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.

85 L
34 W
26 H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

229-2747

Date 9-21-00

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

in a LINER #7 (Type of Burial Container) Funeral, date, time TUES 9-26 1:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

MARTIN

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 32 Grave 728 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... 2 @ 895.00	1790.00
Additional spaces and care fund	
Opening/Closing & Setup ..... 3-23-01 late	375.00
Burial Container	220.00
Handling Fees ..... PAID charge	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	2592.05
Paid receipt number 52909	2592.05
Balance due	0

MORTUARY to BRING CHECK

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

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

Signature of recorded holder of deed

X 229003
Signature

X
Address

X
City Zip Code

X
Telephone

SEE Attached

Invoice # 337888

Work Order # E 15947

Acct. # 103573

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

10-11-00

E·15947

E

15947

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

52900

Date: 9-25, 20 00

From: California Burial Address: 5830 El Cajon Blvd. SD 92115

Twenty-five hundred ninety-two and 05/100 Dollars ($ 2592.05)

In Full Payment of Interment of Lorraine Bold

Lot 32 Grave 7+8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-15947

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
6317

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

ISSUED BY Vi Williams

CREDIT 20% Sales Care	67007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	220	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	17	05
TOTAL PAID	$	2592	05

AC-212 (Rev. 5-94)

15947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

34

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LORRAINE	-	BOXX	02/12/1966	09/15/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BETTY G. EDELEN-MOTHER 317 S. 28TH SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶	09/21/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2000 J. BENYARD	▶ 2015640

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kay Snedec	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Sep-21-00

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time 11:00 Tue. 26-00

Church, Chapel, Graveside LS : Graveside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150-

will be applied and billed to undersigned.

Lot 55 Grave 9 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.-
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	1,769.38
Paid receipt number R- 52898	1769.38
Balance due	0

PAID

SEP 22 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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.

Leotha Britt
Signature

337 Las Flores Ter
Address

San Diego 92114
City Zip Code

262-1943
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15948

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15948

F-15948

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

33

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sean	Andrew	Britt	01/03/1967	09/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Gail Britt, Wife 310 Vista Horizon St. Apt. C San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mott.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Delfie Williams	09/25/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/26/2000	2015700

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 9-26-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Kamen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRIS JENELL LEVINGSTON

in a liner (Type of Burial Container) Funeral, date, time Tue 9-26 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 $ 150.00

will be applied and billed to undersigned. XMDL

Lot 148 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 1 galvanized vase	23.78
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1688.51
Paid receipt number 52908	1688.51
Balance due	Ø

mortuary to bring check ✓

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

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

Signature of recorded holder of deed

X Mabel Delos Lenz
Signature

X 7727 Oriole Trl
Address

X Riverdale GA 30274
City Zip Code

X (770) 477-7065
Telephone

Invoice # 337883

Work Order # E 15949

Acct. # 103565

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

10-11-00

E-15949

15949

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 38

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IRIS	JENNELL	LEVINGSTON	07/21/1962	09/18/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MABEL D. LEVINGSTON - MOTHER 7727 ORIOLE TRAIL RIVERDALE, GA 30274

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	09/21/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/22/2000 J. JOHNSON	▶ 2015603

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

into grave of Armand Garfield S.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Richard ~~X~~ AYD

in a ash Vault (Type of Burial Container) Funeral, date, time 1:00 Fri -29-00

~~Church, Chapel, Grave~~ ; Merkly-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 6 Grave 7 Row — Section MAS Division/~~Block~~ T

Grave space & Care Fund preneed D-5370 ~~0~~

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 E-52914 269.26

Balance due ~~0~~

PAID

SEP 26 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Barbara A. Mayers
Signature

16428 Martincoit Rd.
Address

Poway Ct 92064
City Zip Code

858-487-4065
Telephone

Invoice #

Work Order # E 15950

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15950

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLORENCE	EDITH	RICHARD	06/25/1908	09/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	BARBARA A. MAYERS - DAUGHTER 16428 MARTINCOIT ROAD POWAY, CA 92064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victoria A. Mitchell	09/25/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/26/2000	2015690 V.I.MITCHELL ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 9-29-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 9-27-00	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEVIN JASON JHAN

in a _____ Funeral, date, time MON 9-25 1:00

Type of Burial Container

Church, Chapel, Graveside Mike B. Jhan : CA BURIAL Mortuary, MARTIN

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.

will be applied and billed to undersigned. _____

Lot 968 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number	R-52903 27060
Balance due	0

PAID

SEP 22 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

~~MORTUARY TO BRING CHECK~~

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 Mike B. Jhan
Signature

X 271 BRANDYWOOD ST.
Address

X SAN DIEGO CA 92114
City Zip Code

X (619) 264-9183
Telephone

Invoice # _____

Work Order # E 15951

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15951

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

6 mon.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KEVIN	JASON LABAYA	JHAN	03/01/2000	09/21/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MIKE B. JHAN-FATHER 271 BRANDYWOOD ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Gerald Bernard	09/22/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/22/2000 J.BENYARD	2015625 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-25-00	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 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 Sep-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rufo Samson E.

in a LINER (Type of Burial Container) Funeral, date, time Fri-29- 9:00 am

Church, Chapel, Graveside El Camino 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 111 Grave 2 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	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-52900	1664.73
Balance due	0

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

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice #

Work Order # E 15952

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep. 22 00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr. Propes Harvey

in a LINER (Type of Burial Container) Funeral, date, time Thurs. 28 - CHI. FUN

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned. _____

Lot 145 Grave 10 Row — Section 3 Division/Block 12

Grave space & Care Fund PA Creditors Claim	230.00
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	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Can Void

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 15953

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUFO	E.	SAMSON	11/29/1932	09/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NANCY SAMSON - DAUGHTER 5134 DRIFTSTONE AVE RENO, NV 89523

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Nicolette Valentine	09/25/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/26/2000	2015703 P Valentine ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9 27 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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-25-00

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

in a Double Crypt (Type of Burial Container) Funeral, date, time 12:00 Tues 9/26/00

~~Church, Chapel,~~ Graveside : MAYER Mortuary:

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 10 Grave 1 Row Section IDDF ~~Division/Block~~ Block 20

Grave space & Care Fund Pre Need Trust + Lot $

Additional spaces and care fund E-15827

Opening/Closing & Setup $

Burial Container $

Handling Fees PAID $

Flower vases – Marker setting fee

Recording and filing fee SEP 25 2000 $

Sales taxes MT. HOPE CEMETARY $

CITY OF SAN DIEGO, Cr Total Due $

Paid receipt number

Balance due $

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

MT. HOPE CEMETA

Address

CITY OF S

City Zip Code

Telephone

Invoice #

Work Order # E 15954

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15954

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lev	S.	Detinko	09/23/1920	09/22/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Galina Selivanovskaya, wife 7777 Belden St. #107 San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	FD 1424	▶ John Mayer	09/25/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/25/2000 John Mayer	2015657 ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-0222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] 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 9-26-00	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 Sep-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Anne Morris Ø

in a ash Vault (Type of Burial Container) Funeral, date, time Sep-

~~Church~~ Chapel, ~~Graveside~~ ; Ragsdal. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 81 Grave 7 Row — Section 17 Division/~~Block~~ 7

Grave space & Care Fund	Pre-Need D-6293	Ø
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.
Burial Container		55-
Handling Fees	SEP 25 2000	60-
Flower vases – Marker setting fee		45-
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Sales taxes		4.26
Total Due		269.26
Paid receipt number	VISA	26926
Balance due		Ø

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: [signature]

Address: 5412 Elgin Hills Way

City: Antelope CA. 95843 Zip Code

Telephone: (916) 727-2978

Invoice #

Work Order # E 15955

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

THE CITY OF SAN DIEGO F 15955

September 25, 2000

We the immediate family members of Thelma C. Toliver are giving Mt Hope Cemetery permission to intern the cremated remains of Shirley Ann Morris in Grave 7, Lot 81, Section 17, Division 12, legally owned by Michael Jenkins, a family friend. We have not been in contact with him in years.

Robin L. Harrington

Kenneth E. Toliver

Eugene Toliver

Mt. Hope Cemetery
Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-00

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

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

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 _____ 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 _____

mortuary to bring check

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 15956

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-00

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

In a TOP SEAL (Type of Burial Container) Funeral, date, time Thurs 9/28 11⁰⁰

Church, Chapel, Graveside _____ ; BENbough 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 _____ Grave 28 Row 6 Section 8 Division/Block 7

Grave space & Care Fund ..... Pre-Need Lot	Ø
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 52907	874.38
Balance due	Ø

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 Peggy G Johnson
Signature

x 16480 - Helia Dr.
Address

x San Diego 92128
City Zip Code

x 858-613-9041
Telephone

Invoice # _____

Work Order # E 15957

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

B-5573

LOT OWNER F 15957

CHRISTIE, Leota L. 3932 - 8th Ave (3)

NAME ADDRESS

LOT 28 GR. Row 6 Sec 8 Div 7

28 Row 6, Sec. 8, Div. 7 (B-6121)

FORM 961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

F-15957

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEOTA	L.	CHRISTIE	06/10/1903	09/23/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	PEGGY G. JOHNSON - DAUGHTER 16480 FELICE DR SAN DIEGO, CA 92128-2804

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ [signature]	09/25/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2000	20138688 P Valentine ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 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 9-29 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 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.

P/A 2001 ~~1697~~ 0288

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETTY JO BOWDEN-SMITH PA 2001 0288

in a Double Depth (Type of Burial Container) Funeral, date, time 9:00 THUR 9/28/00

Church, Chapel, Graveside DEL ONLY ; S.D MEMORIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4 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	

PAID 10-30-00

JEFF JOHNSON - S.D MEMORIAL

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 # 337695

Work Order # E 15958

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

10-9-00

CITY OF SAN DIEGO, CALIFORNIA

GOVERNMENT AGENCY INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: C337695

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

D08

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 RUFFIN ROAD A
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT
DATE: 10-30-00
BY: CA CK IF ED
PAYMENT REF NO _____

AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
10/09/00	11/08/00	SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-15958
DEPT: MT. HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
BETTY JO BOWDEN-SMITH	
PA# 20010288	
LOT 4 GR 2T DIVISION 13	126.00
OPENING/CLOSING	165.00
BURIAL CONTAINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

AC-22 (REV. 10/95)

RETURN WITH PAYMENT

INV NO. 337695

F15958

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12-06-1931

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

FOUND 68

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETTY	JO	BOWDEN-SMITH	09/06/2000	09/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DARNELL PRICE- PAO 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Jeffrey Bohner	09/11/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/27/2000 J. JOHNSON	▶ 2015851

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Lamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
* SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
* TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Sep-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DELAINE I SHERMAN

in a LINER (Type of Burial Container) Funeral, date, time SAT 10:30 10/7/00

~~Church~~, ~~Chapel~~, Graveside ; Conrad Jerman & Mortuary.

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

will be applied and billed to undersigned. Francis W. Sherman

Lot 64 Grave 2 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 R-52910	1664.73
Paid receipt number	1664.73
Balance due	-0-

PAID

SEP 25 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

SATURDAY Pd. by daughter
SERVEST $600.00
OVERTIME
R # 52934 Bal 690.00

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

Francis W. Sherman
Signature

3607 Kidd ST.
Address

LA MESA, CA. 91941-7434
City Zip Code

(619) 461-0764
Telephone

Invoice #

Work Order # E 15959

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

I GIVE PERMISSION FOR THE FOLLOWING IMMEDIATE-FAMILY MEMBERS TO SET THE MARKER FOR THIS PLOT SITE, AS DESIRED:

(1) SHEILA HARMON
(2) DENNIS DRAKE
(3) DOUGLAS DRAKE
OR,
(4) GARY DRAKE.

Jamie W. Sherman

WASHINGTON, LOUISIANA
12-8 63-8

15959

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DELAINE	IRENE	SHERMAN	04/25/1933	10/04/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HORRIS W. SHERMAN - HUSBAND 3607 KING STREET LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	H. Mittelhauser	10/06/2000

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	H. MITTELHAUSER 10/05/2000	2016396

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-7-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kay Schedic	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 left side of grave

4 Chairs
Grave of Ora Kilgrease

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-00

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

in a Ash Vault (Type of Burial Container) Funeral, date, time FRI 12-1 2:00

Church, Chapel, Graveside ~~Hitches~~ : _____ Mortuary.

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

will be applied and billed to undersigned.

Buried in same grave as Ora Kilgrease

Lot _____ Grave 25 Row 16 Section 2 Division Block 2

Grave space & Care Fund ..... Pre-Need Lot	0
Additional spaces and care fund E-6247 10148	0
Opening/Closing & Setup ..... PAID	105.00
Burial Container	55.00
Handling Fees ..... NOV 16 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-53029	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 # _____

Work Order # E 15960

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15960

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. GRAVE OF ORA KILCREASE

					Mr Arthur	
			RERB			
		D. Kilcrease	X	open	E. Kilcrease	Kilcrease
			open	FARR		

Interment space for: RUSSELL KILCREASE

Interment Date: 12-1-00 Time: 2:00

Lot: ____ Grave: 25 Row: 16 Sect: 2 Div: 2

Grave Laid out by: DARREYL FAMBER

Flag on grave

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-15960

AGE 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Russell	White	Kilcrease	2/23/20	10/26/00	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Milwaukie	OK	Arthur K Kilcrease Brother PO BOX 461 Ocotillo, CA 92259

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Arthur K Kilcrease PO BOX 461 Ocotillo CA 92259	—	[signature]	11/6/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/06/2000	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: —

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [illegible]
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt Hope Cemetery 92102 Market Street San Diego	11B. DATE BURIED: 12-1-00	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 REMAINS DISPOSER —IF APPLICABLE

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

Interment Order

E-15960

Lais Daley-Kilcrease
8325 SW Mohawk # 46
Tualatin, OR. 97062
Oct 3, 2000

to Whom it may Concern:

It is my wish that the Cremated remains of my husband, Russell White Kilcrease, be buried beside his first wife, Ora Elaine Kilcrease, at Mt. Hope Cemetary, San Diego, CA. in Division #2 - section # 2 - Row # 16 - grave # 25.

It is also my wish that Arthur R. Kilcrease be allowed to officiate at the burial Ceremony of his brother Russell White Kilcrease, and that he be responsible for any and all of the related Costs of Russell's burial. Arthur R. Kilcrease will bring a Copy of this letter with him when he comes to you to finish the arrangements there.

please hold Russell's Cremated remains until Arthur R. Kilcrease Contacts you.

Thank you Kindly:
Lais Daley-Kilcrease

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/26/2000

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

in a BELL LINER (Type of Burial Container) Funeral, date, time 9:00 THURS 9-28-00

Church, Chapel, Graveside ST JUDE : MERKLEY-MITCHELL 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 64 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund ... 2ND Burial	—
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ... BELL LINER	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 VISA	769.73
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.

MARY COOPER

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

Signature of recorded holder of deed

Signature

1589-A S. SABLE BLVD

Address

AURORA, CO. 80012

City Zip Code

(303) 752-4391

Telephone

Invoice # ____

Work Order # E 15961

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15961

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARGARET	ETHEL	BELL	01/28/1934	09/24/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	MARY COOPER - SISTER 1589-A S. SABLE BLVD. AURORA, CO 80012

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	09/27/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/27/2000 TC MITCHELL	2015804 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-28-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

9/26/00 Lot 64 / Section 1 / Division 8
Re: Bell, Margaret
E-15961

- Ashes are in the grave
  Bell, Frederick
- Remove ashes — Frederick
- Bury new person — Margaret
- Bury ashes Frederick on top of new person
  Margaret

E-15961

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John W. Bentz.

in a LINER (Type of Burial Container) Funeral, date, time 1:00 Fri. 9-29-00

~~Church, Chapel~~, Graveside SD 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. R.B.

Lot 1799 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	
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	~~$529~~ 769.73
Paid receipt number	VISA - $769.73
Balance due	0

PAID

SEP 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

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

Signature of recorded holder of deed

Richard Bentz
Signature

2955 Ocean Front Walk
Address

San Diego CA 92109
City Zip Code

858 488 5459
Telephone

Invoice #

Work Order # E 15962

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15902

LOT OWNER

E-2988

BENTZ, John W. 2959 1/2 Ocean Front Walk SD,CA 92109

NAME ADDRESS

LOT 1799 GR. Div 10

Lot 1800 Div 10 (For Armand F. Conie, Auth. on File)

FORM PR-961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

E-1596d

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	WILLIAM	BENTZ	09/22/1911	09/23/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RICHARD BUEHLER-DPOA 2955 OCEANFRONT WAY SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	09/27/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/29/2000 J. JOHNSON	▶ 2015943

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-29-00	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 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-15962

AUTOPSY, (2) DONATE YOUR BODY PARTS THEREOF FOR TRANSPLANT OR THERAPEUTIC OR EDUCATIONAL OR SCIENTIFIC PURPOSES AND (3) DIRECT THE DISPOSITIONS OF YOUR REMAINS.

THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY TWO QUALIFIED ADULT WITNESSES WHO ARE PERSONALLY KNOWN TO YOU AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC IN CALIFORNIA.

IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

1. Creation of Durable Power of Attorney for Health Care

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me. The power of attorney shall not be affected by my subsequent incapacity.

2. Designation of Health Care Agent

I, JOHN W. BENTZ, do hereby designate and appoint RICHARD PHILIP BUEHLER, 2955 Ocean Front Walk, San Diego, California 92109, (619) 488-5459, as my Attorney in Fact (agent) to make health care decisions for me as authorized in this document.

3. General Statement of Authority

In the event that I become incapable of giving an informed consent to any health care decision, I hereby grant to my agent full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision, to the extent that I could if I were competent to do so, subject to the terms of this instrument. My agent shall exercise this power and authority in accordance with my expressed desires, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind, subject to the statement of desires, special provisions and limitations set out in paragraph 4 below.

15962

4. Statement of Desires Concerning Medical Treatment

I do **not** want my life to be prolonged and I do **not** want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the application of life sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances where the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering and the quality of life as well as the extent of the possible extension of my life in making decisions concerning life-sustaining treatment.

If this statement reflects your desires, initial here: JWB

I want my life to be prolonged and I want life sustaining treatment to be provided **unless I am in a coma or vegetative state** which my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do **not** want life-sustaining treatment to be provided or continued.

*If this statement reflects your desires, initial here:*_____

I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

*If this statement reflects your desires, initial here:*_____

Other or additional statements of desires, special provisions, or limitations:

I direct that my remains be buried in the burial plot that I have previously purchased.

E-15962

required by hospital or physician.

9. Duration

I understand that this power of attorney shall continue in effect until it is revoked or terminated by myself, the principal, by a court appointed conservator, or by court order.

10. Prior Designation Revoked

I revoke any prior durable power of attorney for health care.

11. Date and Signature of Principal

I sign my name to this Durable Power of Attorney for Health Care on July 7th 1995, in the County of San Diego State of California.

John W. Bentz

JOHN W. BENTZ (Principal)

E-15962

12. Certificate of Acknowledgment of Notary Public

STATE OF CALIFORNIA)
)SS.
COUNTY OF SAN DIEGO)

On this 7th day of July in the year of 1995, before me, the undersigned, a Notary Public in and for the State of California, personally appeared JOHN W. BENTZ, 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 individual 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.

Michael G. Drake, Jr.
Comm #1015952
NOTARY PUBLIC CALIFORNIA
FRESNO COUNTY
Comm. Expires Feb. 6, 1998

Signature _____ (Notarial Seal)

COPIES

Your agent may need this document immediately in case of an emergency that requires a decision concerning your health care. You should keep the executed original document and give a copy of the executed original to your agent and any alternate agents. You should also give a copy to your doctor, members of your family, and any other people who would be likely to need a copy of this form to carry out your wishes.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sep-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James McArthur Nash Jr.

in a T.S. Vault. (Type of Burial Container) Funeral, date, time TUS-Oct-3-11:00

Church, Chapel, Graveside ; Ragsdal. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 4048 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-52919	1869.38
Balance due	0

PAID
SEP 28 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Angela Y. Nash
Signature
588 Arizona St. #8
Address
Chula Vista, CA 91911
City Zip Code
(619) 422-2166
Telephone
(619) 291-9344

Invoice #

Work Order # E 15963

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15963

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 38

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAMES	MCARTHUR	NASH, JR.	05/16/1962	09/27/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANGELA Y. NASH, SISTER 588 ARIZONA ST., #8 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD1329	▶ Yvonne King	10/02/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/02/2000 Y King	2016054 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-3-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TREVATHAN HARRIS III

in a INFANT (Type of Burial Container) Funeral, date, time MON 10/2 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. 117

Lot 891 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	Ø
Opening/Closing & Setup	125.00
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	270.00
Paid receipt number 52917	270.00
Balance due	Ø

PAID

SEP 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca.

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

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

_____
Signature of recorded holder of deed

X Heather Fountain
Signature
X 3792 32nd Street Apt M
Address
X San Diego, CA 92104
City Zip Code
X (619) 563-6157
Telephone

Invoice # _____

Work Order # E 15964

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15964

E-15969

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

5 month

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Trevathan	-	Harris, III	03/27/2000	09/26/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Heather Fountain, Mother 3792 32nd St. Apt. M San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	09/29/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/29/2000 [signature]	2016014 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-2-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Sep-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AUDREY Burnha M Wednesday

in a Ash Vault (Type of Burial Container) Funeral, date, time Nov-15-2000 1:00

~~Church, Chapel~~, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. RHB

✓ Lot 200 Grave 12 Row ____ Section ____ ~~Division~~/Block 5 - 4 DIV

Grave space & Care Fund Pre-Need	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	105
Burial Container	55
Handling Fees	60
Flower vases – Marker set	—
Recording and filing fee	45
Sales taxes	4.26
Total Due	269.26
Paid receipt number VISA	269.26
Balance due	-0-

PAID

NOV 02 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

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: Rudolph A Burnham

Address: 7830 QUEBRADA CIR

City: CARLSBAD Zip Code: CA 92009

Telephone: 436-1588

Invoice # ____

Work Order # E 15965

Acct. # ____

REA-104 (7-96)

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15965 2647

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AGE 78

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AUDREY	KATHLEEN	BURNHAM	04/22/1922	11/01/2000	FEM

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSBAD	SAN DIEGO	RICHARD BURNHAM HUSBAND 7830 GUERRADA CIR. CARLSBAD, CA 92009

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ACCU-CARE CREMATION CENTER 2562 STATE ST. #E CARLSBAD, CA 92008	FD 1528	▶ [signature]	11/03/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOHN TOLBERT 11/03/2000	▶ 2017966

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GATEWAY CREMATORY 1410 S. ACACIA AVE. #D FULLERTON, CA 92831	12B. DATE CREMATED 11/1/00	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 OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-15965

Richard H. Burnham
7830 Quebrada Circle
Carlsbad, CA 92009
760-436-1533

November 7, 2000

Mt. Hope Cemetery

Dear Gentlemen,

As you have requested, I have received permission from all the heirs to the Burnham plot, to bury my wife and myself at Mt. Hope Cemetery.

The heirs are: Mrs. Nancy Deacon, Durango, CO; Mrs. Theda Henle, Washington DC; and Mr. George Barney, Garden Valley CA.

Sincerely Yours,

Richard H. Burnham

Richard H. Burnham

HMD1

SHARON ANNE HARROLD
COMMISSION #1190215
Notary Public - California
SAN DIEGO COUNTY
My Commission Expires
JUNE 18, 2002

Subscribed and Sworn to Before Me this
8th day of November 19 2000
Sharon Anne Harrold
(Signature)
SHARON ANNE HARROLD
(Print or type notary's name)
Notary Public in and for the State of California, with commissions issued for the County of San Diego

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-00

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

in a LINER (DIP) Funeral, date, time Thurs 10/5/00 11:00
Type of Burial Container

Church, Chapel, Graveside : GreenWood 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 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Ø
Additional spaces and care fund Pre-Need Lot	Ø
Opening/Closing & Setup + Trust	Ø
Burial Container E-15393	Ø
Handling Fees	Ø
Flower vases – Marker setting fee X-DEEP	Ø
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	

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

X [signature]
Signature

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

X 1306 Felix St #39
Address

X SPR. Valley, CA 91977
City Zip Code

X 619 697-3056
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 15966

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15 966

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

93

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELSIE	M.	NISELY	10/13/1906	09/30/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JEAN L. GRIFFIN - DAUGHTER 1306 HELIX STREET, #39 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	10/04/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 10/04/2000	2016199 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 5 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 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 Oct-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNISSEE, NANCY C.

in a LINER (Type of Burial Container) Funeral, date, time Thurs 10/5 1:00

Church, Chapel, Graveside : Clairmont Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. EE

Lot 49 Grave 9 Row — Section 1 Division ~~Block~~ 11

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	$1669.73
Paid receipt number R-52925	1669.73
Balance due	0

PAID
OCT 02 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

ERNIE ERNISSEE
Signature
5025 MT HAY DR
Address
SAN DIEGO 92117
City Zip Code
858-277-1466
Telephone

Invoice #

Work Order # E 15967

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-15967

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NANCY	C.	ERNISSEE	12/21/1913	10/02/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ERNIE ERNISSEE - SON 5025 MT. HAY DRIVE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117	FD-1126	▶ Victoria Meza	10/04/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 10/05/2000	2016244 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] 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 10-5 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 REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-2-00

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 961 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre-need 995

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID

OCT 02 2000

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

PAID IN FULL 11-20-02

Total Due 995

Paid receipt number R-529126 248

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

Brenda Mackey
Signature

5325 S 47th St.
Address

San Diego 92113
City Zip Code

(619) 263-5458
Telephone

Work Order # E 15968

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15968

MACKEY, BRENDA 1325 S. 47TH ST. SAN DIEGO CA, 92113 619 263-5458

			DEBIT	CREDIT	BALANCE
10-18-00	OPENED PRE-NEED LOT.				
	LOT 961 DIVISION 10	199 20%	$ 995.00		995.00
10-02-00	RECEIPT #52926	796 80%		$ 248.00	$ [illegible].00
11-3-00	R- 53025	#1		31.00	7[illegible]6.00
12-12-00	R-53142	#2		31.00	685.00
1-5-01	R-53227	#3		31.00	654.00
02-01-01	R-53310	#4		31.00	623.00
04-09-01	R-53552	#[illegible] (Sent #6 Coupon)		31.00	592.00
5-7-01	R-53656	5 & 7		62.00	530.[illegible]
6-5-01	R-53774	#8		31.00	499.[illegible]
7-10-01	R-53895	9		31.00	468.[illegible]
8-7-01	R-54005	Coupon 10		31.00	437.[illegible]
9-11-01	R-54121	Coupon 11		31.00	406.00
10-11-01	R-54225	12		31.00	375.00
11-14-01	R-54330	Coupon 13		31.00	344.00
12-06-01	R-54425	Coupon #14		31.00	3[illegible].00
1-8-01	R-54527	15		31.00	2[illegible].00
2-13-02	R-54655	16		31.00	251.00
5-9-02	R-54963	18 & 19		62.00	189.00
6-11-02	R-55094	#20		37.00	152.00
	MACKEY, BRENDA	PRE-NEED LOT E-15968	— over —		

E-15968

MACKEY, BRENDA J.

		Debit	Credit	Balance
8-7-02	Balance Forwarded			152.00
8-7-02	R-55292 Coupon #22 Payment 21 is missing		31.00	121.00
9-10-02	R-55398 #23		34.00	87.00
11-20	R-55637		87.00	0

E-15968 MACKEY, BRENDA J.

E15.968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

PAID
DEC 12 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Lot 961 Division 10

Payment NO.	1
Payment Due Date	November-00
Payment Amount Due	31.00
Balance Due	716.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

PAID
DEC 12 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

Lot 961 Division 10

Payment NO.	2
Payment Due Date	December-00
Payment Amount Due	31.00
Balance Due	685.00

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

15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	3
Payment Due Date	January-01
Payment Amount Due	31.00
Balance Due	654.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	4
Payment Due Date	February-01
Payment Amount Due	31.00
Balance Due	623.00

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

15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	5
Payment Due Date	March-01
Payment Amount Due	31.00
Balance Due	592.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	6
Payment Due Date	April-01
Payment Amount Due	31.00
Balance Due	561.00

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 15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	7
Payment Due Date	May-01
Payment Amount Due	31.00
Balance Due	530.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	8
Payment Due Date	June-01
Payment Amount Due	31.00
Balance Due	499.00

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 15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	9
Payment Due Date	July-01
Payment Amount Due	31.00
Balance Due	468.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	10
Payment Due Date	August-01
Payment Amount Due	31.00
Balance Due	437.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	11
Payment Due Date	September-01
Payment Amount Due	31.00
Balance Due	406.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	12
Payment Due Date	October-01
Payment Amount Due	31.00
Balance Due	375.00

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

15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	13
Payment Due Date	November-01
Payment Amount Due	31.00
Balance Due	344.00

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

15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	14
Payment Due Date	December-01
Payment Amount Due	31.00
Balance Due	313.00

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

15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	15
Payment Due Date	January-02
Payment Amount Due	31.00
Balance Due	282.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	16
Payment Due Date	February-02
Payment Amount Due	31.00
Balance Due	251.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	18
Payment Due Date	April-02
Payment Amount Due	31.00
Balance Due	189.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	19
Payment Due Date	May-02
Payment Amount Due	31.00
Balance Due	158.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	20
Payment Due Date	June-02
Payment Amount Due	31.00
Balance Due	127.00

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-15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	22
Payment Due Date	August-02
Payment Amount Due	31.00
Balance Due	65.00

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 15968

Mt. Hope Cemetery
Prepayment Plan Record

Brenda Mackey
1325 S. 47th Street
San Diego, CA 92113
619 263-5458
E-15968

Preneed for:
Brenda Mackey

Lot 961 Division 10

Payment NO.	23
Payment Due Date	September-02
Payment Amount Due	31.00
Balance Due	34.00

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
(619) 527-3400

№ 55292

Date: 8-7, 2002

From: Brenda J. Mackey Address: on record

Thirty-One Dollars ($ 31.00)

In part Payment of Pre need lot account
Coupon # 22

Lot 961 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE $121.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2222

AC-212 (Rev. 5-94)

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

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	67007 77184	31 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	31 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55094

Date: June 11, 20 02

From: Brenda Mackey Address: On record

Thirty-Seven and 00 Dollars ($ 37.00)

In Part Payment of Pre-need lot account, coupon #20

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE $152.00

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

CREDIT	67007	37.00
20% Sales Care	77184	
50% 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	$	37.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2187

ISSUED BY Paulette Y. Crawford

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 54963

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-9-07, 20

From: Brenda Mackey Address: On Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 189.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1777

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

ISSUED BY S Shechellin

CREDIT 20% Sales Care	67007 77184	10	00
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54655

Date: 2-13, 2002

From: Brenda Mackey Address: 1325 S. 47th St SD 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 251.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1893

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

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54527

Date: 1-8, 2002

From: Brenda Mackey Address: 1325 S. 47th St San Diego 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 282.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY D Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54425

Date: Dec 6, 2001

From: Brenda J. Mackey Address: on record

Thirty-One and 00 Dollars ($ 31.00)

In part Payment of Preneed Lot for Mackey

Coupon #14

Lot 961 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-15968

BALANCE DUE $ 313.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

1864

AC-212 (Rev. 5-94)

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

PAID

DEC 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54330

Date: 11-14, 20 01

From: Brenda Mackey Address: On Record

Thirty-One Dollars ($ 31.00)

In Part Payment of Pre-need lot for Brenda Mackey

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE $344.00

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

AC-212 (Rev. 5-94) 1854

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

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54225

Date: 10-10, 20 01

From: Brenda Mackey Address: On Record

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 375.00

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

1841

AC-212 (Rev. 5-94)

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

ISSUED BY D Shellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54121

Date: 9-11-01, 20

From: Brenda J. Mackey Address: 1325 S 47th Street

Thirty - One Dollars x/100 Dollars ($ 31.00)

In part Payment of Pre-Need Opt

Lot 961 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE $406.00

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

1826

AC-212 (Rev. 5-94)

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

PAID

SEP 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Lillie Prince

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	31.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	31.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54005

Date: August 7th, 2001

From: Brenda Mackey Address: 1325 S. 47th St., S.D., CA 92113

Thirty-One and NO/100 Dollars ($ 31.00 XXX)

In part Payment of Pre-Need Lot

Lot 961 Grave — Row — Section — Division/Block 10

Invoice No. —

Acct. No.

W.O. E-15968

BALANCE DUE 437.00

Coupon

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

AC-212 (Rev. 5-94) # 1815

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

PAID

AUG 07 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	31.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	31.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53895

Date: 7-10 20 01

From: Brenda Mackey Address: 1325 S. 47th St San Diego 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 468.00

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

1802

AC-212 (Rev. 5-94)

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53774

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6-5, 2001

From: Brenda Mackey Address: 1325 S. 47th St San Diego 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-15968

BALANCE DUE 499.00

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

1790

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

ISSUED BY S Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53552

Date: April 9th, 2001

From: Brenda Mockey Address: 1325 S. 47th St., S.D., CA 92113

Thirty-One and 00/100 Dollars ($ 31.00 XXX)

In-part Payment of Pre-Need Lot

Lot 961 Grave — Row — Section — Division 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 592.00
(paymt #5)

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

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

PAID

APR 09 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53656

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 7, 2001

From: Brenda Mackey Address: 1375 S. 47th St San Diego 92113

Sixty two Dollars ($ 62.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 15968

BALANCE DUE 530.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1739

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

ISSUED BY S Stockton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

53310

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb - 01 — , 20 01

From: BRENDA J. MACKEY Address: 1325 S. 47th ST. SAN DIEGO, CALIFORNIA 92113

Thirty One 100/00 Dollars ($ 31.00)

In PART Payment of PRE-NEED FOR (BRENDA J. MACKEY)

Lot 961 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE $623.00

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

AC-212 (Rev. 5-94)

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

PAID

FEB 01 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Maria [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	31.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	31.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53227

Date: 1-5, 2001

From: Brenda Mackey Address: 1325 S. 47th St San Diego 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 654.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2159

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53142

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec. 12th, 2000

From: BRENDA J. MACKEY Address: 1325 S. 47th St., S.D., CA 92113

Thirty - One and NO/100 Dollars ($ 31.00/XXX)

In - PART Payment of PRE-NEED LOT for: B. MACKEY

Pymt # 2

Lot 961 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-15968

BALANCE DUE 685.00/XXX

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

2148

AC-212 (Rev. 5-94)

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

PAID

DEC 12 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY D Culverson

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31.	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53025

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11-3, 2000

From: Brenda Mackey Address: 1325 S. 47th St. San Diego 92113

Thirty One Dollars ($ 31.00)

In part Payment of Pre-Need Lot

Lot 961 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-15968

BALANCE DUE 716.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2135

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

ISSUED BY S Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-2-2000

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

In a _____ Funeral, date, time Oct-4-00 11:00
Type of Burial Container

~~Church~~, ~~Chapel~~, Graveside _____ ; San Diego Memorial Mortuary.

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

Lot 894 Grave — Row — Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 52929	270.00
Balance due	Ø

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

Jeffrey B. Johnson
Signature
2441 University Ave
Address
San Diego, CA 92104
City Zip Code
(619) 692-3090
Telephone

Invoice # _____

Work Order # E 15969

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15969

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	DEON	WITHERSPOON	09/24/2000	09/24/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LEAH PRIESTER - MOTHER 5737 COLLEGE AVE. #20 SAN DIEGO,CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	10/02/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/02/2000 J. JOHNSON	▶ 2016027

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY;3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-4-00	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 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 10-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Dobbins 10:00

in a ash Vault (Type of Burial Container) Funeral, date, time Wed 10/11/00

Church, Chapel (Graveside) ; Oceanside 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 1119 Grave _____ Row _____ Section 3 (Division/Block) 8

Grave space & Care Fund	Ø
Additional spaces and care fund Pre-Need	Ø
Opening/Closing & Setup Lot and	Ø
Burial Container Trust	Ø
Handling Fees D-6910	Ø
Flower vases – Marker setting fee E-10102	Ø
Recording and filing fee 1992	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	Ø

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 receded holder of deed

X Harry R. Dobbins (Signature)
X 1634 Rush AVE. (Address)
X Vista 92084 (City, Zip Code)
X (760) 724-4004 (Telephone)

Invoice # _____

Work Order # E 15970

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15970

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lillian	H.	Dobbins	08/06/1908	10/02/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vista	San Diego	Harry Dobbins - Son 1634 Rush Ave. Vista, CA 92084

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Oceanside Mortuary, 602 S. Coast Hwy. Oceanside, CA 92054	FD-253

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶	10/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	S. Hannum 10/05/2000	2016292 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-11-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, 601-D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED [illegible]	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 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.

Bottom 1st.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon Brown in a Double Depth (Type of Burial Container) Funeral, date, time 1:00 10-5-00 Thrs. Church, ~~Chapel~~, Graveside ; S.D. 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 196 Grave 1 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	Ø
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	23.78
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2,068.23
Paid receipt number 52938	2068.23
Balance due	Ø

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 San Diego Memorial

X [signature] Signature of recorded holder of deed

X [signature] Signature

X 169 N Royal Oak Dr. Address

X San Diego CA 92114 City Zip Code

X 619 479-8770 Telephone

Invoice # ____

Work Order # E 15971

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15971

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

C23[redacted]

Date: 10-5, 20 00

From San Diego Memorial Address 2441 University Ave, S.D. 92104

Four thousand one hundred eighty-one and 46/100 Dollars ($ 4,181.46)

In Full Payment of Interment of Sharon Brown, Kenneth Brooks Jr., and Kianna Brown-Mitchell

Lot 196 Grave 1+2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-15971, E-15972.1, E-15973

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5404

AC-212 (Rev. 5-94)

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

ISSUED BY Vi Williams

CREDIT 20% Sales Care	67007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	780	00
Handling Fee	100 77185	666	00
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	60	46
TOTAL PAID	$	4181	46

E-15971

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

40

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHARON	VANESSA	BROWN	10/12/1959	09/30/2000	F

CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	VONDA BROWN - SISTER 12090 CALLE DAY MONTANA #248 SAN DIEGO, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Anthony B. Johnson	10/04/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$7.00	10/04/2000 J. JOHNSON	▶2016206

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-5-00	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 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.

TOP 2ND

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-00

BROOKS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth ~~Brown~~ Jr. THIS,

in a Double Depth (Type of Burial Container) Funeral, date, time 1:00 10-5-00

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 $ 150.00 will be applied and billed to undersigned.

Lot 196 Grave 1 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	Ø
Additional spaces and care fund (Buried With)	Ø
Opening/Closing & Setup (Sharon Brown)	Ø
Burial Container	Ø
Handling Fees (E-15971)	Ø
Flower vases – Marker setting fee	Ø
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	45.00
Paid receipt number 52938	45.00
Balance due	Ø

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

SAN Diego Memorial

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

X [signature]
Signature of recorded holder of deed

X [signature]
Signature

X 129 N ROYAL OAK DR
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 479-8770
Telephone

Invoice # ____

Work Order # E 15972

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15972

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

C20[redacted]

Date: 10-5, 2000

From San Diego Memorial Address: 2441 University Ave, S.D. 92104

Four thousand one hundred eighty-one and 46/100 Dollars ($ 4,181.46)

In Full Payment of Interment of Sharon Brown, Kenneth Brooks Jr., and Kianna Brown-Mitchell

Lot 196 Grave 1+2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-15971, E-15972, E-15973

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5404

AC-212 (Rev. 5-94)

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

ISSUED BY Vi Williams

CREDIT	67007	358	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	780	00
Handling Fee	100 77185	666	00
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	60	46
TOTAL PAID	$	4181	46

E-15972

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

13

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NNETH	LEE	BROOKS JR.	12/13/1986	09/30/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	VONDA BROWN - AUNT 12090 CALLE DAY MONTANA #248 SAN DIEGO, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Jeffrey Johnson	10/04/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/04/2000 J. JOHNSON	▶ 2016213

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-5-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Bottom 1st.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kianna Brown-Mitchell in a Double Crypt. (Type of Burial Container) Funeral, date, time 1:00 10-5-00 Thur.

Church/~~Chapel~~/Graveside ; S.D. 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. K.M.

Lot 196 Grave 2 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	23.78
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2068.23
Paid receipt number 52938	2068.23
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.

X Kevin D. Mitchell
Signature of recorded holder of deed

X ____

X San Diego Memorial. Mark [signature] 229011
Signature

X 8273 Brookhaven RD.
Address

X San Diego, CA 92114
City Zip Code

X 619-479-1462
Telephone

Invoice # ____

Work Order # E 15973

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

C23[redacted]

Date: 10-5, 2000

From San Diego Memorial Address: 2441 University Ave, S.D. 92104

Four thousand one hundred eighty-one and 46/100 Dollars ($ 4,181.46)

In Full Payment of Interment of Sharon Brown, Kenneth Brooks Jr., and Kianna Brown-Mitchell

Lot 196 Grave 1+2 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-15971, E-15972, E-15973

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5404

AC-212 (Rev. 5-94)

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

ISSUED BY Vi Williams

CREDIT			
20% Sales Care	87007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	780	00
Handling Fee	100 77185	666	00
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	60	46
TOTAL PAID		$ 4181	46

E15913

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

5

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIANNA	SHAUNTE	BROWN-MITCHELL	04/23/1995	10/01/2000	F

CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VONDA BROWN - AUNT 12090 SALE DAY MONTANA #248 SAN DIEGO, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	10/04/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$7.00	10/04/2000 J. JOHNSON	▶ 2016212

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

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

10. *AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS*

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-5-00	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 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 Oct-5-00

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

In a _____ Funeral, date, time 10-6-00 Friday 12:00

Type of Burial Container

~~Church~~, ~~Chapel~~ Graveside _____ : Ragsdal Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. _____

Lot 1040 Grave — Row — Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	270.00
Paid receipt number R-52937	270.00
Balance due	0

PAID

OCT 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 15974

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15974

9mon.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Thomas	Awet	Gebrihiwet	01/20/2000	10/02/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Frewoini Gebrihiwet, Mother 923 51st St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	10/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/05/2000 [signature]	2016266 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] 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 10-6-00	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 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 Oct-5-00

10-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA MAIE STEBBINS ~~10-20-00~~

in a Ash Vault. (Type of Burial Container) Funeral, date, time ~~AYD. PM~~

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 123 Grave — Row — Section — Division/Block 6/6

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number VISA	269.26
Balance due	0

PAID

OCT 0 5 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

Gerald J. Stebbins
Signature

10401 OROZCO RD.
Address

SAN DIEGO 92124
City Zip Code

(858) 279-8026
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 15975

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

10937

E 15975

FA 097

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

91

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELLA	MAIE	STEBBINS	10/14/1908	10/02/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JERALD T. STEBBINS - SON 10404 OROZCO RD SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶	10/03/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/03/2000 P Valentine	2016125 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10-20-00	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 10/10/00	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 OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-5-00

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

of PAULINE COLEMAN

in a t.s. Vault (Type of Burial Container) Funeral, date, time Fri-13-00 10:00

~~Church~~ Chapel, ~~Graveside~~ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. WB

Lot 80 Grave 3 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895
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	$1769.38
Paid receipt number VISA.	
Balance due	

PAID

OCT 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the DAUGHTER N 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.

WANDA J. COLEMAN
Signature

3694 ALABAMA ST #13
Address

SAN DIEGO, CA 92104
City Zip Code

619-295-5264
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15976

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15976

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAULINE	DORIS	COLEMAN	11/27/1913	09/28/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SHEILA COLEMAN - DAUGHTER 4646 HARTLEY STREET, APT. #5 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	10/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 10/05/2000	2016318 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 13 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 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 10-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WANDA LORENE LOVELACE in a LINER (Type of Burial Container) Funeral, date, time Fri 10/6/00 2:00 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. PSM

Lot 52 Grave 8 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	1064.73
Paid receipt number 52935	
Balance due	

PAID
OCT 05 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

X Pamela Murphey
Signature
X 14132 Cam. Amapola
Address
X S.D. CA 92129
City Zip Code
X 858-672-2261
Telephone

Invoice # ____

Work Order # E 15977

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

3:30 overtime

Date 10-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wanda Lorene Lovelace

in a Double Crypt (Type of Burial Container) Funeral, date, time Fri 10/6/00 2:00

Church, Chapel, Graveside PSM : Al. Burial Mortuary.

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

Lot 52 Grave 8 Row — Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	380
Handling Fees	320
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	29.45
Total Due	2044.45
Paid receipt number 52936	2094.45
Balance due	0

PAID

OCT 05 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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.

Signature: Pamela Murphy

Address: 14132 Camino Amado

City: S.D. CA Zip Code: 92129

Telephone: 858-672-2261

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

Signature of recorded holder of deed

Husband: Howard Lovelace
619) 501-8047 SD CA 92114
605 Merlin Dr.

Work Order # E 15978

Invoice # 337886

Acct. # 103569

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

10-11-00

15978

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

56

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WANDA	LOREN MOORE	LOVELACE	05/17/1944	09/30/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PAMELA MURPHY-SISTER 14132 CAMINATA AMADOR SAN DIEGO, CA 92127

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	10/06/2000

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 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.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/06/2000 J. BENYARD	▶ 2016343

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-6-00	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 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 10-9-00

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

in a LINER (Type of Burial Container) Funeral, date, time THUR 10-12 2:30

Church, Chapel, Graveside : RAGSDALE SKIPPER 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 167 Grave 2 Row Section 1 Division/~~Block~~ 12

Grave space & Care Fund	PRE-NEED E-8947	-0-
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	OCT 10 2000	145.00
Flower vases – Marker setting fee		
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	45.00
Sales taxes		14.73
Total Due	C	769.73
Paid receipt number	R-52950	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 15979

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15 979

E-15 979

15979

[illegible] ID-12 2:30

RAGSDALE

SKIPPER

$ 150.00

X

Lot 167 [illegible] 2

1 — 12

PRE NEED E-8949

PAID

E 15979

15979

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Myrtle	-	Shepherd	05/12/1924	10/06/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Mary Johnson, Friend 3775 Florence St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	10/11/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/11/2000 [signature]	2016597

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELAINE C. MELANSON-IBADIN

in a Double Depth Funeral, date, time THUR 10-12 12:00

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 112 Grave 3 Row _____ Section 2 Division/Block 13

Grave space & Care Fund	895.00
Additional spaces and care fu	—
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 M/C	2044.45
Balance due	0

PAID

OCT 09 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 1452 PARADISE HILLS ROAD
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 470 2889
Telephone

Invoice # _____

Work Order # E 15980

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

62

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elaine	Conchitta	Ibadin	12/28/1938	10/06/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Trenae Henry, Daughter 11723 Stoney Peak Dr. Rancho Bernardo, CA 92128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Williams	10/10/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/10/2000	2016505

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 10-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY B. STIGER

in a T.S. Vault. (Type of Burial Container) Funeral, date, time 10-11-00 11:00 A.M.

Church, Chapel, Graveside MORTUARY MERRLEY-MITCHELL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. Shirley A. Savage

Lot 133 Grave 11 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895
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	1769.38
Paid receipt number VISA.	1769.38
Balance due	0

PAID

OCT 09 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

Shirley A. Savage
Signature

11243 Pegasus Ave.
Address

San Diego, CA 92126
City Zip Code

858-549-9472
Telephone

Invoice # _____

Work Order # E 15981

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15981

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	BENNIE	STIGER	01/12/1914	10/06/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHIRLEY SAVAGE- NIECE 11243 PEGASUS AVENUE SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103	FD-119	▶ [signature]	10/10/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	10/11/2000 TC MITCHELL	2016543 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-6222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-11-00	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 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 Oct-9-00

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

in a LINER (Type of Burial Container) Funeral, date, time Oct-12 Thurs 11:0

Church, Chapel, Graveside : Rogsdal, Mortuary.

All Funeral cars must arrive before 3:00 p.m. on regular work day or an extra charge of $ 160 will be applied and billed to undersigned

Lot 517 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund	1395
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	14.75
Total Due	2164.75
Paid receipt number	2164.75
Balance due	0

PAID
OCT 09 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

Signature

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

Signature of recorded holder of deed

3159 17th St. S. #B
Address
FARGO, ND 58103
City Zip Code
701-237-3847
Telephone

Invoice #

Work Order # E 15982

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15982

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

74

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ethel	-	Wise	02/29/1926	10/06/2000	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 Gardner, Son, 3159 S. 17th St. Unit B. Fargo, ND 58103

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: Debbie Williams

8B. DATE SIGNED: 10/09/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 10/11/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2016598

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED: 10-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kevin F. Kane	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-00

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 230 Grave 1 Row _____ Section GAR Division/~~Block~~ R

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording and filing fee	45.00
Sales taxes	
Total Due	420.00
Paid receipt number R-52946	420.00
Balance due	-0-

PAID

OCT 09 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 15983

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma E. Morris

in a liner (Type of Burial Container) Funeral, date, time Thurs 10/12 2:00

Church, Chapel, Graveside Delivery/Witness: Pacific Beach 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 3469 Grave _____ Row _____ Section _____ Division/Block 10

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

PRE-NEED Lot + Trust E-12817 3-20-96

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

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

_____
Signature of recorded holder of deed

X Susan M. Dunn
Signature

X 434 Law St.
Address

X San Diego CA 92109
City Zip Code

X 858-483-8597
Telephone

Invoice # _____

Work Order # E 15984

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15984

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THELMA	EILEEN	MORRIS	07/28/1916	10/07/2000	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: SUSAN DUNN-DAUGHTER, 934 LAW ST., SAN DIEGO, CA. 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: EL CAMINO MEM-PACIFIC BEACH CHAPEL, 4710 CASS ST. SAN DIEGO, CA. 92109

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-815

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 10/10/2000

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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: 10/10/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2016498 ▶ E. CALVEZ

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. ST. SAN DIEGO, CA. 92102	11B. DATE BURIED: 10 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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Oct-10-00

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

in a Double crypt (Type of Burial Container) Funeral, date, time Fri 10/13 100

Church, Chapel, Graveside ; ANDERSON-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 10 Grave 9 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	750
Burial Container	380
Handling Fees	320
Flower vases – Marker setting fee	
Recording and filing fee	90
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-529664	2464.45
Balance due	

PAID
OCT 11 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

ANDERSON R.

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

Elizabeth Lewis
Signature
7414 Cahill Drive
Address
San Diego 92114
City Zip Code
(619) 264-7412
Telephone

Invoice #

Work Order # E 15985

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15985 E-

15985

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

58

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	E.	Lewis	03/24/1942	10/08/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diegá	San Diego	Elizabeth Lewis, Wife 7414 Cayhill Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Wheelan	10/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/10/2000	2016508

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

2ND

Date Oct-10-00

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

in a Double Crypt Funeral, date, time Tus. 17-00 1:00

Type of Burial Container

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

will be applied and billed to undersigned, Lorenza B Hilliard

Lot 140 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Pre-Need	0
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		
Handling Fees		45.00
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		420.00
Paid receipt number		420.00
Balance due		0

PAID

OCT [illegible] 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

Lorenza B Hilliard
Signature

1912 San Diego Av #4
Address

San Diego CA 92110
City Zip Code

619-295-1910
Telephone

Invoice # _____

Work Order # E 15986

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15986

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LORENZA	-	SHAW, JR.	06/27/1923	10/09/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	LORENZA HILLIARD-DAUGHTER 1912 SAN DIEGO AVE. #4 SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	10/12/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/13/2000 J. BENYARD	▶ 2016725

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-17-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

1ST Burial
DBL Depth Crypt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/12/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sadie Mae Rabinson

in a Double Crypt (Type of Burial Container) Funeral, date, time THUR 11-30 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

will be applied and billed to undersigned.

Lot 98 Grave 10 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup 375 x2	750
Burial Container PAID	380
Handling Fees	320
Flower vases – Marker setting fee OCT 16 2000	
Recording and MT. HOPE CEMETARY 45 X 2	90
Sales taxes CITY OF SAN DIEGO	29.45
Total Due	2464.45
Paid receipt number R-52974	2464.45
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.

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

Signature of recorded holder of deed

Carl M Rabinson
Signature

Address 345 S. 45th St
City SAN DIEGO CA Zip Code
Telephone 619-266-2414

Invoice #

Work Order # E 15987

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15987

AGE 68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sadie	Mae	Robinson	11/27/1932	11/22/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Eugene	Oregon	Carl Robinson, Husband 545 S. 45th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	11/30/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/30/2000	2019435 [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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	Vital Records; P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-30-00	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 REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

C2374

Date: 10-16, 2000

From: George McPherson Address: 4589 Crater St. Eugene Or 97402-6131

two thousand four hundred sixty four & 45/100 Dollars ($ 2464.45)

In full Payment of Interment of Lelie Peterson

Lot 98 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-15987

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 107

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

ISSUED BY S. Shields

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77161	750	00
Burial Containers	100 77182	350	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	2464	45

AC-212 (Rev. 5-94)

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-00

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

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 149 Grave 12 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-52985	895.00
Balance due	-0-

PAID OCT 18 2000 MT. HOPE CEMETARY CITY OF SAN DIEGO

PAID OCT 18 2000 MT. HOPE CEMETARY CITY OF SAN DIEGO

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 See _____ Address

X attached _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15988

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-00

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 149 Grave 12 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 _____	
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 Barbara G. Stone
Signature

X 4529 Mataro Drive
Address

X San Diego, Ca. 92115
City Zip Code

X 583-7500
Telephone

Invoice # _____

Work Order # E 15988

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

DISINTERMENT E-15989

Karen - Telephone
San Marcos
760 591-4036

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COREY LEE DAVIS

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1513 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

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	
Sales taxes	
Total Due	350.00
Paid receipt number	
Balance due	

VOID

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15989

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15989

15989

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

10-13-00
MONTH YEAR

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

COREY LEE DAVIS

from Lot 1513 Grave ____ Section 1 Row ____ Block ____

Division 9 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.

X ____ ____ ____

____ ____ ____

____ ____ ____

Signature | Relation to deceased | Address

I hereby authorize the above disinterment:

X ____ ____
(Lot owner must sign if not legal custodian) Date

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct 16 00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mercedes Ponce 9:0

in a Double Crypt (Type of Burial Container) Funeral, date, time Tues 10-17-00

Church, Chapel, Graveside : Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150-

will be applied and billed to undersigned. J. I

Lot 44 Grave 7 Row — Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	380
Handling Fees	320
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	29.45
Total Due	2044.4
Paid receipt number Mar.	2044.4
Balance due	0

PAID

OCT 16 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

12717 Caswell Ave.
Address

L. A. Ca. 90066
City Zip Code

(310) 737 9143
Telephone

Invoice #

Work Order # E 15990

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15990

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mercedes	-	Ponce	09/25/1925	10/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beatriz Ponce, Daughter 3265 Martin Ave. #C San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CAL. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA	FD 1424	▶ [signature]	10/16/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.000	10/16/2000 John Mayer	2016794 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery, 3751 Market St. San Diego, CA 92108-2222	11B. DATE BURIED 10 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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Oct-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elijah Pete White FRI 1:00

In a LINER (Type of Burial Container) Funeral, date, time Oct-20-00

Church, Chapel, Graveside IW ~~[illegible]~~ SAN MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned.

Lot 98 Grave 2 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	1664.73
Paid receipt number R-52989	1664.73
Balance due	1664.73

PAID

OCT 20 2000

MT. HOPE CEMETAR

CITY OF SAN DIEGO

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.

Isaac White
Signature

5246 LaPaz Dr.
Address

San Diego Ca 92114
City Zip Code

(619) 2644-7623
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 15991

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15991

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELLJAH	PETE	WHITE	08/24/2047 (08-22-1947)	10/14/2000	M (53)

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ISAAC WHITE - BROTHER 5246 LA PAZ DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Jeffrey B. Johnson	10/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/20/2000 J. JOHNSON	2017089

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3351 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Paid Lifting Fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-00

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

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time Thur 10-19 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 148 Grave 12 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre-Deed E-15622	-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 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 Lauren H. Mayes
Signature

X 6935 Benson Ave
Address

X S.D. CAC 92114
City Zip Code

X 619-263-8851
Telephone

Invoice # _____

Work Order # E 15992

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15992

15 992

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

62

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mamie	D.	Maye	12/21/1937	10/13/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Louis Mayes Husband 6935 Benson Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Kagedale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Bella Wheelan	10/18/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/18/2000	2016933

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-19-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

Pre-Need Forest

Date 10-16-00

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

in a lenin (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 190 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need C-9262	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-52976	769.73
Balance due	0

PAID

OCT 16 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X John S Spolarich
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 15993

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 20001056

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 2 Grave 1B Row _____ Section _____ Division ~~Block~~ 13

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
~~Flower vases – Marker setting fee~~ Disinterment Fee	1000.00
Recording and filing fee	
Sales taxes	
Total Due	1000.00
Paid receipt number	
Balance due	

VOID

Nancy Hobbs
Marco De La Toba

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 15994

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15994

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

October 16, 2000
MONTH YEAR

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

JOHN DOE PA#20001056

from Lot 2 Grave 1B Section _____ Row _____ Block _____

Division 13 and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

Division _____ Cemetery _____

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

Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-15994

Disinterment and Removal

A disinterment refers to the removal of human remains. The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

1) **The surviving spouse**.
2) The surviving children.
3) The surviving parents.
4) The surviving brothers or sisters.

H&S Code Art. 2 7525

Mt. Hope Cemetery requires the signature(s) of the immediate next of kin, on the form Authority to Disinter, Remove or Reinter. If this form is not signed in the presence of a cemetery staff member then this form must also be notarized. A court order will also authorize the disinterment of remains.

A disinterment will only take place at a date and time convenient for Mt. Hope Cemetery, and only after the Disinterment Permit and the disinterment fees are presented to the cemetery.

The disinterment or removal of human remains consist of opening the ground to the burial container, and its removal *only*. The casket will be removed *only* as a courtesy and only if it is, and remains, intake. At no time is Mt. Hope Cemetery's staff required to go into the grave to remove the body or any remains. This is the responsibility of the mortuary.

If you have any questions, regarding the disinterment/reinterment, please contact the cemetery manager or office staff.

Note: A disinterment/reinterment in the same cemetery does not require a disinterment permit.

Pre-Need
Lot
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan O. Nagtalon & Jennifer O. Nagtalon

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Lot 126 Grave 12 Row Section 7 Division/~~Block~~ 12

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	320.00
Flower vases – Marker setting fee	
Recording and filing fee 2 at 45	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-52979	616.00
Balance due	1848.45

PAID
NOV 25 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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: MANUEL R. NAGTALON

Address: 708 M. AVENUE #C

City: NATIONAL CITY CA. Zip Code: 91950

Telephone: (619) 474-5972

Invoice #

Work Order # E 15995

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1439 E. AVENUE

E-15995

NAGTALON, JONATHAN & JENNIFER ~~708 M Avenue #G,~~ National City, 91950 619 474-5972

			DEBIT	CREDIT	BALANCE
10-16-00	Opened Pre-need Lot & Trust				
	Lot 126, Grave 12, Section 2, Div 12		895.00		895.00
	Trust includes 2 opening/closing, double depth crypt, handling fee, 2 recording fees, tax on crypt.	179 20% 716 80%	1569.45		2464.[illegible]
10-16-00	R-52979			616.00	1848.45
11-3-00	R-53023	Coupon #1		77.00	1771.45
12-7-00	R-53132	Coupon #2	REM TO TRUST	77.00	1694.45
01-05-01	R-53220	Coupon #3 and #4		154.00	1,540.45
02-06-01	R-53327	Coupon #5		77.00	1,463.45
03-01-01	R-53417	Coupon 6		77.00	1,386.45
4-19-01	R-53599	Coupon 7		77.00	1,309.45
6-11-01	R-53803	Coupon 8 (lost) & 9		-154.00	1,155.45
7-13-01	R-53913	Coupon 10 (Lost)		-77.00	1,078.45
8-20-01	R-54044	Coupon 11 (lost)		77.00	1001.45
9-4-01	R-54095	Coupon 12 (lost)		77.00	92[illegible].45
10-19-01	R-54253	Coupon 13 (Lost)		77.00	84[illegible]5
11-15-01	R-54338	Coupon 14 & 15		-154.00	693.45
2-8-02	R-54641	Coupon 16 & 17		-154.00	539.45
3-11-02	R-54751	18		77.00	462.45

NAGTALON, JONATHAN & JENNIFER E-15995

	BALANCE FORWARDED			462.45
5-6-02	R-54953 Coupons 19 & 20		-154.00	308.45
8-[illegible]-02	R-55307 21 & 22		154.00	154.45
11-25-02	R-56651		154.45	-0-

Nagtalon, Jonathan & Jennifer E-15995

E 15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

Preneed for:

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	1
Payment Due Date	November-00
Payment Amount Due	77.00
Balance Due	1,771.45

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 15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	2
Payment Due Date	December-00
Payment Amount Due	77.00
Balance Due	1,694.45

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

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	3
Payment Due Date	January-01
Payment Amount Due	77.00
Balance Due	1,617.45

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

✓ JMC 1/5

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	4
Payment Due Date	February-01
Payment Amount Due	77.00
Balance Due	1,540.45

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

Due 1/5

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

PAID
FEB 06 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Preneed for: 0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	5
Payment Due Date	March-01
Payment Amount Due	77.00
Balance Due	1,463.45

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 15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	6
Payment Due Date	April-01
Payment Amount Due	77.00
Balance Due	1,386.45

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

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

E-15995

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	7
Payment Due Date	May-01
Payment Amount Due	77.00
Balance Due	1,309.45

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 - 15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	8
Payment Due Date	June-01
Payment Amount Due	77.00
Balance Due	1,232.45

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

7/13/01 Lost Coupon
Found by customer

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950
E-15995 0
0

Preneed for:
0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	9
Payment Due Date	July-01
Payment Amount Due	77.00
Balance Due	1,155.45

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) 527-4600

PAID

NOV 26 2012

MT. HOPE CEMETARY
CITY OF SAN DIEGO

15993

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	13
Payment Due Date	November-01
Payment Amount Due	77.00
Balance Due	847.45

used this to pay his 14 + 15 payments of 154.00

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-15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	16
Payment Due Date	February-02
Payment Amount Due	77.00
Balance Due	616.45

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

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	17
Payment Due Date	March-02
Payment Amount Due	77.00
Balance Due	539.45

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

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	18
Payment Due Date	April-02
Payment Amount Due	77.00
Balance Due	462.45

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

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	19
Payment Due Date	May-02
Payment Amount Due	77.00
Balance Due	385.45

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

15995

Mt. Hope Cemetery
Prepayment Plan Record

Jonathan & Jennifer Nagtalon
708 M Avenue #C
National City, CA 91950

0
0

Preneed for:

0

Lot 126, Grave 12, Sec 2, Div 12

Payment NO.	20
Payment Due Date	June-02
Payment Amount Due	77.00
Balance Due	308.45

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

Wilbert vault Stainless Steel

Dig D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-00

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

in a ~~F.S. VAULT~~ Funeral, date, time FRI 10-20 1:00

Type of Burial Container STAINLES STEEL

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 35 Grave 2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	1500.00
Paid receipt number M/C	1500.00
Balance due	0

~~MORTUARY TO BRING CHECK~~

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 15996

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Husba[illegible] is avinesh Kumar

fax 510 522-3549

E-15996

E-15996

E-15996

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

FAX COVER LETTER

TO: CHIEF HATTACK

PHONE/FAX# 510 - 522-3549

FROM: SUC SHACKELTON

DATE: 10-16-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

15996

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

22

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAKIBA	N.	PALMER	03/12/1978	10/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ADEN	YEMEN	AVINESH DEO KUMAR-HUSBAND 36708 SPRUCE ST. NEWARK, CA 94560

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5860 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Gowri Pen[illegible]	10/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/19/2000 J. BENYARD	▶ 2017033

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 10-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kay Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 10-17-00

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

in a BELL LINER (Type of Burial Container) Funeral, date, time WED 10-25 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 82 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need E-7233	~~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-52999	
Balance due	

PAID

OCT 24 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to bring check

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15997

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15997

15991

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

80

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leon	-	Pierson	08/16/1920	10/17/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Dan E. Pierson, Son 4159 48th St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶	10/23/2000

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/24/2000	2017286

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

7. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-25-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

E-15997

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-00

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time SAT 10-21 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 7 Grave 1 Row _____ Section IOOF ~~Division~~/Block 15

Grave space & Care Fund	PRE-NEED E-15655	-0-
Additional spaces and care fund	SATURDAY OVERTIME	600.00
Opening/Closing & Setup	PAID	375.00
Burial Container		250.00
Handling Fees	OCT 20 2000	185.00
Flower vases – Marker setting fee		—
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO	45.00
Sales taxes		19.38
	Total Due	1474.38
	Paid receipt number R-52988	1474.38
	Balance due	-0-

~~MORTUARY TO BRING CHECK~~

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X See attachment Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15998

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15998

E-15998

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

FAX COVER LETTER

TO: SKIPPER | RAGSDALE

PHONE/FAX# _____

FROM: SUE

DATE: 10-17-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

PLEASE SIGN AND RETURN. PLEASE BRING CHECK FOR $1474.38.

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-15998

INTERCHANGE CHECK

10 17 00

VIRGIL LOCKRIDGE

T. S. VAULT

SAT 10-21 11:00

RAGSDALE

7 1

TOOL 15

PER NEED E-15655 0

SATURDAY OVERTIME 600.00

375.00

250.00

195.00

45.00

19.38

1474.38

MORTGAGE AND
BRING CHECK

E 15998

E-15998

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Virgil	May	Lockridge	05/07/1916	10/14/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Roscoe C. Lockridge, Brother-in-Law 7017 Astronaut Las Vegas, NV 89145

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	10/16/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/18/2000	2016963 [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] 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, CAC 92102	11B. DATE BURIED 10-21-00	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 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 10-17-00

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

in a LINER (Type of Burial Container) Funeral, date, time MON 10-23 11:00

Church, Chapel, Graveside Delivery Only ; 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 1563 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	PRE-NEED C-7117	Ø
Additional spaces and care fund	" "	
Opening/Closing & Setup	" "	Ø
Burial Container	" "	Ø
Handling Fees	" "	Ø
Flower vases – Marker setting fee		
Recording and filing fee	" "	
Sales taxes	" "	Ø
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 See attached Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15999

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15999

Donna

460 460 1

Possible Friday

Conrad?

sign interment?

Died in Nebraska coming here

10

1563

Helen Mayer

Cremation

Reo buried 1562

here / all pd?

8.50 consumer

E-15999

may send check for 35.00 recording fee

MESSAGE CONFIRMATION
TRANSMISSION

OCT-17-'00 TUE 11:30

TERM ID: MT HOPE CEMETERY
TEL NO.:

NO.	DATE	ST. TIME	TOTAL TIME	ABBR/SEC	ID	DEPT CODE	#PGS	
963	10-17	11:29	00'00"40		619 4608747		OK - 1	NG - 0

E-15999

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-00

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

in a LINER (Type of Burial Container) Funeral date time

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 1563 Grave Row Section Division 10

Grave space & Care Fund	PRE-NEED C-7117		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			
Sales taxes	"	"	0

Total Due

Paid receipt number

Balance due

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

CONRAD LEMON GROVE MORTUARY

X [signature]

Signature

X 7387 BROADWAY

Address

X LEMON GROVE, CA 91945

City Zip Code

619/460-4601

Telephone

I hereby authorize the interment in the hold under deed

Signature in Individual Bonds of deed

Invoice #

Work Order # E 15999

Acct. #

Work Order

This information is available in alternative formats upon request

E-15999

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 99

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	B.	MAYER	03/20/1901	10/16/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHAPMAN	NB	KENNETH WHALING - NEPHEW 5480 MARENGO AVENUE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD-941	[signature]	10/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 10/20/2000	2017135

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
-

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-23-00	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 / 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 Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank C. Martin 214200

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 73 Grave 2 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... $895—

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
OCT 17 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due ..... $895—

Paid receipt number R-52982 $895—

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

Frank C Martin
Signature
6659 MANNING ST.
Address
SAN DIEGO, CA 92111
City Zip Code
(858) 277-1808
Telephone

Invoice # _____

Work Order # E 16000

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

E-16000

City of San Diego

Date 5-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK C. MARTIN 214200

in a TOP SEAL (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 73 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... PRE-NEED Lot E-16000	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	998.75
Paid receipt number #53671	998.75
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 FRANK C MARTIN
Signature

X 6659 MANNING ST
Address

X SAN DIEGO CA 92111
City Zip Code

X (858) 277-1808
Telephone

Work Order # E 16386

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16000

CALIFORNIA
DRIVER LICENSE
Z0799425 CLASS: C
EXPIRES 12-21-96
FRANK CARNIE MARTIN
6659 MANNING ST
SAN DIEGO CA 92111
SEX: M HAIR: BRN EYES: BRN
HT: 5-08 WT: 170 DOB: 12-21-07

Re-Med
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-00

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

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 144 Grave 8 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-52983	895.00
Balance due	~~0~~

PAID
OCT 17 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 Christopher Hill
Signature
X 5458 Timothy Dr.
Address
X San Diego CA 92105
City Zip Code
X (619) 263-0206
Telephone

Invoice # _____

Work Order # E 16001

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL P. HONCZARENKO

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

Church, Chapel, Graveside _____ ; PARIS FREDERICK Mortuary.

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

will be applied and billed to undersigned. _____

Lot 508 Grave _____ Row _____ Section 2 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund DISINTERMENT FEE	400.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	400.00
Paid receipt number	
Balance due	

VOID

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16002

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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THE CITY OF

SAN DIEGO

E-16002

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

October 17, 2000
MONTH YEAR

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

MICHAEL PAUL HONCZARENKO

from Lot 508 Grave _____ Section 2 Row _____ Block _____

Division 8 and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

Division _____ Cemetery EL CAJON CEMETERY

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

Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E- 16002

Disinterment and Removal

A disinterment refers to the removal of human remains. The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

1) **The surviving spouse**.
2) The surviving children.
3) The surviving parents.
4) The surviving brothers or sisters.

H&S Code Art. 2 7525

Mt. Hope Cemetery requires the signature(s) of the immediate next of kin, on the form Authority to Disinter, Remove or Reinter. If this form is not signed in the presence of a cemetery staff member then this form must also be notarized. A court order will also authorize the disinterment of remains.

A disinterment will only take place at a date and time convenient for Mt. Hope Cemetery, and only after the Disinterment Permit and the disinterment fees are presented to the cemetery.

The disinterment or removal of human remains consist of opening the ground to the burial container, and its removal *only*. The casket will be removed *only* as a courtesy and only if it is, and remains, intake. At no time is Mt. Hope Cemetery's staff required to go into the grave to remove the body or any remains. This is the responsibility of the mortuary.

If you have any questions, regarding the disinterment/reinterment, please contact the cemetery manager or office staff.

Note: A disinterment/reinterment in the same cemetery does not require a disinterment permit.

D.I.R
into GRAVE
of NORMAN Kiewel

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-00

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

In a [redacted] Double Depth Funeral, date, time FRI 10-20 1:00

Type of Burial Container

Church, Chapel Graveside ; HUMPHREY 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 68 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need E-1183	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 X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

_____
Signature of recorded holder of deed

X _____ Signature

X see attached Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16003

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

TOM REID 294-3033 ext 13
fax 294-6787

D.I.P
into grave
of NORMAN Kiewel

E-16003

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 10-18-00

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

in a ~~[illegible]~~ Doubly Depth Funeral date time FRI 10-20 1:00

Church Chapel Graveside HUMPHREY 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 68 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre-Need E-1183	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 X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

X Eleanore Kiewel
Signature
X 15002 FERRELL LANE
Address
X EL CAJON CA 92021
City
Zip Code
X (619) 579-2423
Telephone

Work Order # E 16003

Invoice # _____

Acct # _____

RCA 104.17.001

This information is available in alternative formats upon request.

E- 16003

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELEANORE	PHILAMONE	KIEWEL	08/19/1915	10/16/2000	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
Eleanore Reid - Daughter
15002 Ferrell Lane
El Cajon CA 92021

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: Judith E King

8B. DATE SIGNED: 10/19/2000

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: 10/19/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2017029 ▶ K.E. King

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records - P.O. Box 85222
San Diego CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 10-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-00

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

in a Double Depth (Type of Burial Container) Funeral, date, time Fri 10-20 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 71 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	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 R52987	2044.45
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Charles Williams Sr
Signature

X 5879 Old Memory Lane
Address

X San Diego, CA 92114-1244
City Zip Code

X (619) 264-0473
Telephone

Invoice # _____

Work Order # E 16004

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16004

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

61

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Claire	C.	Williams	04/01/1939	10/15/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles Williams, Husband 5879 Old Memory Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102	FD1329	▶ Debbie Williams	10/18/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/18/2000	2016949

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-20-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

left side

Date 10/20/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yu K. Liu ~~X~~ 10-30

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon ~~10/23/00~~ 1:30

Church, Chapel, Graveside CALIF. CREMATION; CALIF. 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. S.A.

Lot 138 Grave 8 Row _____ Section 2 Division/Block 11 ~~CHURCH~~

Grave space & Care Fund ..... Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup ..... PAID	105.00
Burial Container	55.00
Handling Fees ..... OCT 30 2000	60.00
Flower vases – Marker setting fee ..... MT. HOPE CEMETARY	
Recording and filing fee ..... CITY OF SAN DIEGO	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 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 Sam Z Bai
Signature
X 333 "G" ST AP #403
Address
X SAN DIEG, CA, 92101
City Zip Code
X (619) 239-7049.
Telephone

Invoice # _____

Work Order # E 16005

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16005

MOUNT HOPE CEMETERY

18 October 2000

The undersigned hereby requests and authorizes the interment of the remains of Yu K. Liu in Lot #138 Gr #8 Row — Sec. Chinese Block Division Chinese in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Signature of relative or legal representative

Witness

CCBA Coordinator

Witness

Address & relationship to deceased or authority to sign authorization for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

會員委款籌場墳人華

市[illegible]

Chinese Cemetery Financing Committee

E- 16005

E-16005

Received cremation at 2:05 10-30-00 from Pacific cremation

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIAO	Y.	LIU	05/17/1914	10/18/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHU ZHEN BA-WAFE 333 G STREET #403 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	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	8B. DATE SIGNED
		▶	10/25/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	10/25/2000 J. BENYARD	2017380 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-30-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 10/27/00	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 OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTURO M. VALDATI

in a _____ Funeral, date, time TUES 10-24 1:00

Type of Burial Container

Church, Chapel Graveside GUADALUPANA Mortuary.

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

will be applied and billed to undersigned. _____

Lot 681 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	270.00
Paid receipt number R-52993	270.00
Balance due	0

PAID

OCT 23 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING CHECK

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 16006

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16006

E 16006

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

FAX COVER LETTER

TO: GUADALUPANA

PHONE/FAX# _____

FROM: SUE

DATE: 10-23-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER AND BRING US A CHECK TODAY FOR $270.00.

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E- 16006

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1 DAY

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ARTURO	MORRAY	VALDATI	10/17/2000	10/17/2000	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
ARTURO VALDATI-FATHER
2585 BROADWAY
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: L. Lizarraga

8B. DATE SIGNED: 10/23/2000

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

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 10/23/2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: L.LIZARRAGA 2017178

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—
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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,C A 92102	11B. DATE BURIED: 10-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Oct-23-00

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

in a TS Vault (Type of Burial Container) Funeral, date, ~~time~~ ~~Thursday 26-~~ Oct 11:00

~~Church~~ Chapel Graveside X ; Pagedale 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 1413 Grave — Row — Section — Division/~~Block~~ 10

VOID

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	$1,869.38
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 16007

Acct. #

REA-104 (7-96)

This information ... request.

10-23 Per Skipper E-16007 now is going to be cremation. LOT 1422 Osceola Richardson

E- 16007

E-16007

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

FAX COVER LETTER

TO: Ragsdale

PHONE/FAX# _____

FROM: Maria C.

DATE: 10-23-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

Please sign interment order and Bring us A check today for $ 1,869.38

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

DIVERSITY BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond E. SMITH oct.

in a Double crypt. Funeral, date, time, FRI-27 10:00

Type of Burial Container

Church Chapel Graveside x C. Fulton: P. Beach. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150-

will be applied and billed to undersigned.

Lot 103 Grave 8 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 375-

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording and filing fee 45-

Sales taxes

PAID

OCT 23 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due #420-

Paid receipt number R-52992 420-

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

C. Fulton
Signature

4995 Fanuel St.
Address

San Diego, 92131
City Zip Code

858-566-1477
Telephone

Invoice #

Work Order # E 16008

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16008

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

87

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAYMOND	ELDON	SMITH	01/30/1913	10/21/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CATHERINE D. FULTON - DAUGHTER 9912 IRONWOOD PL SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - PACIFIC BEACH CAHPEL 4710 CASS ST., SAN DIEGO, CA 92109	FD-815	▶ [signature]	10/25/2000

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/25/2000 L. CASTRO	2017409 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 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 10 27 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 REMAINS DISPOSER —IF APPLICABLE

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

Pre-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-23-00

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

In a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 213 Grave 6 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 73
Paid receipt number VISA	1,664 73
Balance due	0

PAID
OCT 23 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Joe Collier
Signature
7694 K ST
Address
SAN DIEGO CA 92102
City Zip Code
619-239-0760
Telephone

Invoice # _____

Work Order # E 16009

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AUDREY COLEMAN-McCRAY

in a BELL LINER Funeral, date, time FRI 10-27 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 [signature]

Lot 159 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-52994	1664.73
Balance due	0

PAID

OCT 24 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

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.

X Joyce E. Dennis
Signature

X 155 Noeline Court
Address

X San Diego Ca. 92114
City Zip Code

(619) 470-1159
Telephone

Signature of recorded holder of deed

22908 7

Invoice # ____

Work Order # E 16010

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16010

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

57

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Audrey	-	Coleman-McCray	02/10/1943	10/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joyce E. Dennis, Sister 155 Noeline Ct. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD1329	▶ [signature]	10/26/2000

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/26/2000 [signature]	▶ 2017483

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-27-00	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 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 Oct -23-00

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

in a LINER (Type of Burial Container) Funeral, date, time MON -30-2000 1:00

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-

will be applied and billed to undersigned. OBW

Lot 59 Grave 1 Row — Section 1 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	$1,664.73
Paid receipt number R-53001	1664.73
Balance due	-0-

PAID

OCT 25 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Delke B Watson
Signature

124 Lausanne Dr
Address

San Diego Calif 92114
City Zip Code

619 264 1217
Telephone

Invoice # _____

Work Order # E 16011

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-00

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

in a ASH 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 81 Grave 7 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Pref Need D-6293 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 16012

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16011

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

5

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ronald	James	Jones	12/24/1948	10/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Olive B. Watson-mother 124 Lausanne Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115	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	8B. DATE SIGNED
		▶	10/24/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/24/2000 J. Benyard	2017299 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92182	11B. DATE BURIED 10-30-00	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 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.

8 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NANCY NASRIN MOEINI

In a _____ (Type of Burial Container) Funeral, date, time 10-25 Wed 1:00

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 106 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... PAID

Opening/Closing & Setup 450.00

Burial Container ..... OCT 24 2000 _____

Handling Fees ..... MT. HOPE CEMETARY _____

Flower vases – Marker setting fee ..... CITY OF SAN DIEGO, Cr _____

Recording and filing fee 45.00

Sales taxes 6.22

Total Due 501.22

Paid receipt number R-52995 501.22

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 _____
Signature

X 3425 Lebon Dr. #918
Address

X San Diego 92122
City Zip Code

X (858) 518-4486
Telephone

Farid Vaghefi

Invoice # _____

Work Order # E 16013

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16013

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 53

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NANCY	NASRIN	MOEINI	05/15/1947	10/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FARID FRED VAGHEFI- SON 3425 LEBON DRIVE, #918 SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	10/25/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 10/25/2000	2017361 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 25 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 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 10-21-00

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

in a BELL LINER (Type of Burial Container) Funeral, date, time Mon 10-30 11:00

Church, Chapel, Graveside : Rogsdale 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. L.H.

Lot 201 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 R-53010	1664.73
Balance due	0

PAID

OCT 30 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr

Mortuary to bring check

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.

Signature: Linda Haus

Address: 3955 Arizona St. #4

City: San Diego, Ca Zip Code: 92104

Telephone: 619 692-9848

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 16014

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16014

E-16014

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

24

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marquis	Kenya Kanya	Smith	12/21/1975	10/22/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Linda Davis, Mother 3955 Arizona St. Apt. H San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Arthur Williams	10/26/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/27/2000	2017530 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10 30 00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

Pre-need
Lot Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct. 24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Edward Ford

in a Double Depth (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3105 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	995-
Additional spaces and care fund	
Opening/Closing & Setup	375-
Burial Container	380-
Handling Fees	320-
Flower vases – Marker setting fee	46.93
Recording and filing fee	45-
Sales taxes	29.45
Total Due	$2,191.38
Paid receipt number R-52997	2191.38
Balance due	0

PAID
OCT 24 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Signature: Chas E Ford

Address: 4349 Robbins St

City: S.D. Zip Code: 92122

Telephone: 858-453-7127

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

_____
Signature of recorded holder of deed

Work Order # E 16015

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-24-00

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

in a BELL LINER (Type of Burial Container) Funeral, date, time THUR 10-26 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 ~~55~~ 64 Grave ~~7~~ 9 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53000	1664.73
Balance due	0

PAID

OCT 25 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

~~MORTUARY TO BRING CHECK~~

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

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

_____
Signature of recorded holder of deed

X Signature _____

X Address _____ see attached

X City _____ Zip Code

X Telephone _____

Invoice # _____

Work Order # E 16016

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16016

E-16016

INTERMENT ORDER

10-24-00

ANNE GREEN

BELL LINER Funeral date and time THUR 10-26 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 55 Grave 7 Row _____ Section 1 Number 12

Grave space & care fund	895.00
Additional space and care fund	
Opening/Closing & Fixed	375.00
[illegible]	190.00
[illegible]	145.00
[illegible]	
[illegible]	45.00
[illegible]	14.73
[illegible]	1664.73

MERCURY [illegible]

Work order # E 16016

E 16016

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found 74

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Anne	-	Green	12/26/1925	10/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	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	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Bettie Williams	10/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/20/2000	▶ 2017130

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-26-00	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 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-16016

ANNE GLEEN
BELL LOWER

TRUS ... 11.00
RAGSDALE

55	7	1	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
	1664.73

MORTUARY to
BRING CHECK

L 29
W 14
H 10

MT. H[illegible]TERY
INTERM[illegible]ORDER
City of San Diego

Date Oct-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge INZUNZA October

in a _____ Funeral, date, time Monday 30- 1:30
Type of Burial Container

Church Chapel Graveside _____ : Guadalupana 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 965 Grave _____ Row _____ Section 1 Division/[illegible] 9

Grave space & Care Fund	100-
Additional spaces and care fund	
Opening/Closing & Setup	125-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45-
Sales taxes	
Total Due	$ 270.00
Paid receipt number R-53007	270.00
Balance due	0

PAID
OCT 30 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

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

Invoice # _____

Work Order # E 16017

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16017

E-16017

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

10/25/2000

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JORGE	-	JIMENEZ-INZUNZA	10/25/2000	10/25/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NEREIDA INZUNZA-MOTHER 3201 51th. ST. SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA 92102	FD_1425	L. Lizarraga	10/27/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	L.LIZARRAGA 10/27/2000	2017537

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 92102	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-30-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Oct-31-00

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

in a LINER (Type of Burial Container) Funeral, date, time FRI. NOV-3-00 11:30

~~Church~~, Chapel, Graveside RL : HUMPHREY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

Lot 120 Grave 12 Row — Section 3 Division ~~Block~~ 12

Grave space & Care Fund ..... pre-need E-15013 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 0

Balance due 0

PAID

OCT 31 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 Rosemary Steinauer

Address 611 Josefina Place

City Chula Vista, Zip Code 91910

Telephone (619) 421-7206

Invoice #

Work Order # E 16018

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

93

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEONIDES	R.	BARENO	08/08/1907	10/30/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rosemary Steinauer - Daughter 611 Josefina Place Chula Vista CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	▶ Judith E King	11/02/2000

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/03/2000 J.E. King	2017914 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 11-3-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-00

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

in a BELL LINER (Type of Burial Container) Funeral, date, time TUES 11-7 12:30

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 107 Grave 8 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 NOV 01 2000	190.00
Handling Fees	145.00
Flower vases – Marker setting MT. HOPE CEMETARY CITY OF SAN DIEGO	—
Recording and filing fee	15.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-53014	1564.73
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.

X [signature]
Signature

X 156 KENYATTA DR
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 264 9188
Telephone

JACKIE BARNES

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16019

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16019

E-16019

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KAREN	LEE	WILSON	04/11/1950	09/28/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JACKIE BARNES-SISTER 156 KENYATTA DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	10/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/19/2000 J. BENYARD	▶ 2017007

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

arrived 3:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRORY JEROME JOHNSON in a Double Crypt (Type of Burial Container) Funeral, date, time 11-6-00 MON. 1:00 Church, Chapel, Graveside ; RAGSDALE. Mortuary.

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

Lot 145 Grave 7 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	380
Handling Fees	320
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	$2044.45
Paid receipt number R-53019	2044.45
Balance due	0

PAID

NOV 03 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

Signature: Valorus R. Johnson
Address: 624 Reef Drive
City: San Diego Zip Code: 92154
Telephone: (619) 575-0188

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

Signature of recorded holder of deed

Invoice # 339339

Work Order # E 16020 Acct. # 104099

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

8-16-00

E-16020

THE CITY OF

SAN DIEGO

E-16020

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

FAX COVER LETTER

TO: Ragsdale

PHONE/FAX# _____

FROM: Maria C.

DATE: Nov-1-2000

PAGES incl this page 1

FAX # 527-3403

MT HOPE CEMETERY

Bring us a check tomorrow for $ 204.45

Thank you.

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E- 16020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Trory	Jerome	Johnson	06/21/1982	10/29/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maloris M. Johnson, Grandmother 824 Reef Dr. San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	11/01/2000

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/02/2000 M Williams	2017877 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-6-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-00

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

in a Bell Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 71 Grave 9 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	Pre-Need E-15535 ~~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-53015	300.00
Balance due	469.73

Paid-in-Full 12-01-00

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.

Chester L Simpson
Signature

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

_____
Signature of recorded holder of deed

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16021

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16021

SIMPSON, CHESTER L. 1403 LA CORTA CIRCLE, Lemon Grove, 91945 463-2458

		DEBIT	CREDIT	BALANCE
11-01-00	Opened Pre-need Trust.			
	Trust includes opening/closing, bell liner, handling fee, recording fee, tax on liner. (Lot 71, Grave 2, Sec. 17, Div 7)	769.73		769.73
11-01-00	R-53015		300.00	469.73
12-1-00	R-53103 PAID TRUST IN FULL		469.73	-0-

SIMPSON, CHESTER L.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN HENRY PARKS

in a BELL LINER (Type of Burial Container) Funeral, date, time TUES 11-7 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. X

Lot 144 Grave 8 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	14.75
Total Due	1664.73
Paid receipt number R-53030	1664.73
Balance due	0

PAID
NOV 06 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY to BRING CHECK

X

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

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

X Signature

X Address

X City Zip Code

X Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 16022

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16022

THE CITY OF

SAN DIEGO

E 16022

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

FAX COVER LETTER

TO: SKIPPER

PHONE/FAX#

FROM: SUE

DATE: 11-2-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER AND BRING CHECK TO US ON FRIDAY.

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

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-16022

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

51

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	Henry	Parks	03/31/1949	10/31/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Henry Parks, Father 344 Los Alamos Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Wellman	11/06/2000

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/06/2000 D Williams	2018037 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	0

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

Pre-Need Trust

Date 11-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark & Marisa Zabelinskiy

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Lot 5032 Grave Row Section Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need E-13724	0
Additional spaces and care fund		
Opening/Closing & Setup	2 at 375	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Mark[illegible]		—
Recording and filing fee	2 at 45.00	90.00
Sales taxes		29.00
Total Due		1569.45
Paid receipt number	VISA	569.45
Balance due		1000.00
		-1000.00

PAID

APR 30 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X MARAT ZABELINSKIY
Signature

X 4626 Ohio St, ap # 15
Address

X San Diego, CA 92116
City Zip Code

X 619.584.4909
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 16023

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16023

Mt. Hope Cemetery
Prepayment Plan Record

Mark & Maisa Zabelinskiy
4626 Ohio Street Apt 15
San Diego, CA 92116
619 584-4909
E-16023

Preneed for:

Lot 5032 Division 10

Payment NO.	1
Payment Due Date	December-00
Payment Amount Due	42.00
Balance Due	958.00

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-16023

Mt. Hope Cemetery
Prepayment Plan Record

Mark & Maisa Zabelinskiy
4626 Ohio Street Apt 15
San Diego, CA 92116
619 584-4909
E-16023

Preneed for:

Lot 5032 Division 10

Payment NO.	2
Payment Due Date	January-01
Payment Amount Due	42.00
Balance Due	916.00

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

Check # 689

E 16023

Mt. Hope Cemetery
Prepayment Plan Record

Mark & Maisa Zabelinskiy
4626 Ohio Street Apt 15
San Diego, CA 92116
619 584-4909
E-16023

Preneed for:

Lot 5032 Division 10

Payment NO.	3
Payment Due Date	February-01
Payment Amount Due	42.00
Balance Due	874.00

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-16023

Mt. Hope Cemetery
Prepayment Plan Record

Mark & Maisa Zabelinskiy
4626 Ohio Street Apt 15
San Diego, CA 92116
619 584-4909
E-16023

Preneed for:

Lot 5032 Division 10

Payment NO.	4
Payment Due Date	March-01
Payment Amount Due	42.00
Balance Due	* 832.00

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-16023

Mt. Hope Cemetery
Prepayment Plan Record

Mark & Maisa Zabelinskiy
4626 Ohio Street Apt 15
San Diego, CA 92116
619 584-4909
E-16023

Preneed for:

Lot 5032 Division 10

Payment NO.	5
Payment Due Date	April-01
Payment Amount Due	42.00
Balance Due	790.00

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
(619) 527-3400

53268

Date: Jan - 18 - 2001

From: MARAT M. ZABELINSKIY Address: 4626 OHIO ST. # 15 SAN DIEGO CA. 92116

EIGHTY 00/00 Dollars ($ 80.00)

In PART. Payment of PRE-NEED FOR MARK & MAISA ZABELINSKIY

Lot 5032 Grave — Row — Section — Division 10

Invoice No.

Acct. No.

W.O. E-16023

BALANCE DUE $ 820.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 18 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Maria Carrillo

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	80.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	80.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53393

Date: Feb. 23, 20 01

From: Marat M Zabelinskiy Address: 4626 Ohio St. #15, S.D., CA 92116

One-Hundred and No/100 Dollars ($ 100.00 xxx)

In -part Payment of Pre-Need Trust

Lot 5032 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16023

BALANCE DUE 720.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) #690

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 23 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53511

Date: 4-2, 2001

From: Marat Zabolinskiy Address: 4626 Ohio St. #15 San Diego 92116

One hundred Dollars ($ 100.00)

In part Payment of Pre-Need Trust

Lot 5032 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 16023

BALANCE DUE 620.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
69

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53627

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 30, 20 01

From: Marat M. Zabelinskiy Address: 4626 Ohio St. #15, S.D., CA 92116

Six-Hundred Twenty and NO/100 Dollars ($ 620.00 XXX)

In Full Payment of (2) Pre-Need Trusts for: Mark & Maisa Zabelinskiy.

(Trust: 2-O/Closings, Double Crypt; 2-Recording fees; Tax on Dbl Crypt)

Lot 5032 Grave — Row — Section — Division 10

Invoice No.

Acct. No.

W.O. E-16023

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) # 692

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	620	00
Sales Tax	60101 78390		
TOTAL PAID	$	620	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53164

Date: Dec 19th, 2000

From: Mark and Maisa Zabelinskiy Address: 4626 OHIO St., S.D., CA 92116 (APT. 15)

One-Hundred and NO/100 Dollars ($ 100.00 XXX)

In-part Payment of PRE-NEED TRUST

Lot 5032 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16023

BALANCE DUE 900.00 XXX

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#688

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 19 2000

MT HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

E-16023

ZABELINSKIY, MARK & MAISA 4626 Ohio St., Apt 15 San Diego 92116

			DEBIT	CREDIT	BALANCE
11-02-00	Opened Pre-need Trust. Trust includes 2 Openings/closings, double depth crypt, 2 recording fees, tax on crypt.		1569.45		1569.45
	(Lot 5032, Division 10) ALL TO TRUST				
11-02-00	Visa			569.45	1000.00
12-19-00	R-53164	#1		-100.00	900.00
1-18-00	R-53268	#2		-80.00	820.00
2-23-01	R-53393	3		-100.00	720.00
4-2-01	R-53511	4		100.00	620.00
4-30-01	R-53627	5		-620.00	

PAID

APR 30 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ZABELINSKIY, MARK & MAISA Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SENAIT ADENEW

in a T.S. VAULT (Type of Burial Container) Funeral, date, time SAT 11-11 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

will be applied and billed to undersigned. X [signature]

Lot 2372 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund SATURDAY OVERTIME	600.00
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	2469.38
Paid receipt number R-53048	2469.38
Balance due	0

PAID

NOV 09 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C/

I hereby certify I am the X Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X [signature]
Signature

I hereby authorize the interment in lot I hold under deed.

X 4513 33rd Street
Address

_____
Signature of recorded holder of deed

X San Diego, CA 92116
City Zip Code

X
Telephone

Invoice # (619) 282-1321

Work Order # E 16024

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16024

MOE 52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Senait	-	Adenew	02/16/1948	10/28/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Zewdalem Kebede, Friend 3420 43rd St. #6 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [illegible]	11/06/2000

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/07/2000	2018042

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-11-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 Nov-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRY O Sproul

in a LINER (Type of Burial Container) Funeral, date, time 2:00 Nov-9-00 Thursday

Church, Chapel, (Graveside) : Conrad L.G. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150-

will be applied and billed to undersigned.

Lot 1319 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... PRE-NEED	0
Additional spaces and care fund C-1346 E-12473	—
Opening/Closing & Setup E-3739	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	0
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

Lennie M Clark
Signature

3230 Ford Ram
Address

Clovis Ca. 93611
City Zip Code

559-294-8743
Telephone

Invoice #

Work Order # E 16025

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16025

E 16025

INTERMENT ORDER

1319

Handling Fees

Flower vases — Mausoleum setting fee

Recording and filing fee

Sales taxes

Total Due

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 my hold under deed

DONNA J. CONRAD
Conrad Lemon Grove Mortuary
7387 Broadway
Lemon Grove, CA 91945
619.4684501

E 16025

E-16025

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

100

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Harry	O.	Sproul	10/31/1900	11/06/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Clovis	Fresno	Linnie M. Clarke -daughter 3230 Veridian Avenue Clovis, CA 93611-9

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945	FD-941	Barbara Cortez	11/06/2000

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11-07-00	David M. Hadden, M.D.

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
1221 Fulton Mall - Fresno, CA	3851 Rosecrans St. - San Diego, CA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street-San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ricardo Loom	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT T. KAISER

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time THUR 11-9 10:00

Church, Chapel, Graveside _____ ; FEATHERINGILL 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 125 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	300.00
Handling Fees	320.00
Flower vases – Marker setting	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number M/C	2044.45
Balance due	0

PAID

NOV 06 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

I hereby certify I am the X Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X June T. Kaiser
Signature

X 1233 Pfeifer Ln.
Address

X El Cajon, CA 92020
City Zip Code

619-448-4699
Telephone

Invoice # _____

Work Order # E 16026

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16026

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	Thomas	Kaiser	08/24/1930	11/05/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	JunefKaiser, wife 1233 Pfeifer Lane El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	11/06/2000

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/06/2000 T.Trussdale	2018023

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego,CA92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 9 (REV. 6/91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gwendolyn Lovette

in a BELL LINER (Type of Burial Container) Funeral, date, time Mon 11-13 1:00

Church, Chapel, Graveside ; Rosedale 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. Betty J. Robinson

✓ Lot 35 Grave 4 Row Section 1 Division/~~Block~~ 12

PAID

NOV 08 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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 E-53047	1664.73
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

X Betty J. Robinson
Signature

X 636 O'meara ST
Address

X ~~63~~ San Diego, CA 92114
City Zip Code

X (619) 264-2530
Telephone

Invoice #

Work Order # E 16027

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E- 16027

E- 16027

OGR 41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gwendolyn	-	Lovette	04/25/1959	11/04/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Betty J. Robinson, Mother 636 O'Meara St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	11/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/09/2000 [signature]	▶ 2018326

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-13-00	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 REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERTO MEDINA

in a LINER (Type of Burial Container) Funeral, date, time THUR 11-9 11:30

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. X P.M.

Lot 175 Grave 4 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	1664.73
Paid receipt number Visa+mc	1664.73
Balance due	0

PAID

NOV 07 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 Pedro Medina (Signature)
X 1720 J ST (Address)
X SAN DIEGO CA 92101 (City, Zip Code)
X 595-7832 (Telephone)

Work Order # E 16028

Invoice #

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16028

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

27

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERTO	-	MEDINA	04/27/1993	11/05/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PEDRO MEDINA-FATHER 92102 1720 J. STREET SAN DIEGO, CA

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	57	Ernest Leonard	11/06/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/08/2000 J. BENYARD	▶ 2018153

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

2nd Journal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LUCILLE LEWIS

in a Daily Depth (Type of Burial Container) Funeral, date, time MON 11-13 1:00

Church, Chapel, Graveside ; Greenwood (Geraldine) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 517 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need D-3517	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container ..... Pre-Need E-14162	—
Handling Fees	—
Flower vases – Marker staking fee	—
Recording and filing fee ..... " "	45.00
Sales taxes	
Total Due	420.00
Paid receipt number R-53039	420.00
Balance due	-0-

PAID NOV 07 2000 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X David E. Lewis
Signature

X 4830 GARFIELD ST
Address

X LA MESA CA 91941
City Zip Code

X 619-466-8869
Telephone

Invoice # _____

Work Order # E 16029

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-16029

age 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCILLE	KATHRYN	LEWIS	10/18/1915	11/06/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAVID E. LEWIS: SON 4830 GARFIELD STREET LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	11/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 11/09/2000	2018324 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DENIS GOLUBEFF

in a BELL LINER (Type of Burial Container) Funeral, date, time Mon 11-13 10:00

Church, Chapel, Graveside : PIERCE BROTHERS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

√ Lot 177 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53044	1664.73
Balance due	0

PAID
NOV 08 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 Nettie R Goluberff
Signature

X 21-1649 St
Address

X San Diego, CA 92101
City Zip Code

√ 619-234-2357
Telephone

Invoice # _____

Work Order # E 16030

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16030

ACR 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DENIS	MICHAEL	GOLUBEFF	08/09/1941	11/06/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HOLLYWOOD	LOS ANGELES	MATTIE R. GOLUBEFF - WIFE 3216 BENNETT DR. HOLLYWOOD, CA 90068

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
PIERCE BROS.VALHALLA MORTUARY 10621 VICTORY BLVD. NORTH HOLLYWOOD, CA 91606	F-916

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
		▶	11/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/09/2000	▶ 195/16038

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA ST. LOS ANGELES, CA 90012	P O BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOC[illegible] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CALIFORNIA	11B. DATE BURIED 11-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE GOLDBEFF

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 177 Grave 8 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-83044	895.00
Balance due	-0-

PAID
NOV 08 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 See attached for Denis
X Address
X City Zip Code
X Telephone

Invoice # _____

Work Order # E 16031

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtice Owen 100

in a LINER (Type of Burial Container) Funeral, date, time Tuesday-14 Nov-2000

~~Church, Chapel,~~ Graveside Vista Humphrey 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 J m B

✓ Lot 126 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... pre-Need lot & Trust	0
Additional spaces and care fund D-4243	—
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	—
Paid receipt number	0
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

X Frances Bittick
Signature

X 1940 Willowbrook Ct.
Address

X El Cajon, Ca 92019
City Zip Code

X 619 579 2658
Telephone

Invoice #

Work Order # E 16032

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16032

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

03-13-1984 DUPLICATE DEED

DEED

№ 11124

OWNERSHIP AND INTERMENT PRIVILEGES

TO Myrtice Owen for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 126, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4243

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

Robert M. Sutton
Cemetery Manager

Property Director

PY-8M

E-16032

age 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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MYRTICE	INEZ	OWEN	01/05/1921	11/08/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Frances Bittick - Sister 1940 Willowbrook Court El Cajon CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	Judith King	11/10/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/13/2000 J.E. King	2018376

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records - P.O. Box 85222 San Diego CA 92186-5222	—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 11-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Kamper	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-09-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EI URI

in a NONE (Type of Burial Container) Funeral, date, time 4:00 THURSDAY NOV-9-00

Church, Chapel, Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. X O. A.

Lot 103 Grave _____ Row _____ Section MUS Division/Block _____

Grave space & Care Fund 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID 450.00

Burial Container .....

Handling Fees ..... NOV 09 2000 .....

Flower vases – Marker setting fee : MT. HOPE CEMETARY

Recording and filing fee ..... CITY OF SAN DIEGO, C. 45.00

Sales taxes 6.22

OVER TIME $150.00 Total Due 501.22

R-53049 Paid receipt number VISA 501.22

Balance due 0

I hereby certify I am the X BR. 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.

X Ottoman Akel (Signature)

X 1563 VIA RANCHO PKY (Address)

X ESCONDIDO CA. 92029 (City, Zip Code)

X 760 480-8006 (Telephone)

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Work Order # E 16033

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16033

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FOUAD	AHMAD	EL-URI	08/10/1930	11/08/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	OTHMAN AKEL - BROTHER-IN-LAW 1563 VIA RANCHO PARKWAY ESCONDIDO, CA 92029

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	11/09/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 11/09/2000	▶ 2018301

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-7-00	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 ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-16033

بسم الله الرحمن الرحيم

الفاتحة

المهندس / فؤاد احمد العوري

مواليد / القدس فلسطين 8/10/1930

FUAD EL-URI

انتقل الى رحمتة بتاريخ 11/08/2000

Fouad EL-URI

ISLAMIC #103

11-9-00

Rcvd - This E-16033 Correspondence Tue Jan. 23, '01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERNA MAE Scott

in a LINER (Type of Burial Container) Funeral, date, time 11:00 Wed. 11/15/00

~~Church, Chapel,~~ Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. [signature]

✓ Lot 92 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-	1664.73
Balance due	-0-

PAID

NOV 13 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

Mortuary will bring check in

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 5231 MANZANARCS WAY
Address

X San Diego 92114
City Zip Code

X (619) 263-1784
Telephone

Invoice # _____

Work Order # E 16034

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16034

AGE 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Verna	Mae	Scott	10/07/1917	11/08/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Herbert Scott, Son 5231 Manzanares Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.: San Diego, CA 92102	FD-1329	▶ Valerie Linley	11/14/2000

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

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/14/2000 V Linsley	2018498 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-15-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: RITA POUMELE

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 30 Grave 7 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	45.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	45.00
Paid receipt number R-53053	45.00
Balance due	-0-

PAID
NOV 13 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Rita Poumele
Signature

7894 Central Ave #A
Address

Lemon Grove, CA 91945
City Zip Code

(619) 466-7680
Telephone

Invoice # _____

Work Order # E 16035

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16035

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

QUITCLAIM DEED

In consideration of _____

_____

_____

I/We Del F. Flatz

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Rita Poumele
7094 Central Ave. Lemon Grove, Ca. 91945

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 30 *Grave* 7 *Row* ____ *Section* 2 *Division/~~Block~~* 7

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 13th *day of* November ~~19~~ 2000

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Sue Shackellon

_____

Witnesses

Del F. Flatz
2950-55 Sris Ave.
San Diego, Ca.
92154

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-16035

PROPERTY AGREEMENT

THIS PROPERTY AGREEMENT is executed at San Diego County, California, by and between DELMAIN FINLEY FLATZ (hereinafter referred to as "Husband") and GLADYS GRACE FLATZ (hereinafter referred to as "Wife") with Husband of San Diego County, California, and Wife of San Diego County, California, hereinafter also referred to as the "Parties."

RECITALS

WHEREAS, the parties to this Agreement are husband and wife, and were married on June 19, 1971 and have been continuous residents of the State of California as husband and wife since June 19, 1971, and

WHEREAS, the parties own, hold and possess property which is taken or held partially in the name of DELMAIN FINLEY FLATZ, partially in the name of GLADYS GRACE FLATZ and partially in the names of both parties, either as joint tenants or otherwise, and

WHEREAS, the parties desire to come to an agreement on and to declare the manner of their ownership of all their presently possessed property, and

WHEREAS, this Agreement is made without intent of either party to obtain a divorce or legal separation, or to effect a gift or any other transfer of the property herein mentioned.

AGREEMENT

Now, THEREFORE, the parties agree as follows:

1. Nature of Property: All property, both real and personal, tangible and intangible, owned, held or possessed as of the date of this Agreement, except that property presently held which

E-16035

is specifically designated otherwise hereunder, is and shall be held by the parties hereto as their community property. The parties intend this Agreement to be binding upon themselves and upon all others as to property presently held by them, regardless of the manner or form of the written title to said property, or any evidence thereof, or in whose name or names it may presently stand, and do hereby transfer, assign and convey all such property to themselves as community property.

2. Joint Tenancy Property: It is the intent of the parties that all community and separate property be held by the party's Inter Vivos Family Trust. However, all assets whose title has not specifically been registered into the party's Family Trust shall be held by the parties in joint tenancy with right of survivorship:

It is agreed by the parties hereto that the above-referenced assets are held in joint tenancy for the limited purpose of avoiding probate administration in the event of the death of one of the parties. It is agreed that the true nature of such assets held in such form shall be community property.

3. Acknowledgment of Husband's Separate Property: I, GLADYS GRACE FLATZ, hereby acknowledge that the following described property is the sole and separate property of DELMAIN FINLEY FLATZ and that I have no right, title or interest whatsoever in the property listed in Schedule "B." Said Schedule is incorporated herein by reference as if set out in full herein.

4. Acknowledgment of Wife's Separate Property: I, DELMAIN FINLEY FLATZ, hereby acknowledge that the following described property is the sole and separate property of GLADYS GRACE FLATZ and that I have no right, title or interest whatsoever in the property listed in Schedule "A." Said Schedule is incorporated herein by reference as if set out in full herein.

5. Subsequently Acquired Property: Any property subsequently acquired by Husband or

E-16035

Wife, except property acquired by gift or inheritance or property which when acquired is identified in writing as the separate property of the acquiring spouse, shall be deemed to be their community property whether acquired in the name of either spouse and without regard to how title may be held.

6. Purpose of Agreement: The purpose of this Agreement is to clarify the status of the property held by the parties and shall not effect a gift from either party to the other of any interest in properties held by either party. Its purpose is only to correct the manner of title holding where title to property does not correctly indicate the intent of the parties as to the form of ownership.

IN WITNESS WHEREOF, the parties have executed this agreement on 10-31-94.

Delmain Finley Flatz
~~Delmain Flatz~~
DELMAIN FINLEY FLATZ

Gladys Grace Flatz
GLADYS GRACE FLATZ

State of California)
County of San Diego)

On Oct. 31, 1994, before me, MARY J. DIERDORFF, NOTARY PUBLIC
(Insert name and title of the officer)
personally appeared DELMAIN FINLEY FLATZ and GLADYS GRACE FLATZ, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Mary J. Dierdorff (SEAL)
Notary's Signature

MARY J. DIERDORFF
COMM. # 1023785
Notary Public — California
SAN DIEGO COUNTY
My Comm. Expires APR 17, 1998

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CINDY MADORE - THOMAS

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~FRI 11-17~~ 2:30 FRI 11-24 2:30

Church, Chapel, Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 30 Grave 7 Row _____ Section 2 Division/Block 7

Grave space & Care Fund	Pre-Need ~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-53051	269.26
Balance due	~~0~~

PAID

NOV 13 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Chelsea Palmer
Signature
X 7094 Central Ave #A
Address
X Lemon Grove, CA 91945
City Zip Code
X 619 466-7680
Telephone

Invoice # _____

Work Order # E 16036

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16036

AGE 39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Cindy	Lee	Madore Thomas	07/22/1961	02/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	William Thomas - Husband 761 South Orange Ave Apt C El Cajon Ca 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682	▶ [signature]	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 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.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/17/2000	2003283 D.Heldenbrand ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] 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	11B. DATE BURIED 11-24-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium Inc 601-D Crane St Lake Elsinore Ca 92530	12B. DATE CREMATED 2-23-00	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 1/3 Cremains Res Rita Poumele - Sister 794 Central Ave Lemon Grove CA 91945	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 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-16036

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cindy	Lee	Madore Thomas	07/22/1961	02/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	William Thomas - Husband 761 South Orange Ave Apt C El Cajon Ca 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682	▶ [illegible]	02/16/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/17/2000 D.Heldenbrand	2003283 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium Inc 601-D Crane St Lake Elsinore Ca 92530	12B. DATE CREMATED 2-23-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 1/2 Cremains Rec Mark Quinal - Son 2577 Massachusetts Ave Lemon Grove Ca 91945	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.

E-16036

AGE 39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CINDY	LEE	MADORE THOMAS	07/22/1961	02/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	RITA POUMELE: SISTER 794 CENTRAL AVENUE LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	12/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
FD-843	VICTORIA MEZA 12/14/2000	2020266 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-14-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Shieder	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard A. Fabian

in a ash urn (Type of Burial Container) Funeral, date, time AYD

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 2 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker Setting Fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	569.26
Paid receipt number R-53060	569.26
Balance due	0

PAID VOID

NOV 14 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Friend / Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Michael O'Halloran (Signature)
X 4958 Longford Pl (Address)
X San Diego 92117 (City, Zip Code)
X 858-279-1228 (Telephone)

_____ Signature of recorded holder of deed

Michael O'Halloran

Invoice # _____

Work Order # E 16037

Acct. # _____

REA-104 (7-96)

This information is available in alternative [illegible] quest.

© Printed on recy[illegible]

Refund of E-16038
300.00
need lot of
grandmother
210-1-14-7

45 L
19 W
16 H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRISTOPHER GONZALEZ

in a _____ Funeral, date, time WED 11-15 10:00

Type of Burial Container

Church, Chapel Graveside GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. _____

✓ Lot 1266 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number B-53062	270.00
Balance due	0

PAID

NOV 14 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16038

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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16038

AGE 3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

02-23-1999

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHRISTOPHER	JOSHUA	GONZALEZ	[redacted]	11/09/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LILIAN GONZALEZ-MOTHER 2013 HORNBLEND ST SAN DIEGO,CA,92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ See Chavez	11/15/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 11/15/2000	2018563 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 11/15/00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PRE-NEED LOTS & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEAN & ROSCOE ROBERTS

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 43 Grave 10 & 11 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	2 at 895.00	1790.00
Additional spaces and care fund		—
Opening/Closing & Setup	2 at 375	750.00
Burial Container	2 at 190	380.00
Handling Fees	2 at 145	290.00
Flower vases – Marker setting fee		—
Recording and filing fee	2 at 45	90.00
Sales taxes	2 at 14.93	29.86
Total Due		3329.46
Paid receipt number R-53063		3329.46
Balance due		0

PAID NOV 14 2000 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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 Benulie V. Tucker-Brown
Signature

X 5745 Mira Flores Dr
Address

X San Diego Ca. 92114
City Zip Code

X (619) 266-0819
Telephone

Invoice # _____

Work Order # E 16039

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

gravel & slab concrete

Date NOV-15-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan Flores-Velasco NOV-12:00

in a LINER (Type of Burial Container) Funeral, date, time MONDAY-20-2000

Church, Chapel, Graveside AZTHAN 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-F

Lot 722 OK 797 Grave — Row — Section 2 OK Division/Block 9

Grave space & Care Fund	195
Additional spaces and care fund	
Opening/Closing & Setup	195
Burial Container	95
Handling Fees	50
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	7.36
Total Due	587.36
Paid receipt number R-53070	587.36
Balance due	0

PAID. NOV 17 2000 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the * PAPA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 JOAQUIN FLORES
* Address 3337 A St.
* City San Diego CA 92102 Zip Code
* Telephone 2-37-17-04

Invoice #

Work Order # E 16040

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Casket

Ht 19"

L 52"

W 24"

E-16040

AGE 2

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JONATHAN	-	FLORES-VELASCO	06/25/1998	11/08/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOAQUIN FLORES - FATHER 3337 A ST. SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-1658	Nancy Lopez	11/[redacted]/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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/20/2000	2018820 NANCY LOPEZ

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53070

Date: NOV - 17, 20 00

From: Joaquin Flores Address: 3337 A ST. San Diego, CA. 92102

Five hundred eight seven — 36/100 Dollars ($ 587.36

In full Payment of INTERMENT For Jonathan Flores Velasco

Lot 722 Grave — Row — Section 2 Division/Block 9

Invoice No.

Acct. No. E-16040

W.O. 8

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

Money order for $587.36 Attn: Ed

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Jonathan Flores

CREDIT 20% Sales Care	39.00
80% Sales of Lots	156.00
Opening/ Closing	195.00
Burial Containers	95.00
Handling Fee	50.00
Recording & Misc. Fees	45.00
Pre-Need Trust	
Sales Tax	7.36
TOTAL PAID	$ 587.36

67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033 9022 60101 78390

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

gravel + slab concrete

Date NOV-15-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan Flores-Velasco NOV- 12:00

in a ~~LINER~~ Funeral, date, time MONDAY-20-2000

Type of Burial Container

Church, Chapel Graveside ~~AZTHAN~~ 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. F

Lot ~~722~~ OK Grave — Row — Section 2 OK Division/Block 9

Grave space & Care Fund 195

Additional spaces and care fund .....

Opening/Closing & Setup 195

Burial Container 95

Handling Fees 50

Flower vases – Marker setting fee .....

Recording and filing fee 45

Sales taxes 7.36

Total Due 587.36

Paid receipt number R-53070 587.36

Balance due 0

PAID

NOV 17 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the * PAPA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Joaquin Flores

* Address 3337 A st.

* City San Diego CA Zip Code 92102

* Telephone 2-37-17-04

Work Order # E 16040

Invoice # /

Acct. # /

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16040

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
IA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821574

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

REFUND OF PARTIAL LINER TO JOAQUIN FLORES E-16040.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 11 / 30 / 00

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A			REFUND	11-15-00	4		$50.00		
	B		JOAQUIN FLORES							
	C		3337 " A " STREET							
	D		SAN DIEGO, CA 92102							

PAID 11-30-00 801122

TOTAL AMOUNT $ 50.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

TWO NE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		63033			9532					50.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Ray Snider

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY: Denise Culverson

PHONE: 527-3400

DATE: 11-22-00

DEPT./DIV NAME: R.E.A.D./ Mt. Hope Cemetery

M.S.: 72

DP

-468 (REV. 5-86) 593525

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 15, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY LEE HAWKINS

in a LINER (Type of Burial Container) Funeral, date, time TUE NOV 21 @ 1:00 pm

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. XMd

Lot 242 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	$ 1,664.73
Paid receipt number R-53073	1664.73
Balance due	0

PAID
NOV 21 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

~~Mortuary to~~
~~same check~~

I hereby certify I am the ~~X~~ Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Michelle Henderson
Signature

X 4068 52nd STAPT 6
Address

X SAN DIEGO, CA 92105
City Zip Code

X 516-2669
Telephone

Invoice # _____

Work Order # E 16041

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16041

E- 16041

AGE 49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Lee	Hawkins	04/22/1951	11/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Michelle Henderson, Daughter 4068 52nd St.; Apt. 6 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd.; San Diego, CA 92102	FD-1329	▶ Patrick Tinsley	11/15/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/15/2000 T. Tinsley	2018654 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 11-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMMIE JEAN REED 11:00

in a LINER (Type of Burial Container) Funeral, date, time TUESDAY 11-21

Church, Chapel, Graveside S.D. 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. D.L

Lot 145 Grave 2 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number M/C	1564.73
Balance due	—

PAID

NOV 16 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

X Dorothy Lewis
Signature

X 4265 Juniper St
Address

X S.D. Ca 92105
City Zip Code

X 619-266-1988
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 16042

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16042

AGE 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

11-15-2000

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMMIE	JEAN	REED	01/31/1949	11/16/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY LEWIS - SISTER 4265 JUNIPER ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92106	FD-1575	Jeffrey Johnson	11/16/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/17/2000 J. JOHNSON	▶ 2018741

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3761 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 NOV-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WAILIE WRIGHT

in a T.S. VAUH. Funeral, date, time NOV-~~16-00~~ 17 ~~Thursday~~ Thu

Type of Burial Container

Church, Chapel, Graveside (~~Mock Setup~~) 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 2 Grave 12 Row — Section 17 Division/Block 7

Grave space & Care Fund PRE-NEED E-5956	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	
Total Due	0
Paid receipt number	0
Balance due	0

PRE-NEED

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

*Signature

*Address

*City Zip Code

*Telephone

Invoice # _____

Work Order # E 16043

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16043

AGE 95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WALLIE	ALLEN	WRIGHT	08/27/1905	11/07/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHNNIE TAYLOR-DAUGHTER 4981 DASSCO COURT SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	11/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/14/2000 J. BENYARD	▶ 2018520

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-17-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 NOV-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terry Clyde Yarbrough 11:00

in a LINER (Type of Burial Container) Funeral, date, time Wed-22-NOV-2000

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-08

Lot 118 Grave 11 Row — Section 2 Division ~~Block~~ 11

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	1664.73
Paid receipt number R-53074	1664.73
Balance due	0

PAID

NOV 20 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Mortuary Bringo check

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Regina Jordan
Signature

X 232 54th St. #3
Address

X San Diego CA 92114
City Zip Code

X (619) 262-5090
Telephone

Invoice #

Work Order # E 16044

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16044

E- 16044

AGE 63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Terry	C.	Yarbrough	10/06/1937	11/14/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Deborah Yarbrough, Daughter 4222 48th St. Apt. 1 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd.; San Diego, CA 92102	FD-1329	▶ Donata Tinsley	11/16/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/16/2000	2018730 ▶ J. Tinsley

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records: P. O. Box 85222 San Diego, CA 92186-85222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 11-22-00	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 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 BURI

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-16-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN HENRY ERVIN

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 11-22 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 53 Grave 11 Row Section 2 Division/Block 12

Grave space & Care Fund ..... PRE-NEED E-3325	0
Additional spaces and care fund ..... PAID	—
Opening/Closing & Setup	375.00
Burial Container ..... NOV 2 0 2000	380.00
Handling Fees	320.00
Flower vases – Marker settling ..... MT. HOPE CEMETAR CITY OF SAN DIEGO	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R-53075	1149.45
Balance due	0

MORTUARY TO BRING CHECK ON MONDAY.

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 # E16045

Acct. #

REA-104 (7-96) This int

85 1/4 R 6 inside

L

W 27

E-16045

E-16045

E-16045

AGE 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	Henry	Ervin	08/24/1941	11/14/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Vashtie Ervin, Mother 806 S. 33rd St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Bobbie Williams	11/20/2000

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/20/2000 Williams	2018847

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Into grave of Jessie Harvey center left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RICHARD A. FABIAN [X] C

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD/WEDS 11-22-00

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 210 Grave 1 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... PAID 11-14-00	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-53060	269.26
Balance due	~~0~~

Ashes & permit in office

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 represant that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

MICHAEL O'HALLORAN

Signature: M. O'Halloran

Address: 4958 LONGFORD PL

City: SAN DIEGO Zip Code: 92117

Telephone: 858-279-1228

Invoice # _____

Work Order # E16046

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16046

AGE 54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Richard	Allan	FABIAN	10/03/1946	10/27/2000	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FRESNO	FRESNO	Barbara Asaro-Significant Othe 1068 Pacific Beach Drive San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NOVA CREMATION SERVICE 435 N. Echo, Fresno, CA 93744-4301	FD 1396	▶ [signature]	10/30/200

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/30/2000	▶ David M. Hadden MD [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 11867, Fresno, 93775	3851 Rosecrans St., SAN DIEGO, 92110

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [X] 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 N.A.	11B. DATE BURIED 11-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Fresno Crematory, Fresno.	12B. DATE CREMATED 10/31/2000	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N.A.	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N.A.	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION Barbara Asaro, 1068 Pacific Beach Dr. San Diego, CA 92109	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-16046

DISTRIBUTION:
INK, WHITE, BLUE TO AUDITOR,
IA PURCHASING IF PAYMENT FOR
IATERIALS OR SUPPLIES, ORIG.
EPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821573

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of Lot to Michael O'Halloran E-16037 who is to be buried with Grandmother 210-1-14-7, E-16046.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

OMMENTS and/or SPECIAL INSTRUCTIONS.

PAYMENT DATE 11 / 30 /00

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A			Refund	11-14-00	4		$300.00		
	B		Michael O'Halloran							
	C		4958 Longford Place							
	D		San Diego, CA 92117							

PAID 11-30-00 8011121

TOTAL AMOUNT $ 300.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

TING INE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		63033			9532					300.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Ray Snider
DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Sue Shackelton | PHONE 527-3400 | DATE 11-22-00 | DEPT./ DIV. NAME READ/Mt. Hope Cemetery | M.S. # 72

DP

-468 (REV. 5-86) 593525

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard A. Fabian

in a ash vault (Type of Burial Container) Funeral, date, time AYD

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 2 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
	4.26
Total Due	569.26
Paid receipt number R-53060	569.26
Balance due	0

VOID

PAID

NOV 14 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Refund of 300.00 used lot of grandmother 210-1-14-7

/ Trustee of the above named decedent ...ition of remains as above indicated. I certify and represent ...ation and I agree to hold Mt. Hope Cemetery harmless from ...ion and interment.

I hereby authorize the interment in lot I hold under deed.

X Mr. O'Halloran (Signature)
X 4958 Longford Pl (Address)
X San Diego 92117 (City, Zip Code)
X 858-279-1228 (Telephone)

Signature of recorded holder of deed: Michael O'Halloran

Invoice # _____

Work Order # E 16037

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

53060

From: Richard Fabian Address: 1068 Pacific Beach Dr San Diego 92109

Five Hundred Sixty Nine & 26/100 Dollars ($ 569.26)

In full Payment of Interment of Richard Fabian

Date: 11-14, 2000

Lot 2 Grave 6 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16037

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Duchellin

CREDIT	67007	60.00
20% Sales Care	77184	
80% Sales of Lots	100	240.00
Opening/Closing	77184	
Burial Containers	100	105.00
	77181	
	100	55.00
	77182	
Handling Fee	100	60.00
Recording & Misc. Fees	77185	
Pre-Need Trust	100	45.00
Sales Tax	77183	
	63033	
	90022	
	60101	
	76390	
TOTAL PAID	$	569.26

E-16046

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

16 DAYS OLD

Date 11-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIAS GARCIA BURGOS

in a ——— Funeral, date, time TUE 11-28 12:00

Type of Burial Container

Church, Chapel, Graveside ——— GUADALUPANA JOSE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ———

will be applied and billed to undersigned. ———

Lot 845 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	270.00
Paid receipt number R-53088	270.00
Balance due	0

PAID

NOV 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice #

Work Order # E16047

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-1-6047

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			open			
LARSON	GRAY	DUNKIN	X	open	MEALS	JACKMON
			open			

Interment space for: ELIAS GARCIA BURGOS

Interment Date: 11-28-00 Time: 12:00 GUADALUPANA

Lot: 845 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: _____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARREYL FAMBEL (RF) Date: _____

E-16047

Work Order # E16047

E- 16047

E 16047

AGE 1yr

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELIAS	-	GARCIA-BURGOS	10/31/2000	11/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FELIPE GARCIA-FATHER 2157 GRAND AVE SAN DIEGO,CA,92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Joe Chavez	11/28/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 11/28/2000	2019185 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102.	11B. DATE BURIED 11-28-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need
Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LLOYD GEDDES

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 91 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund TRANSFER	
Opening/Closing & Setup FROM SAM CAMPOS	375.00
Burial Container to LLOYD GEDDES	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-51574	1664.73
Balance due	0

Kim WHITE – PUBLIC GUARDIAN

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E16048

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16048

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
ROBERT K. ROSS, M.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(619) 694-3500 FAX (619) 694-3987

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

November 8, 2000

Ray Snider, manager
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92113

Re; SAM CAMPOS, deceased
PLOT: Lot 91, Grave 10, Section 2, Division 12

Dear Mr. Snider,

The Public Guardian has purchased a plot for Mr. Campos prior to his death April 19, 2000 but he was buried at Greenwood Mortuary/Cemetery. An order was received authorizing the Public Guardian to liquidate his estate.

We request a waiver of the transfer fee in order to sell the plot to another indigent conservatee. Please find a copy of the above mentioned order and a copy of the ownership deed.

Thank you for your assistance in this matter.

Sincerely,

Don Billings
Public Administrator/Guardian

By _____
Kimberly R. White
Deputy Public Guardian

E-16048

PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN CHECK ISSUE ORDER

Transaction No. _____ Type check: Estate ✓ Revolving Fund ____

Estate: LLOYD GEDDES Case Number: 19990257

Payee/Payor No: _____ Formal/Summary/Conservatorship
Circle One

Payable to: SAM R. CAMPOS

Address: c/o Public Guardian

Purpose: purchase of grave at Mt Hope
Lot 91 Grave 10, Section 2, Division 12
opening/closing

Amount: $1664.73 Account No. _____

Approved: [signature] Date: 12/8/00

M006

E-16048
12334

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO KIM WHITE/PUBLIC ADMINISTRATOR (SAM CAMPOS) for the sum of $ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 91, Grave 10, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-15272

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

PLEASE CONFORM AND
RETURN TO MAIL STOP 0-95

E-16048

FILED
PROBATE EXAMINING
By: D. JARIEL, Deputy
MAY 8 2000
STEPHEN THUNBERG
CLERK SUPERIOR COURT
SAN DIEGO COUNTY CA

..., COUNTY COUNSEL
Diane Bardsley, Assistant County Counsel
By Cheryl K. Carter, Senior Deputy
State Bar No. 125540
Attorneys for DON BILLINGS
Public Administrator/Public Guardian
5201-A Ruffin Road
San Diego, CA 92123
Telephone: (858) 694-3500
Fax: (858) 694-3987

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

Estate of SAM R. CAMPOS, Conservatee	No. P 173239 EX PARTE PETITION FOR AUTHORITY TO LIQUIDATE CONSERVATORSHIP ESTATE [PROBATE CODE § 2631 (b)]

Don Billings, Public Guardian for the County of San Diego, State of California, respectfully shows:

That the above-named conservatee died in the County of San Diego, State of California on APRIL 19, 2000, leaving an estate the total value of which appears not to exceed $100,000.00.

WHEREFORE, petitioner prays for an Order of this court authorizing him to liquidate the deceased conservatee's estate; to withdraw money of the decedent in an account in a financial institution and to collect a debt, claim or insurance proceeds owed to the decedent or the decedent's estate, authorizing persons having possession or control to pay or deliver money or property to the Public Guardian as conservator of the above-entitled estate. Petitioner asks for authority to use said sums of

E-16048

money and proceeds of sales and collections to defray the burial expenses and/or last illness expenses of said decedent; and that the balance, if any, may be used to pay other expenses of the conservatorship, including unpaid approved attorney's fees and/or released under § 13101 of the Probate Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at San Diego, California on April 26, 2000.

DON BILLINGS

JOHN J. SANSONE, County Counsel
Diane Bardsley, Assistant County Counsel

By: Cheryl K. Carter
Cheryl K. Carter, Senior Deputy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20010618 ME 00-1819

in a Double Depth (Type of Burial Container) Funeral, date, time ~~WED~~ 11-28 11:00

Church, Chapel, Graveside _____ CA FUNERAL ALTERNATIVE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. 760 · 737 - 2890

Lot 4 Grave 3B 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	

PAID 12-28-00

Marco Deletto
Public Administrator

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 339981

Work Order # E 16049

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-1-00

To Sue E-16049

Date _____ Time _____ ☐ AM ☐ PM

WHILE YOU WERE OUT

M Joni

of Calif. Funeral Alternatives

Phone Numbers

Office (760) 737-2890
Area Code Number Ext.

Voicemail _____

FAX _____

Pager _____

Mobile _____

e-mail _____

☒ Telephoned
☒ Please call
☐ Returned your call
☐ Called to see you
☐ Wants to see you
☐ Will call again
☐ URGENT

Message

Vi

Operator

AMPAD GreenCycle® RECYCLED PAPER

Reorder #23-700

E- 16049

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	09/29/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Jacumba	San Diego	Marco Delatoba, Public Admin. 5201A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Funeral Alternatives 1020 E. Pennsylvania Ave, Escondido, CA 92025	FD1624	▶ Marcia Aunqua	11/29/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/29/2000	▶ George R Florez EC

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 11-29-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Sneden	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 NOV. 24, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OPHILIA HILL

in a BELL LINER (Type of Burial Container) Funeral, date, time WEDS. NOV. 29, 1:00pm

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. X T.W.

Lot 86 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 Bell	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-53084	1664.73
Balance due	0

PAID
NOV 27 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Stephanie Wright
Signature
X 5127 SOLDA AVE
Address
X SAN DIEGO, CA 92114
City Zip Code
X (619) 527-6505
Telephone

Invoice # _____

Work Order # E 16050

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16050

AGE 98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OPHILIA	-	HILL	08/12/1902	11/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Stephanie Wright, Granddaughter 5127 Solola Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	11/28/2000

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/29/2000	2019275 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-29-00	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 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 E-16051

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CYRIL & VIOLET BLANCHARD

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time FRI 12-1 12:30

Church, Chapel (Graveside) CHAPEL of VALLEY 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. X [signature]

Lot 16 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	380.00
Handling Fees	320.00
Flower vases	—
Recording and filing fee 2 at 45.00	90.00
Sales taxes	29.45
Total Due	2089.45
Paid receipt number R-53080	2089.45
Balance due	-0-

PAID
NOV 24 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Inc.

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature
X 4138 Tim St.
Address
X Bonita CA 91902
City Zip Code
X 619-482-7712
Telephone

Work Order # E

Invoice # 16051

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16051

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			MYERS SCRUGGS			
			X	BLANCHARD	BLANCHARD	MULHALL
			OPEN	COLLINS	LESLEY	FARNAM

Interment space for: CYRIL & VIOLET BLANCHARD

Interment Date: 12-1-00 Time: 12 to 12:30

Lot: 16 Grave: 1 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

E- 16051

AGE 73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Violet	L	Blanchard	12/31/1927	08/19/1990	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Clark	Robin McCarthy - Daughter 37538 42nd St. E. Palmdale, CA 93552

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Chapel of the Valley mortuary 38141 N. 6th St. E., Palmdale, CA 93550	FD 953	[signature]	11/29/00

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/29/2000	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P O Box 85222, San Diego, CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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 16051

AGE 75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Cyril	Alvin	Blanchard	06/15/1925	11/22/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lancaster	Los Angeles	Robin M McCarthy - Daughter 37538 42nd St. E. Palmdale, CA 93552

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Chapel of the Valley Mortuary 38141 N. 6th St. E., Palmdale, CA 93550	FD 953	▶ [illegible]	11/29/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.9	11/29/2000	4263635 ▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
90012 313 N. Figueroa, Los Angeles, CA	P O Box 85222, San Diego, CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
* SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
* TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 11-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IVELLA PRICE

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 158 Grave 5 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 VISA	224.00
Balance due	671.00

PAID
MAR 08 2004
MOUNT HOPE CEMETERY
Paid in full

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 Ivella Price
Signature

X 3942 Murray Hill Rd.
Address

X La Mesa Calif. 91941
City Zip Code

X 462-8520
Telephone

Invoice # _____

Work Order # E 16052

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57293

Date: March 8, 20 04

From: Ivella Price Address: on record

Eighty-Four and 00 Dollars ($ 84.00)

in part Payment of Pre-need lot account.

Lot 158 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. E76052

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2420

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 08 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	84 00
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	$	84.00

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

57230

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb. 19 20 04

From: Ivella Price Address: PO BOX 33592 SD 92163

Dollars ($ 84.00)

in: part Payment of pre need

Lot 158 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. E100052

Acct. No.

W.O.

BALANCE DUE 83.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

2408

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 19 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007	84	00
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	$	84	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

MOUNT HOPE CEMETERY
(619) 527-3400

57060

Date: January 6, 2004

From: Ivella Price Address: on record

Eighty-four and 00 Dollars ($ 84.00)

in part Payment of pre-need lot account

Lot 158 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. E-16052

Acct. No.

W.O.

BALANCE DUE $ 167.00

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check X

2382

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 07 2004

MOUNT HOPE CEMETERY

ISSUED BY Pauline C.

CREDIT	67007	
20% Sales Care	77184	12 00
80% Sales	100	72 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	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	84 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

56993

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec- 11, 20 03

From: Ivella Price Address: 3942 Murray Hill Rd. SD 91941

Dollars ($ 84.00)

in part Payment of pre-need

Lot 158 Grave 5 Row ____ Section 2 Division ~~Block~~ D

Invoice No. E 16052

Acct. No. ____

W.O. ____

BALANCE DUE 251-00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 1 1 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	84	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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	84	00

AC-212 (Rev. 10-02) 2376

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

56841

Date: Oct 31, 20 03

From: Ivella Price Address: 3942 Murray Ridge rd CM 9194

Eighty four Dollars ($ 84.00)

in part Payment of pre need

Lot 158 Grave 5 Row Section 2 Division 12 ~~Block~~

Invoice No. E16052

Acct. No.

W.O.

BALANCE DUE 419.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2351

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 31 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hoe

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	84	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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	84	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

56715

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept 24, 20 03

From: Ivella Price Address: 3942 Murray Hill rd EM 91941

Eighty four Dollars ($ 84.00)

in part Payment of pre need

Lot 158 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. E 16052

Acct. No.

W.O.

BALANCE DUE 503.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

2339

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 24 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	84	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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	84	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

56133

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 11, 20 03

From: Ivella Price Address: 3942 Murray Hill rd C.M. 91941

Eighty Four dollars & 00/100 Dollars ($ 84.00)

in Part Payment of pre need lot

Lot 158 Grave 5 Row Section 2 Division Block 12

Invoice No. E 16052

Acct. No.

W.O.

BALANCE DUE 587.00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	84	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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	84	00

AC-212 (Rev. 10-02) 22607

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

56883

Date: Nov. 12, 20 03

From: Julia Price Address: PO BOX 33592 SD 92163

Eighty four Dollars ($ 84.00)

in Paid Payment of pre-need

Lot 158 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. E16052

Acct. No.

W.O.

BALANCE DUE 335.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

230

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 12 2003

MOUNT HOPE CEMETERY

ISSUED BY Ken Hoza

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	84	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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	84	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-16052

PRICE, IVELLA 3942 MURRAY HILL RD., LA MESA, CA 91941 (619) 462-8520

		DEBIT	CREDIT	BALANCE
11-24-00	Opened Pre-Need Lot.	895.00		895.00
	Div 12 Sec 2 Lot 158 of 5			
11-24-00	Receipt # VISA Card.			
3/14 03	mailed delinquent notice		224.00	67[illegible]
4-11-03	R 56133	~~[illegible]~~	84 00	587 00
9-8 03	mailed delinquent notice	~~[illegible]~~		
9-24 03	R 56715 no coupon		84 00	503 00
10-31 03	56841 "		84 00	419 00
11-12 03	56883 "		84 00	335 00
12-11 03	56993 "		84 00	251 00
1-6-04	R-57060 "	Remaining 20%	84 00	167 00
2-19 04	57230 "		84 00	83 00
3/8/04	R-57293 no Coupon		84 00	1 00

Paid in full 3-8-04

PRICE, IVELLA Pre-Need Lot

E-16051 11-27-09 10:00AM

Blanchard, Violet

Robin M. McCarthy Daughter

CYRIL Alvin

(661) 285-0269

Fri 12/1/00

Graveside Services 2:00 pm

2 casket 2

12:00 p - 12:30 p

Friendly to Witness

BLANCHARD 11-27-00

Mary Witness

Fri Dec 1, 2000

@ 1:00 pm

E-16051

Gordon Hall
Chapel of Valley Mortuary
Palmdale, CA
(661) 947-7118

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHATHY TUAZON

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI 12-1 9:00

Church, Chapel, Graveside ; BERGE ROBERTS 474-6565 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 110 Grave 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	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 53093	1769.38
Balance due	0

PAID

NOV 29 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Tuazon of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Cristina Tuazon

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Tuazon
Signature

X _____
Address

X 513 South 58TH ST
City Zip Code

X San Diego Ca 92114
Telephone 619 263-2275

Invoice # _____

Work Order # E16053

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16053

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			open Lot 94 Gr 8	HUFF		
		open	X	open		
			open	INDA	LOVE	ESTER 5

Interment space for: CHATHY

Interment Date: 12-1-00 Time: 9:00

Lot: 110 Grave: 1 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Flag On Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Sheryl Date: 11-30-00

Pay Date

E-16053

AGE 19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHATHY	SORTIJAS	TUAZON	10/27/1981	11/23/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERTO TUAZON - FATHER 515 S 58TH ST SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶	11/24/2000

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2000 P Valentine	2019095 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-01-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Snedec	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

53½" L 3:12pm
21" W
#1 liner

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ty Gibbs

in a Child LINER (Type of Burial Container) Funeral, date, time TUES 11/28/00 2:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned.

Lot 114 Grave ____ Row ____ Section 3 Division/Block 9

Grave space & Care Fund	195.00
Additional spaces and care fund	0
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number R-53090	587.36
Balance due	0

PAID
NOV 28 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

Mortuary to bring check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

See attached

Invoice # _____

Work Order # E 16054

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16054

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

HORTON

			LESNER			
		110 JACKSON	X	112 CARR		
			MORRISON			

Interment space for: TY Gibbs

Interment Date: 11/28/00 Time: _____

Lot: 111 Grave: _____ Row: _____ Sect: 3 Div: 9

Grave Laid out by: _____

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: K [signature] Date: _____

E-16054

114

Grave Space & Care Fund	195.00
Additional spaces and care fund	-0-
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower Vases - Marker Setting fee	
Recording and filing fee	15.00
Sales Tax	9.36
	559.36

E-16054

AGE 3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ty	-	Gibbs	07/10/1997	11/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James Gibbs, Father 2750 Caminito Chollas San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD-1329	Debbie Wrellan	11/27/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2000	2019120

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FROM: DEL FLATZ

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 30 Grave 6 Row _____ Section 2 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	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-53082	45.00
Balance due	0

PAID NOV 24 '00 MT. HOPE CEMETARY CITY OF SAN DIEGO

Transfer To: Janet Bryson

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

Del F. Flatz
Signature

2950-55 Irish Ave.
Address

San Diego, Ca. 92134
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E16055

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16055

LAST WILL AND TESTAMENT

OF

GLADYS GRACE FLATZ

I, GLADYS GRACE FLATZ, a resident of San Diego County, State of California, being of lawful age and of sound and disposing mind and memory, and not acting under any duress, menace, fraud or undue influence, hereby make, publish and declare this to be my Last Will and Testament and do hereby revoke all former Wills and Codicils heretofore made by me.

FIRST: I declare that I am married and that my Husband's name is DELMAIN FINLEY FLATZ. We have no mutual children.

I declare that I was married to LEWIS C. WAGNER, but said marriage was dissolved by law. It is my intent that LEWIS C. WAGNER take no interest through this my Last Will and Testament.

I further declare that there are no now living children of my marriage to LEWIS C. WAGNER.

I declare that I was married to ERMINE HULSE, but said marriage was dissolved by law. It is my intent that ERMINE HULSE take no interest through this my Last Will and Testament.

I further declare that there are the following now living children of my marriage to ERMINE HULSE:

SHARON K. HENDRICKS, born May 6, 1950

SHIRLEE D. WILSON, born December 29, 1952

I further declare that I have no other children living, deceased or adopted.

SECOND: It is my intention to dispose of all my separate property and of the entire community property including my Husband's interest therein. If my Husband, prior to probate of this Will, shall not have elected whether he shall take under this Will or the rights given him

by law, he shall, in due course, make that election. He shall in any event, however, be entitled to a family allowance out of my estate.

THIRD: A. I give, devise and bequeath the residue of my estate and my Husband's share in our community property to DELMAIN FINLEY FLATZ, as Trustee, or to said Trustee's successor in interest, pursuant to a Declaration of Trust dated 10-31-94 known as the DELMAIN FINLEY FLATZ AND GLADYS GRACE FLATZ FAMILY TRUST, wherein my Husband, DELMAIN FINLEY FLATZ, and I are Trustors, to be added to and become a part of the corpus of said Inter Vivos Trust, and to be held, administered and distributed according to the terms and conditions hereof and any amendments thereto, including the amendments made subsequent to my death.

B. If my Husband shall elect to take against this Will, then the residue of my estate shall be added to said Trust.

FOURTH: I appoint DELMAIN FINLEY FLATZ as Executor hereof. In the event that he is unable or does not wish to serve, I appoint SHIRLEE D. WILSON as Executor of this my Last Will and Testament.

I direct that the above-mentioned persons or entities shall not be required to give any bond or other securities for the faithful performance of their duties.

I authorize my Executor or Executrix to sell, with or without notice, at either public or private sale, and to lease any property of my estate, subject only to such confirmation as may be required by law.

I further authorize my Executor or Executrix either to continue the operation of any business belonging to my estate for such time and in such manner as my Executor or Executrix may deem advisable and for the best interest of my estate, or to sell or liquidate the business at such time and on such terms as my Executor may deem advisable and for the best interests of my estate.

E-16055

Any such operation, sale or liquidation by my Executor in good faith shall be at the risk of my estate and without liability on the part of my Executor or Executrix for any resulting losses.

FIFTH: My Executor or Executrix shall determine, in a manner which would minimize taxes, whether any or all expenses of administration of my estate shall be used as Federal income tax deductions, and whether the date of death or the alternate valuation values should be used for estate tax purposes. No beneficiary under this Will, whether an income beneficiary or a remainderman of any Trust or other beneficiary, shall have any right to recoupment or restoration of any losses the beneficiary suffers as the result of the use of such deductions for one or the other of such purposes.

SIXTH: I direct that all inheritance, estate, gift, death or other transfer taxes, including any penalties or interest relating thereto, that may by reason of my death be attributable to my probate estate or any portion of it, or to any property or transfers of property outside my probate estate, shall be paid by my Executor or Executrix out of the residue of my estate disposed of by this Will, without adjustment among the residuary beneficiaries, and shall not be charged against or collected from any beneficiary of my probate estate, or from any transferee or beneficiary of any property outside my probate estate.

SEVENTH: If any individual should claim to be a beneficiary under this Will and in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate allegedly given to that contesting individual is revoked and shall be disposed of in the same manner provided herein as if that contesting individual shall have predeceased me.

EIGHTH: The terms "child," "children," "grandchildren," or "issue," as used herein, shall include adopted persons and other children hereafter born or adopted by me.

NINTH: If any provision of this Will is deemed to be unenforceable, the remaining

E-16055

provisions shall nevertheless be carried into effect. The construction and interpretation of this Will shall be in accordance with California law in effect as of the date of execution thereof. The singular shall include the plural wherever necessary, and one gender shall include any other gender wherever necessary.

TENTH: It is my intent to disinherit and I have intentionally omitted to provide in this my Last Will and Testament for LEWIS C. WAGNER, ERMINE HULSE and SHARON K. HENDRICKS.

I SUBSCRIBE MY NAME to this Will on 10-31-94, at San Diego County, California.

Gladys Grace Flatz
GLADYS GRACE FLATZ

E-16055

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

QUITCLAIM DEED

In consideration of _____

I/We _____

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Janet A. Bryson
726 Sea Paric Dr. Imperial Beach, Ca.

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 30 *Grave* 6 *Row* ____ *Section* 2 *Division/~~Block~~* 7

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 24th *day of* NOV *19* 2000

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Orel F. Flaty

Witnesses

Sue Shackelton

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

15 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTER ALHAMBRA

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time Weds. Nov. 29 10:00AM

Church, Chapel, Graveside ; Community, C.V. 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 30 Grave 6 Row ____ Section 2 Division/Block 7

Grave space & Care Fund	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R-53083	1149.45
Balance due	-0-

PAID
NOV 24 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

JANET BUYSON

X JABuyson
Signature

X 926 SEA PARK DRIVE
Address

X IMPERIAL BEACH 91932
City Zip Code

X 619-423-6575
Telephone

Janet Cell Ph (619) 985-8251

Invoice #

Work Order # E16056

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16056

E-16056

MT HOPE CEMETERY

11-24-00

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X	Samuel Mosher		
				Fred Gould		

Interment space for: ESTER ALHAMBRA

Interment Date: 11-29-00 Time: 10:00

Lot: 30 Grave: 6 Row: — Sect: 2 Div: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: _____

E-16056

AGE 69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ester	Tumatag	Alhambra	09/26/1931	11/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Imperial Beach	San Diego	Janet A Buyson - Daughter 926 Sea Park Dr Imperial Beach Ca 91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682	[signature]	11/27/2000

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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2000	2019149 D.Heldenbrand

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 11-29-00	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 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 Nov. 27, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of "KEVIN SOIL" ☒

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUES NOV. 30 19 (TIME 10:00)

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. X [signature]

Lot 178 Grave 4 Row — Section 2 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	694.26
Paid receipt number R-53087	694.26
Balance due	0

PAID
NOV 27 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the AGENT of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Bessie Johnson
Signature

X 4936 [illegible] St.
Address

X San Diego 92113
City Zip Code

X (619) 265-1632
Telephone

Invoice #

Work Order # E16057

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

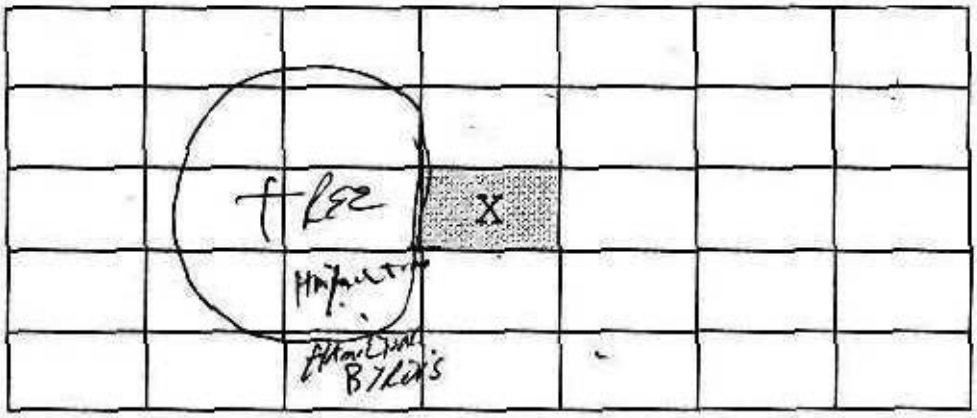
Printed on recycled paper

E-16057

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.



Interment space for: KEVIN SOIL

Interment Date: _____ Time: _____

Lot: 178 Grave: 4 (Cremation) Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16057

AGE 43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kevin	Leon	Soil	12/31/1957	11/20/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Inglewood	Los Angeles	Hazel J. Soil, Mother 4228 Altadena St. San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd.; San Diego, CA 92102	FD1329	▶ [signature]	11/29/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/29/2000	▶ [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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St. Los Angeles, CA 90012	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-19-00	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 12-5-00	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 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.

2nd Burial
Grave of
Melvin Russell

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANCERE CHAPPELL-SNELL

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time 11-28 1:30 TUES.

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 [signature]

Lot 2015 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need E-10265 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... PAID

Handling Fees .....

Flower vases – Marker set fee ..... NOV 27 2000

Recording and filing fee 45.00

Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Total Due 420.00

Paid receipt number M/C 420.00

Balance due ~~0~~

I hereby certify I am the X Cleo Russell of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Cleo Russell
Signature

X 6769 Pilot Way
Address

X San Diego CA 92114
City Zip Code

X 619-582-2310
Telephone

Invoice # 339980

Work Order # E16058

Acct. # 104273

REA-104 (7-96) T... formats upon request.

E-16058
may have
faxed copy of
permit only
4:30 invoice

12-1-00

E-16058

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/27/00

DATE: 12/27/00
TIME: 201543
PAGE: 11

DEPARTMENT 072 MT. HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
339980	12/01/00	104273	CLEO RUSSELL					12/22/00	CK	2672	150.00	150.00	0.00
			100	072		77183	000072				150.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 150.00

Francine Chappell-Snell

E-16058

E- 16058

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Francere	-	Chappell-Snell	01/11/1954	11/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Burbank	Los Angeles	Melvin Snell, husband 184 West 3rd St., Unit 657 Pomona, CA 91766

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329	David P. James	11/28/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/28/2000	[illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St., Rm. L-1 Los Angeles, CA 90012	P O Box 85222 San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 11-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-16058

11-28-00 Kevin F. Jaeger

2ND BURIAL
1ST BURIAL WAS "DOUGLAS AMES"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date NOV. 27, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YVONNE AMES

in a DBL. DEPTH CRYPT (Type of Burial Container) Funeral, date, time THUR NOV 30, 2000 (TIME 1:30)

Church [redacted] Graveside : BENBOUGH Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X (DAUGHTER)

Lot 122 Grave 4 Row — Section 1 Division/Block 11

Grave space & Care Fund ..... PRE-NEED E-11059 ..... Ø

Additional spaces and care fund ..... ____

Opening/Closing & Setup ..... PRE-NEED (10-28-93) E-11140 ..... Ø

Burial Container ..... ____

Handling Fees ..... ____

Flower vases – Marker setting fee ..... ____

Recording and filing fee ..... " " " ..... Ø

Sales taxes ..... ____

Total Due ..... Ø

12-4-00 Interfund Transfer.

Paid receipt number ____

Balance due Ø

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

Invoice # ____

Work Order # E 16059

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Colonial Ben Bough

MT HOPE CEMETERY E-16059

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to *the burial space.*

D Depth Crypt

	Alvin Thomas Laughlin	Laverne Aitkens	—	Willie Perry Bradbitt	—	Waymon Felton Mc[illegible]
John Wesley Everett	open	open	X	Open	Freddie Cieplenski	—
Walter Lee Jarrett	—	Kenneth Holmes	—	—	Sam Arthur Florence	Manley Albert Moody
—	—	—	Nicanor E. Galleto	Edwin L. Duchesne	—	Charles H. Nutt

Interment space for: Yvonne Ames

Interment Date: Thur Nov. 30 Time: 1:30 pm

Lot: 122 Grave: 4 Row: — Sect: 1 Div: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 11-28-00

11-27-00 Mon.

Colonial-
Benbough

E-16059

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

D Depth Crypt

—	AWin Thomas Laughlin	LaVerne Aitkens	—	Willie Perry Babbitt	—	Waymon Felton Moss
John Wesley Everett	open	open	X	open	Freddie Cieplenski	—
Walter Lee Jarrett	—	Kenneth Holmes	—	—	Sam Arthur Florence	Manley Albert Moody
—	—	—	Nicanor E. Galleto	Edwin L. Duchesain	—	Charlie H. Nutt

Interment space for: YVONNE AMES

Interment Date: Thur Nov. 30 Time: 1:30 pm

Lot: 122 Grave: 4 Row: — Sect: 1 Div: 11

Grave Laid out by: NORMAN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 11-28-00

E 16059

E- 16059

AGE 78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
YVONNE	RENEE	AMES	12/28/1922	11/27/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN FRANCISCO	SAN FRANCISCO	VIVIANE R. AMES - DAUGHTER 401 UNION STREET, #301 SAN FRANCISCO, CA 94133

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO BENBOUGH CHAPEL, 3051 EL CAJON BLVD., SAN DIEGO, CALIFORNIA 92104	FD0480	[signature]	11/28/2000

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $

9B. DATE PERMIT ISSUED: 11-28-2000

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶

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
101 GROVE STREET
SAN FRANCISCO, CA 94102

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 ROSECRANS STREET
SAN DIEGO, CALIFORNIA 92186

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 11-30-00	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 REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAMARA NOVRUZOVA

in a T.S. VAULT (Type of Burial Container) Funeral, date, time THUR. DEC. 7, 11:00

Church Chapel Graveside : MAYER 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 3448 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
Total Due	1869.38
Paid receipt number R-53095	1869.38
Balance due	0

PAID
NOV 29 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 RIMMA BAGZAMOVA (Signature)
X 3911 PARK Blvd 92103 (Address)
X CA SAN DIEGO (City) (Zip Code)
(619) 295-12-71 (Telephone)

Invoice # _____

Work Order # E16060

Acct. # _____

REA-104 (7-96)

This information is availabl[illegible]

Printed on recycled paper

11-29-00
Pending -
mayer will let
us know

E 16060

ESTIMATE SHEET ONLY

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102
527-3400

TOP SEAL
VAULT
SINGLE BURIAL

11-27-00
Date

Lot	Gr.	Row	Sec.	Blk/Div	
3448				10	$ 995.00

Opening and Closing	$ 375.00
Vault/~~Liner/Double Crypt/Ash Vault~~	$ 250.00
Handling Fee	$ 185.00
Recording Fee	$ 45.00
Sales Tax	$ 19.38
Sub-Total	$
Marker Setting Fee	$
Flower Vase and Installation	$
Total:	$ 1869.38

Estimate Given By: [illegible]

check or money order

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

THIS INFORMATION SHEET DOES NOT CONSTITUTE ANY BURIAL ARRANGEMENT. THIS IS FOR INFORMATION PURPOSES ONLY.

REA-103 (9-00)
This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16060

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			open			
WALLIS	WATKINS	ROSSER	X	RANSOM	RANSOM	RANSOM
			FOXX			

Interment space for: TAMARA NOVRUZOVA

Interment Date: _____ Time: _____

Lot: 3448 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 126-a

E- 16060

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

69

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tamara	-	Novruzova	05/01/1931	11/20/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Guliy Novruzov, Husband 3911 Park Blvd, Apt 1510 San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary 2859 Adams Ave San Diego CA 92116	FD1424

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: ▶ John Mayer

8B. DATE SIGNED: 11/27/2000

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11/28/2000	2019154 John Mayer ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORENCE PITTMAN 1:00

in a BELL LINER (Type of Burial Container) Funeral, date, time MON DEC 4th

Church Chapel Graveside : CA BURIAL 229-2747 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 B. W.

Lot 131 Grave 1 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-53089	1664.73
Balance due	-0-

PAID

NOV 27 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Betty Wilson (Signature)
X 41360 3rd Ave (Address)
X Hesperia Ca. 92345 (City, Zip Code)
X 760-948-6685 (Telephone)

Invoice # ____

Work Order # E16061

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16061

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			OWENS			
		MOWCRIFF	X	A.C. BRICE	L.C. BROADWAY	HARRIS
			YUXA	SAVAGE	SAVAGE	MONTES

Interment space for: FLORENCE PITTMAN

Interment Date: 12-4-00 Time: 1:00

Lot: 131 Grave: 1 Row: ____ Sect: 1 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Map on file

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: D S Date: 12-4-2 00

E 16061

AGE 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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLORENCE	IDERA	PITMAN	05/20/1921	11/21/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HESPERIA	SAN BERNARDINO	VIRGIL BRUCE-BROTHER 3113 IMPERIAL AVE., #B SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [illegible]	11/30/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/30/2000	▶ TJ Prendergast MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN BERNARDINO DEPT OF VITAL RECORDS 351 N. MOUNTAIN VIEW AVE., SAN BERNARDINO, CA 92415	SAN DIEGO DEPT OF VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

oversize
Triple H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 28, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELISE R. SNIDER ⊗

In a ASH VAULT (Type of Burial Container) Funeral, date, time FRI 12-8-00 AYD

Church, Chapel, Graveside _____ : A.L. MOORE Mortuary.

All Funeral cars must arrive before ~~8:00~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X _____

Lot 22 Grave 4 Row — Section 3 Division Block 5

Grave space & Care Fund PRE-NEED	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ASH VAULT (TRIPLE H)	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-53150	269.26
Balance due	Ø

PAID
DEC 06 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

See attached

Invoice # _____

Work Order # E16062

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

GENE KELSO
602 249-2111

619-5[illegible]

E-16062

INTERMENT PROOF

ELISE [illegible]
ASH VA[illegible]

22

Opening/Closing Service	105.00
Burial Container ASH VAULT	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

E16062

E-16062

IS WATERMARKED PAPER - DO NOT ACC[illegible] WITHOUT NOTING WATERMARK - H[illegible] TO LIGHT TO VERIFY WATERMARK

Bank of America Customer Connection
Bank of America N.A.
[illegible], Dekalb County, Georgia

A.L. MOORE GRIMSHAW MONTGOMERY [illegible]
716 WEST BETHANY HOME ROAD
PHOENIX AZ [illegible]

No. 8206479

11.29.2000

PAY [illegible] CENTS $269.26

TO
FOR
NOTE

MOUNT HOPE CEMETERY
3702 NORTH RANGELINE ROAD
WEBB CITY MO 64870

[illegible] 010 118 [illegible]

No. 8206479

11-28-00 TUE.

A.L. MOORE
MORT. AZ)
(PHOENIX,

E-16062

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		JIM W. REID				
		OPEN GR 4	ELISE X SNIDER GR 5	CAROLYN SNIDER GR 6		

Interment space for: ELISE R. SNIDER

Interment Date: _____ Time: _____

Lot: 22 Grave: _____ Row: — Sect: 3 Div: 5

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

Carolyn L Snider
2050 W Dunlap Ave #A197
Phoenix, AZ 85021-2938

Nov. 29, 2000

E-16062

The Cemetery Manager
Mt. Hope Cemetery
3751 Market Street
San Diego, Calif. 92101

Dear Sir,

My mother, Elise Reid Snider, died on Nov. 26, 2000, and her urn was sent to Mt. Hope to be buried in her plot. (Lot 22, Gr 1-6, Sec. 3, Div. 5) Her headstone needs only the date of death to be complete.

In the past, the Clemens Granite Co. carved the stone. I am enclosing a copy of my letter to them. I hope that I have done the correct thing in writing to both of you.

Truly yours,
Carolyn L. Snider

Carolyn L Snider
2050 W Dunlap Ave #A197
Phoenix, AZ 85021-2938

Copy to Clemens
Granite Co

Carolyn L Snider
2050 W Dunlap Ave #A197
Phoenix, AZ 85021-2938

Clemens Granite Co.
10527 Prospect Ave.
Santee, California 92071

Nov. 29, 2000

E-16062

Dear Sir,

You engraved the headstone for my uncle in 1976 in Mt. Hope Cemetery. You also engraved the other side of the stone with my mother's name and birthdate. You did the same for m[illegible] In addition, you designed the cross in the center of our stone.

My mother, Elise Reil Snider, died on Nov. 26, 2000. She has been buried in her plot at Mt. Hope. (Lot 22, Gr 1-6, Sec. 3, Div. 5) Please engrave her death date on her headstone.

Also, please send me a photo of th[illegible] finished stone.

Thank you,
Carolyn L. Snider

Carolyn L Snider
2060 W Dunlap Ave #A197
Phoenix, AZ 85021-2938

Copy to Mt. Hope
Cemetery Manager

Carolyn L. Snider

E-16062

AGE 87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELISE	REID	SNIDER	10/31/1913	11/26/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PHOENIX	ARIZONA	A.L. MOORE GRIMSHAW - MORTUARY 710 WEST BETHANY HOME ROAD PHOENIX, AZ 85013

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	FD-843	▶ Sharon Lawless	12/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/05/2000	SHARON LAWLESS 2019649 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-7-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 NOV-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl O. ESCALANTE Dec. 11:00

in a LINER (Type of Burial Container) Funeral, date, time FRI-1-2000.

~~Chapel~~ Graveside Berge-Robert 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 103 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need E-12163	0
Additional spaces and care fund		—
Opening/Closing & Setup	Pre-Need	0
Burial Container	Pre-Need	0
Handling Fees	Pre-Need	0
Flower vases – Marker setting fee		—
Recording and filing fee	Pre-Need	0
Sales taxes	Pre-Need	0
Total Due		
Paid receipt number		0
Balance due		0

I hereby certify I am the * Martha Forthun Jo Delvin Forthun of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

* Martha Forthun (Signature)
* 2734 Katherine St. (Address)
* El Cajon CA 92020 (City, Zip Code)
* 619-469-6700 (Telephone)

Invoice #

Work Order # E16063

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16063

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			75 FRANCIS			
DEVINE	DEVINE	TROL:	103 X	BAKER	ELLIS	FLOWERS
			135 GRANT			

Interment space for: PEARL ESCALANTE

Interment Date: 12-1-00 Time: 11:00

Lot: 103 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: Norma

Agrees with Legal Card: ☒ Yes ☐ No

Flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 11-30-00

E- 16063

AGE 92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PEARL	-	ESCALANTE	09/22/1908	11/27/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MELVIN FORTHUN - NEPHEW 2734 KATHERINE ST EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶ Paulette Valentine	11/28/2000

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/28/2000 P Valentine	2019159 ▶

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	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JIMMIE BERNICE GERMAN

in a LINER (Type of Burial Container) Funeral, date, time MON 12/4/00 1:00

Church/Chapel, Graveside _____ : S.D. 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 236 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
Total Due	1664.73
Paid receipt number R-53106	1664.73
Balance due	-0-

PAID
DEC 01 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

mortuary to bring a check on Friday

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Signature _____
X Address _____
X City _____ Zip Code
X Telephone _____

See attached

Invoice # _____

Work Order # E16064

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16064

E-16064
Please choose
site and
then FAX to
Mark @ S.D.
Memorial for
signature. Thanks!
JL

692-
0896

11/30/2000 16:54 619-6920696 PAGE 01
NOV-29-'00 WED 16:09 IDENT HOPE CEMETERY

E 16064

INTERMENT ORDER

Copy of Sheet

You are hereby authorized and [illegible]

of Jimmie [illegible]

with [illegible] Type of Burial Container

Church Chapel Graveside

All funeral care must arrive [illegible]

will be applied and billed to under signed [illegible]

Lot 236 Grave 9 [illegible]

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	15.00
Sales taxes	19.75
	1664.33

I hereby certify I am the [illegible] and this is your authority to make disposal [illegible] that I have the right to make this authorization [illegible] any liability on account of said authorization [illegible]

I hereby authorize the interment [illegible] hold under deed

Signature of Applicant [illegible]

Work Order # E16064

This info shall [illegible]

E-16064

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

FAX COVER LETTER

TO: SAN DIEGO MEMORIAL

PHONE/FAX# _____

FROM: SUE

DATE: 11-29-00

PAGES incl this page 7

FAX # 527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER. PLEASE BRING CHECK FRIDAY MORNING.

If all pages are not received, please call (619) 527-3400.

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmie Bernice German

in a LINER (Type of Burial Container) Funeral, date, time MON 12/4/00 1:00

Church Chapel, Graveside : S.D. 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 236 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
Total Due	1664.73

Mortuary to bring a check on Friday

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.

X Signature

X Address

X City Zip Code

X Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E16064

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16064

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			open			
	YOUNG	open	X	open		
			open			

Interment space for: JIMMIE GERMAN

Interment Date: MON 12-4-00 Time: 1:00

Lot: 236 Grave: 9 Row: ____ Sect: 2 Div: 13

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DJ Date: 12-4-2000

E-16064

AGE 60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JIMMIE	BERNIE	GERMAN	07/16/1940	11/27/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	LANTZ A. GERMAN - HUSBAND 303 CORALWOOD DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Jeffery B Johnson	11/29/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/01/2000 J. JOHNSON	▶ 2019516

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-4-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOAN McBRIDE PA #20010577

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 12-6 10:00

Church, Chapel, Graveside Delivery ; SAN DIEGO 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 4 Grave 3T 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	

DARNELL PRICE
P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 340808

Work Order # E 16065

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16065

AGE 70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOAN	-	MCBRIDE	08/06/1930	11/12/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DARNELL PRICE- PAO 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	11/23/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00 FD	12/01/2000 J. JOHNSON	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO ,CA 92102	11B. DATE BURIED 12-6-00	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 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 NOV - 30 00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Arrington in a T.S. Vault. Funeral, date, time FR, 12-8 1:00

Type of Burial Container

Church, Chapel, Graveside : RAGSDALE. Mortuary.

All Funeral cars must arrive before ~~[illegible]~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00 XXX will be applied and billed to undersigned. X Joyce Ashby

Lot 253 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... PRE-NEED -13250	66.00
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	250
Handling Fees	185
Flower vases – Marker setting fee	45
Recording and filing fee	
Sales taxes	19.38
Total Due	940.38
Paid receipt number R-53096	940.38
Balance due $	0

I hereby certify I am the X Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Joyce Ashby
Signature

X 5162 Trinidad Way
Address

X San Diego Ca. 92114
City ZipCode

X (619) 262-3561
Telephone

Invoice # _____

Work Order # E16066

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16066

DMC 11-30-00 Thur

E-16066

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		ESAU Simmons	X	BESSIE WATSON		
		Leech Harvey & Betty		Allen M. Johnson		

Interment space for: GERALDINE ARRINGTON

Interment Date: FRI 12-8 Time: 1:00

Lot: 253 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARKEY/FAMER Date: 12-6-00

E- 16066

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

82

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Geraldine	-	Arrington	01/15/1918	11/30/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Shirley Neely, Daughter 5162 Trinidad Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Wellman	12/05/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/07/2000	2019853

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	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 NOV-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTONIO ORTEGA RAMIREZ. 10:00

in a Double Crypt (Type of Burial Container) Funeral, date, time MONDAY-4-DEC-2000

Church, Chapel, Graveside _____ : GUADALUPANA 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. * Me A.

Lot 143 Grave 3 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895 -
Additional spaces and care fund	
Opening/Closing & Setup	375 -
Burial Container	380 -
Handling Fees	320 -
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	29.45
Total Due	2044.45
Paid receipt number	20445
Balance due	0

PAID

NOV 3[illegible]

MT. HOPE CEMETARY
CITY OF SAN DIEGO, [illegible]

I hereby certify I am the Papá of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

* Martha Arias
Signature

* 3291 Island ave
Address

* San Diego CA. 92102
City Zip Code

* 619-238-0890
Telephone

Invoice # _____

Work Order # E16067

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16067

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			131-8	132-7		
			King D. Temple	Judith ANN Hill.	tree	
			X			
				Robert. Lee Hill. SR. 144-7	Maudie N GRECHE 144-8	Greene, CALVIN Jerome 1449

ST

Interment space for: ANTONIO ORTEGA RAMIREZ

Interment Date: Dic-4-2000 Time: 10:00 Am

Lot: 143 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ *Date:* _____

✓ DMK 12

E-16067

AGE 75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ANTONIO

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANTONIO	–	ORTEGA-RAMIREZ	01/17/1925	11/29/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARTHA ARIAS-DAUGHTER 3291 ISLAND AVE SAN DIEGO,CA,92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Jose Chavez	12/01/2000

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 12/01/2000	2019568 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO,CA,92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102.	11B. DATE BURIED 12-4-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jump	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 12-01-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE MAE MAXWELL

in a BELL LINER Funeral, date, time WED 12/6 2:00 pm
Type of Burial Container

Church, Chapel, Graveside : Leggett-King Mortuary.
1-888-591-8797

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. X

Lot 56 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 BELL LINER	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes on Liner	14.73
Total Due	1,664.73
Paid receipt number 53109	1,664.73
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. BEVERLY HENRY

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X
Signature

X 110 BUCCANEER DR.
Address

SAN DIEGO, CA 92114
City Zip Code

(619)
Telephone

Invoice #

Work Order # E 16068

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

DMC

12-01-00
E-16068

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Katie Kimmore Dorothy Pound	X	open	open	
		Thelma Bell Logan	open	open		

Interment space for: ANNIE MAE MAXWELL

Interment Date: _____ Time: _____

Lot: 56 Grave: 4 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Flag-On Grave. Denise

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 12-5-00

Date

E-16068

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

74

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANNIE	MAE	MAXWELL	10/12/1926	11/24/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BEVERLY HENRY-DAUGHTER 110 BUCCANEER DRIVE SAN DIEGO, CALIF. 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
LEGGETT & KING FUNERAL HOME-1870 ATLANTIC AVE., LONG BEACH, CALIF.	FD1340	▶ [signature]	12/02/2000

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 30375 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 SHOWING FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/05/2000	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CALIF. 92102	11B. DATE BURIED 12-6-00	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 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
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PAULINE C. BARRIOS

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 121 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53108	1664.73
Balance due	-0-

PAID
DEC 04 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X MOTHER-IN-LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 5252 WILLOWHAVEN AVE
Address

X LAS VEGAS NV. 89120
City Zip Code

X (702) 458-1283
Telephone

Invoice # _____

Work Order # E 16069

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-00

KEFALEW

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEFYALEW ABEY

in a BELL LINER Funeral, date, time SAT. 12-9 12.00

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 8 Grave 5 Row _____ Section MAS Division/~~Block~~ T

Grave space & Care Fund	1595.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee SATURDAY OVERTIME	600.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	2,964.73
Paid receipt number R-53134	2,964.73
Balance due	0

PAID

DEC 07 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid-in-full 12-07-00

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] Z. KEBEDE
Signature

X 3420 43rd Street
Address

X S.D., CA 92105
City Zip Code

X (619) 283 1624
Telephone

Invoice # _____

Work Order # E16070

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16070

E 16070

E-16070

MT HOPE CEMETERY

12-04-00 MR. KEBEDE

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		G.T. HARRIS	open	W.O. HARDIN		
		open	X	E.B. SINEX		

Interment space for: KEFYALEW ABEY

Interment Date: SAT 12-9 Time: 12:00

Lot: 8 Grave: 5 Row: — Sect: MAS Div: T

Grave Laid out by: DARRYL FAMBRE

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on Grave

Blind Check & Verified By: [signature] Date: 12-8-00

E-16070

AGE 61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kefalew	-	Abey	01/28/1939	11/30/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Zewdalem Kebede, Friend 3420 43rd St. #6 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary: 5050 Federal Blvd.; San Diego, CA 92102	FD-1329	▶ Robert Linsley	12/07/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/07/2000	2019859 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records: P. O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-9-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARVIN RICE

in a _____ Funeral, date, time THUR 12-7 1:00
Type of Burial Container

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. _____

VETERANS AREA

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

PAID

Opening/Closing & Setup ..... _____

Burial Container DEC 06 2000 ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO ..... _____

Recording and filing fee MOCK SET-UP 50.00

Sales taxes ..... _____

Total Due 50.00

Paid receipt number VISA 50.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16071

Acct. # _____

REA-104 (7-96)

s upon request.

E-16071 Calif. Cremation
Mock
SERVICE
(Church @ 1:00 in Linda Vista)
Veteran on
Thurs 12/7/00
To bring $50
on 12/5
Marvin Rice

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEONA G. AGUAYO

in a _____ Funeral, date, time FRI 12-8 11:00

Type of Burial Container

Church, Chapel Graveside ; BERGE ROBERTS RICHARD 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 _____ 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 ..... _____

12-8-00

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E16072

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Transfer of Lot.

From:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 5, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONNA NOWELL

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 142 143 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	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-53119	45.00
Balance due	0

To: G.T. NOWELL JR & Dorothy L. NOWELL

Transfer Fee

PAID

DEC 05 2000

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 disposition and interment.

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Donna J Nowell
Signature

X 5757-A Adobe Falls Rd
Address

X San Diego 92120
City Zip Code

X 619-583-8884
Telephone

Work Order # E16073

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

THE CITY OF

SAN DIEGO

E-16073

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

QUITCLAIM DEED

In consideration of _____

I/~~We~~ Donna F Nowell

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to G. T. Nowell Jr & Dorothy L Nowell

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 142 & 143. *Grave* — *Row* — *Section* — *Division/~~Block~~* 10

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 5 *day of* Dec ~~19~~ 2000

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Donna F Nowell
5757-A Adobe Falls Rd.
San Diego Ca 92120

Witnesses

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY.

INTERMENT ORDER

City of San Diego

Date 12-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK R MURPHY

In a LINER (Type of Burial Container) Funeral, date, time THUR 1-11 11:00

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 73 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-53238	1664.73
Balance due	0

PAID

JAN 08 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

KIM WHITE – PUBLIC GUARDIAN to mail check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E16074

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK MURPHY

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 73 Grave 7 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	
Balance due	

KIM WHITE – PUBLIC GUARDIAN to mail check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E16074

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 527-3400

DATE: December 12, 2000

YOUR ORDER NO.

TO: Kim White / Public Guardian
5201-A Ruffin Road
San Diego, CA 92123

DESCRIPTION OF CHARGE	AMOUNT
Interment of Jack Murphy	
Grave Space & Care Fund	$ 895.00
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Recording and filing fee	45.00
Sales Taxes	14.73
Total Due	$1,664.73

THE CITY OF

SAN DIEGO

E-16074

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

FAX COVER LETTER

TO: Kim White

PHONE/FAX# 858 495-5127

FROM: SUE

DATE: 12-12-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

ATTACHED IS COPY OF INVOICE AND INTERMENT ORDER. ORIGINAL INVOICE ON WAY TO YOU PER U.S. MAIL. RE: JACK MURPHY

If all pages are not received, please call (619) 527-3400.

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-16074

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1 ARMENTA	2	3	4 MONDE
	11	12 12 OPEN	13 X 7	8	9	10
			18 BOWEN			

Interment space for: JACK MURPHY

Interment Date: THUR 1-11-01 Time: 11:00

Lot: 73 Grave: 7 Row: ____ Sect: 1 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16074

AGE 95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jack	E.	Murphy	02/15/1905	12/05/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kim White, Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Wellman	12/12/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/12/2000 D. Wellman	2020122 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-11-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim 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 ▶	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.

H – 8½"
W – 14"
L – 28"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec-6-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ryan McCoy

in a _____ Funeral, date, time 10:30 Fri- Dec-8-00

Type of Burial Container

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 will be applied and billed to undersigned. X [signature]

Lot 1057 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund .....

Opening/Closing & Setup 125.00

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes .....

Total Due 270.00

Paid receipt number VISA — $270.00

Balance due 0

PAID
DEC 06 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Grand 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 receded holder of deed

X [signature]
Signature
X 2571 Ridge View Dr.
Address
X San Diego Ca. 92105
City Zip Code
X 619-262-9043
Telephone

Invoice # _____

Work Order # E16075

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16075

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Cassandra R. Chambers				
	Chante-LA TRESE		Ryan X McCoy			
	Jo Vette Katrina Rollins	Scott MARSHAUN Rolling				

Interment space for: Ryan McCoy

Interment Date: FRI - Dec-8-00 Time: 10:30

Lot: 1057 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: Ricky, Ron + Mark

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 12-7-00

E-16075

5MOS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RYON	AL-LINN LATISTE	MCCOY, JR.	06/25/2000	11/28/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KRISTIN SANDERS-MOTHER 10210 SAN DIEGO MISSION RD #26 SAN DIEGO, CA 92108

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	12/04/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/05/2000 J BENYARD	▶ 2019662

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92115	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-8-00	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 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-16074

WHILE YOU WERE OUT

TO Sue

DATE 12-12-00

TIME 8:45 ☒ AM ☐ PM

M. Debbie (DEPT)

OF Ragsdale

PHONE 263-3141 (AREA CODE / NUMBER / EXTENSION)

FAX

PAGER

MOBILE

E-MAIL

TELEPHONED	☒	CALLED TO SEE YOU	☐
PLEASE CALL	☒	WANTS TO SEE YOU	☐
WILL CALL AGAIN	☐	URGENT	☐
RETURNED YOUR CALL	☐	WILL FAX YOU	☐

MESSAGE Re: Invoice & burial delivery of PA = JACK Murphy

Denise

OPERATOR

CARBONLESS

23-021 200 SETS
23-421 400 SETS

98.99

858 -
495 - 5127

11:35 12-[illegible]-00
CAll Skipper
E-16074
When PA ck
arrives, Skipper
(Ragsdale) will then
Deliver Body. Denise

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec/7/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WYLEY NOBEL Wednesday

in a LINER Funeral, date, time Dec-13-2000 10:30

Type of Burial Container

Church, Chapel, Graveside * [illegible] : El CAJON 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 77 Grave 5 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

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA
DEC 07 2000
PAID

Paid receipt number R-53137 $ 1664.73

Balance due -0-

I hereby certify I am the CONSERVATOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

* [illegible] A. [illegible]
Signature

* SROV-A RUFFIN RD
Address

* SAN DIEGO 92123
City Zip Code

* (858) 694-3508
Telephone

Invoice #

Work Order # E16076

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16076

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Wyley X		LELAND L GORDON CHERRY	TOUSSAINT.
	Laura MAE DAVIS.			JESSIE Johnson	ODESSA. ARMWINE	

ST.

Interment space for: Wyley Nobel.

Interment Date: _____ Time: _____

Lot: 77 Grave: _____ Row: _____ Sect: 2 Div: 12

Grave Laid out by: Norman & Ron

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes . ☐ No

Blind Check & Verified By: Danny Franklin Date: 12-12-00

E-16076

AGE 64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILEY	UNKNOWN	NOBEL	09/23/1936	12/02/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	GREG BROWN-PUBLIC GUARDIAN 5201 RUFFIN RD #A SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020	FD-1022	▶ [signature]	12/11/2000

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$7.00	12/11/2000 JACKIE KOZICA	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102	11B. DATE BURIED 12-13-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA G. FEELEY

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2042 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund .....

Additional spaces and care fund Pre-Need-D-904

Opening/Closing & Setup.....

Burial Container ..... Trust

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 769.73

Paid receipt number 55133 769.73

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Maria G. Feeley (Signature)
X 3422 Belle Isle Dr. (Address)
X San Diego Ca 92105 (City, Zip Code)
X (619) 281 9000 (Telephone)

Invoice # _____

Work Order # E16077

Acct. # _____

EA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need
Lot a
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec/07/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Banda, Matilde

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 77 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 R-53135	1450.00
Balance due	214.73

PAID
DEC 22 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid - Balance - in - full
12-22-00.
12-22-00 Deed Mailed to ARTURO & MATILDE BANDA,
12-22-00 R-53175

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.

BAL

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

*Matilde Banda
Signature
*2239 CITRUS AVE.
Address
*San Diego CA 92154
City Zip Code
*619-423-4609
Telephone

Invoice # _____

Work Order # E16078

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16078

BANDA, MATILDE 2239 Citrus Ave., San Diego 92154 619 423-4601

		DEBIT	CREDIT	BALANCE
12-07-00	Opened Pre-need Lot & Trust			
	Lot 77, Gr 4, Sec 2, Div 12	895.00		895.00
	Pre-need Trust includes opening/closing, liner, handling fee, recording fee, Tax on Liner.	769.73		1664.73
12-07-00	R-53135		1450.00	214.73
12-22-00	R-53175		-214.73	0.00

BANDA, MATILDE

Pre-Need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec/07/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Banda, Matilde

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 77 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 R-53135	1450.00
Balance due	$219.73

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 represant that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

*Matilde Banda
Signature
*2239 CITRUS AVE.
Address
*San Diego CA 92154
City Zip Code
*619-423-4609
Telephone

Work Order # E16078

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NELLIE P. CHASTAIN

in a LINER (Type of Burial Container) Funeral, date, time TUES 12/12/00 10.00 A

Church, Chapel, Graveside Humphrey 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 54 Grave 3 Row ____ Section 3 Division 12

Grave space & Care Fund Pre-Need D-9987	Ø
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	$ 769.73
Paid receipt number R-53133	769.73
Balance due	Ø

PAID

DEC 08 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X GRAND Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

X 3990 Glading Dr. Address

X San Diego 92154 City Zip Code

X 619 690-5620 Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E16079

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16079

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Mitchell	Empty	James		
		Chastain	X	Bionich		
		Johnson	Empty	Meja		

Interment space for: NELLIE P. CHASTAIN

Interment Date: 12-12-00 Time: 10:00 AM

Lot: 54 Grave: 4 Row: ____ Sect: 3 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 12-11-00

E-16079

AGE 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NELLIE	P.	CHASTAIN	09/15/1915	12/08/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Judy Adkins-Daughter 3990 Glading Drive San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
"Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	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 signature) ▶	8B. DATE SIGNED 12/08/2000

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 12/11/2000	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2019983 D.R.Williams ▶
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 -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 12-12-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF 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.

BERGE-ROBERTS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 12, 2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MRS. - SING SOUKKEO

in a LINER (Type of Burial Container) Funeral, date, time FRI Dec 15, 2000 11:00

Church, Chapel, Graveside _____ : BERGE-ROBERTS 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. X VS

Lot 137 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 (TRION VASE & SETTING FEE)	171.93
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,836.66
Paid receipt number VISA	1,836.66
Balance due	0

PAID IN FULL

BURIAL PAID-IN-FULL

I hereby certify I am the X SON VS of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. VANCE V. SOUKKEO

X Vance V. Signature

I hereby authorize the interment in lot I hold under deed.

→ 759 Goetsch Address

Signature of recorded holder of deed

→ San Diego, CA 92114 City Zip Code

→ ~~Fax~~ 619-263-7581 Telephone

Cell ~~707-694-6072~~ 707-694-6072

Invoice # _____

Work Order # E16080

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16080

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		ADDIE L. LEE	OPEN	MARY PARKER	JAMES COOK	
		OPEN	SING X SUKKEO	OPEN	GRACE L. CARTER	

Interment space for: MRS. SING SUKKEO

Interment Date: Fri DEC. 15, 2000 Time: 11:00 AM

Lot: 137 Grave: 8 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Ron

Agrees with Legal Card: ☐ Yes ☐ No

FLAG is on Grave!

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 12-13-00

E-16080

AGE 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SING	-	SOUKKEO	08/06/1926	12/09/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	VANCE SOUKKEO - SON 2432 QUAIL HOLLOW DR SANTA ROSA, CA 95403

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶ Pauletta Valentine	12/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/14/2000 P Valentine	2020278 ▶

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	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Jeanys	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

2nd Burial
grave of
CARL DAVIS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JUANITA DAVIS

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time FRI. 12-15 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. X

Lot 116 Grave 4 Row Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... PRE-NEED E-9186	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 R-53156	420.00
Balance due	0

PAID
DEC 15 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

mortuary to bring check

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

Invoice #

Work Order # E16081

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16081

E- 16081

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

FAX COVER LETTER

TO: RAGSDALE

PHONE/FAX# _____

FROM: SUE

DATE: 12-12-00

PAGES incl this page 2

FAX # 527-3403

RE: DAVIS

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER.

PLEASE SEND OVER CHECK ASAP.

If all pages are not received, please call (619) 527-3400.

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-16081

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

GREEN	McINTYRE	OPEN	X	WARNER	KAIGLER	
JOHNSON	McINTYRE	OPEN	BROWN	BANUELOS	FARRIS	

Interment space for: JUANITA DAVIS

Interment Date: FRI 12-15 Time: 11:00

Lot: 116 Grave: 4 Row: ____ Sect: 1 Div: 12

Grave Laid out by: NORMAN RON

Agrees with Legal Card: ☐ Yes ☐ No FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

E-16081

AGE 73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Juanita	Lee	Davis	06/27/1927	12/11/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carla D. Dill, Daughter 1992 Manzana Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debra Wellman	12/13/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/14/2000	2020273 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	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 12-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reynaldo Gonzalez

In a LINER (Type of Burial Container) Funeral, date, time Dec-15 Fri 2000

Church, Chapel, Graveside : Aztlan. 11:00 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. * [signature]

Lot 109 Grave 7 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53146	1664.73
Balance due	0

PAID
DEC 13 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the *Daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

*[signature] Signature

*240 55th St. Address

*San Diego CA 92114 City Zip Code

*(619) 266-8404 Telephone

Invoice #

Work Order # E 16082

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16082

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1 Smith, Minnie			
			7 Reynaldo X Gonsalez	8 | 9	10 Chester Lee Wheeler	11 Ruth Wheeler

Interment space for: Reynaldo Gonsales

Interment Date: 12-15-00 Time: 11:00

Lot: 109 Grave: 7 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Rom

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 12.13.00

E- 16082

AGE 48

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
REYNALDO	MARTINEZ	GONZALEZ, JR.	04/17/1952	12/05/2000	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	REYNALDO ABRAHAM GONZALEZ-SON 3947 MARINE VIEW AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-1658	Nancy Lopez	12/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	NANCY LOPEZ 12 / 14 / 2000	George R. Larson MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-15-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need Lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Organization of San Diego

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. _____

Lot 122-126 Grave _____ Row _____ Section Muslim Division/~~Block~~ _____

Grave space & Care Fund	6 at 550.00	3,300.00
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		3300.00
Paid receipt number 53147		3300.00
Balance due		Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E16083

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTHA LEWIS

in a LINER (Type of Burial Container) Funeral, date, time WEDS DEC 20 1:00pm (Time?)

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X JC

Lot 132 Grave 2 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-53149	1,664.73
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.

JENNIFER CRAIN

X [signature]
Signature

43 Saratoga dr.
Address

Ceiba P.R. 00735
City Zip Code

(787) 865-3729
Telephone

(619) 266-8985 (daughter: June)

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E16084

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Ceiba, Puerto Rico

E-16084

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Edmond (1) BRADLEY	X (2)	unmarked Baudel (3) LAGUNA		
		Judith ANN HILL (7)	(8)	(9)	Unmarked Wesley Cooper (10)	

Interment space for: Martha Lewis

Interment Date: Weds. Dec. 20 Time: 11:00

Lot: 132 Grave: 2 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman D.J.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim F. Jones Date:

E-16084
Flag on grave

E- 16084

AGE 63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Martha	-	Lewis	06/02/1937	12/13/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	June E. White-Fields, Daughter 4384 Mayberry St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Letha Williams	12/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/19/2000	2020500

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-20-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 12-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOHAMMED SINNAWI PIN#205847

in a LINER-Child (2yrs) (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:~~30~~ 00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

Lot 54B Grave _____ Row _____ Section MUS Division/Block _____

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number MC	587.36
Balance due	0

PAID
DEC 13 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X 9231 Lowell Str #1 Address

X La Mesa, Ca 91941 City Zip Code

X 665-2425 Telephone

Work Order # E16085

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-16085

AGE 2 yrs

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MOHAMMED	RIDHI	SIMHANI	10/07/1998	02/25/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RIDHI SIMHANI: FATHER 4231 LOWELL STREET, APT.#1 LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	02/26/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 02/26/2001	2103656 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-26-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-14-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FERLIA A HAYNES

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 51 Grave 11 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need	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
Paid receipt number R-53152	250
Balance due	$ 645.00

PAID-FULL 10/22/02

OCT 22 2002

MT. HOPE CEMETARY CITY OF SAN DIEGO

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.

FERLIA HAYNES

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

(619) _____ Telephone

Ferlia A. Haynes Signature

Ferlia A. Haynes Address

Ferlia A. Haynes City

Ferlia A. Haynes Zip Code

136 N. ROYAL OAK DR
SAN DIEGO, CA 92114

Invoice # _____

Work Order # E16086

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55486

Date: October 7, 20 02

From: Robert L. Haynes Address: on record

Twenty - Seven Dollars ($ 27.00)

In part Payment of Pre-need lot account

Lot 51 Grave 12 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E - 16086

BALANCE DUE $ 24.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3058

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT 20% Sales Care	87007 77184	27.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust 77186	83033 ~~-0883~~	
Sales Tax	80101 78390	
TOTAL PAID	$	27 00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55370

Date: 9/4, 20 02

From: Robert L. Haynes Address: on record

Twenty Seven and 00 Dollars ($ 27.00)

In Part Payment of Pre-need lot account

Coupon # 22

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $51.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3051

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT		
20% Sales Care	67007 / 77184	27.00
80% Sales of Lots	100 / 77184	
Opening/ Closing	100 / 77181	
Burial Containers	100 / 77182	
Handling Fee	100 / 77185	
Recording & Misc. Fees	100 / 77183	
Pre-Need Trust 77186	63033 / 8022	
Sales Tax	60101 / 76390	
TOTAL PAID	$	27.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55318

Date: 8-14, 20 02

From: Robert L. Haynes Address: on record

Twenty Seven Dollars ($ 27.00)

In Part Payment of pre-need lot account for Ferlia A. Haynes.

Lot 51 Grave 12 Row Section 2 Division Block 12.

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $ 78.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Barbette C.

CREDIT 20% Sales Care	67007 77184	27.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63003 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27 00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55160

Date: July 1, 2002

From: Robert/Ida Haynes Address: on record
Twenty-Seven Dollars ($ 27.00)
In Part Payment of pre-need lot account for Ferlia A. Haynes.

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $105.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3007

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	27	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

№ 55110

Date: 6-17-02, 20

From: Terlia Haynes Address: On Record

Twenty Seven Dollars ($ 27.00)

In part Payment of Pre-need Lot

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE 132.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Stuchellen

CREDIT	67007	27	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	27	00

AC-212 (Rev. 5-94)

2983

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55072

Date: 6-5-02, 20

From: Zerlia Haynes Address: 136 Royal Oak Dr N. SD

Twenty Seven Dollars ($ 27.00)

In part Payment of Pre-need lot

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE 159.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2988

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007	20	00
20% Sales Cars	77184		
80% Sales of Lots	100 77184	7	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54993

Date: May 15, 20 02

From: Robert L. Haynes Address: on record

Twenty-Seven Dollars ($ 27.00)

In part Payment of Pre-need lot Account for Ferlia A. Haynes

Lot 51 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $186.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	27 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	27 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2972 ISSUED BY P Crawford

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54881

Date: 4-17, 20 02

From: Robert/Ida Haynes Address: On Record

Twenty-Seven and 00 Dollars ($ 27.00)

In 51 Payment of Pre-need lot account for Ferlia A. Haynes

Coupon #16

Lot ____ Grave 12 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. ____

Acct. No. E-16086

W.O. ____

BALANCE DUE $ 213.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2950

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27.	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54783

Date: March, 2002

From: Robert & Ida Haynes Address: on record

Twenty-Seven and 00 Dollars ($ 27.00)

In part Payment of Pre-need lot account for Ferlia A. Haynes Coupon #15

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-160860

BALANCE DUE $240.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
8751

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	27	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54660

Date: February 14, 20 02

From: Ferlia A. Haynes Address: on record

Twenty-Seven Dollars ($ 27.00)

In part Payment of Pre-need lot for purchase.

Lot 51 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $267.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2911

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54545

Date: January 11, 20 02

From: Robert L. Haynes Address: on record

Twenty - Seven Dollars ($ 27.00)

In part Payment of Pre-need Lot

Coupon Book No. 13

Lot 51 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16086

BALANCE DUE $ 294.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2888

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54082

Date: 8/30/01, 20 ____

From: Fenlia A Haynes Address: 136 N. Royal Oak Drive San Diego CA 92114

Two Hundred + Sixteen Dollars ×/100 Dollars ($ 216.00)

In part Payment of Pre-Need Trust

Lot 51 Grave 12 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-16086

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 5-94) M.O. 0285076360 1

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lillie Pounce

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	216	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	216	00

E 16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:
FERLIA A. HAYNES

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	1
Payment Due Date	February-01
Payment Amount Due	27.00
Balance Due	618.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:
FERLIA A. HAYNES

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	2
Payment Due Date	March-01
Payment Amount Due	27.00
Balance Due	591.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	3
Payment Due Date	April-01
Payment Amount Due	27.00
Balance Due	564.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	4
Payment Due Date	May-01
Payment Amount Due	27.00
Balance Due	537.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	5
Payment Due Date	June-01
Payment Amount Due	27.00
Balance Due	510.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	6
Payment Due Date	July-01
Payment Amount Due	27.00
Balance Due	483.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	7
Payment Due Date	August-01
Payment Amount Due	27.00
Balance Due	456.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	8
Payment Due Date	September-01
Payment Amount Due	27.00
Balance Due	429.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	9
Payment Due Date	October-01
Payment Amount Due	27.00
Balance Due	402.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	10
Payment Due Date	November-01
Payment Amount Due	27.00
Balance Due	375.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	11
Payment Due Date	December-01
Payment Amount Due	27.00
Balance Due	348.00

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

paid 11-30-01
R- 54403

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	12
Payment Due Date	January-02
Payment Amount Due	27.00
Balance Due	321.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	13
Payment Due Date	February-02
Payment Amount Due	27.00
Balance Due	294.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	14
Payment Due Date	March-02
Payment Amount Due	27.00
Balance Due	267.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	15
Payment Due Date	April-02
Payment Amount Due	27.00
Balance Due	240.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	16
Payment Due Date	May-02
Payment Amount Due	27.00
Balance Due	213.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	17
Payment Due Date	June-02
Payment Amount Due	27.00
Balance Due	186.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	18
Payment Due Date	July-02
Payment Amount Due	27.00
Balance Due	159.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	19
Payment Due Date	August-02
Payment Amount Due	27.00
Balance Due	132.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	20
Payment Due Date	September-02
Payment Amount Due	27.00
Balance Due	105.00

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

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	21
Payment Due Date	October-02
Payment Amount Due	27.00
Balance Due	78.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	22
Payment Due Date	November-02
Payment Amount Due	27.00
Balance Due	51.00

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-16086

Mt. Hope Cemetery
Prepayment Plan Record

FERLIA A. HAYNES
136 N. ROYAL OAK DRIVE
SAN DIEGO, CA 92114

E-16086

Preneed for:

Lot 51 Grave 11 Div 12 Sec 2

Payment NO.	23
Payment Due Date	December-02
Payment Amount Due	27.00
Balance Due	24.00

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-16086

HAYNES, FERLIA A. 136 N. ROYAL OAK DRIVE, SAN DIEGO, CA 92114 (619)

				DEBIT	CREDIT	BALANCE
12-14-00	Opened Pre-Need Lot. Lot 51, Gr 12, Sec. 2, Div 12			895.00		895.00
12-14-00	R-53152				250.00	645.00
08-30-01	R-54082				216.00	429.00
11-16-01	R- 54350	#9			27.00	402.00
11-16-01	R- 54351	#10	80% 716		27.00	375.00
11-30-01	R- 54403	#11	20% 179		27.00	348.00
12-20-01	R- 54463	#12			27.00	321.00
1-11-02	R- 54545	#13			27.00	294.00
2-14-02	R- 54660	#14			27.00	267.00
3-19-02	R- 54783	#15			27.00	240.00
4-17-02	R- 54881	#16			27.00	213.00
5-15-02	R. 54993	#17			27.00	186.00
6-5-02	R- 55072	#18			27.00	159.00
6-14-02	R- 55110	#19			27.00	132.00
7-1-02	R- 55160	#20			27.00	105.00
8-14-02	R. 55318	#21			27.00	78.00
9-4-02	R- 55370	#22			27.00	51.00
10-7-02	R- 55486	#23			27.00	24.00

HAYNES, FERLIA A. PRE-NEED LOT

- OVER -

Felia A Haynes

		Debit	Credit	Balance
	BALANCE FORWARDED			24.00
10/18/02	PAID-IN-FULL Coupon # 24		24.00	Ø

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec-14-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Salvador Bañuelos Dec

in a Double Crypt (Type of Burial Container) Funeral, date, time Monday-18-2000

Church, ~~Chapel, Graveside~~ : Berge Roberts 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. * M.B.

Lot 115 Grave 6 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
Total Due	$2044.45
Paid receipt number R-53153	$2044.45
Balance due	0

PAID

DEC 15 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the * ~~mo~~ Hermana of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

* Magdalena B
Signature

* 31 N L St
Address

* San Diego Calif
City Zip Code

* 233 95 25
Telephone

Invoice #

Work Order # E16087

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16087

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	5	6		
			BOTTON	SALVADOR		
8	9	10	ALMETA	BANUELOS		
	Smith		11	12		
	Johnny		Clemons			
			ACMENTA			

Interment space for: Salvador Banuelos

Interment Date: MON-Dec-18-2000 Time: 10:00 AM

Lot: 115 Grave: 6 Row: — Sect: 1 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E- 16087

AGE 40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SALVADOR	-	BANUELOS	05/29/1960	12/13/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GLORIA JIMENEZ - COMPANION 328 33RD ST SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶ [illegible]	12/15/2000

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 PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/15/2000 P Valentine	2020353 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-18-00	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 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.

12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-15-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOHAMMAD M. SAMII

in a _____ (Type of Burial Container) Funeral, date, time SAT 12-16 1:00

Church, Chapel, Graveside _____ ; GREENWOOD TERRY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

MUSLIM

Lot 110 Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... PAID

Opening/Closing & Setup ..... DEC 15 2000 ..... 450.00

Burial Container ..... _____

Handling Fees ..... MT. HOPE CEMETARY CITY OF SAN DIEGO ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee 45.00

Sales taxes 6.22

Saturday Overtime 600.00 ..... 501.22

M/C 600.00 Total Due

Paid receipt number M/C 501.22

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.

+ Ali M. Samii
Signature

+ 1817 S. COAST HWY #A
Address

+ Oceanside, CA 92054
City Zip Code

+ (760) 721-3307
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

AL SAMII

Invoice # _____

Work Order # E16088

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

DR. YUSIM SIGNED FOR DR. GHEYSAR

E-16088

AGE 87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MOHAMMAD-RABI	M.	SAMII	03/06/1913	12/15/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	ALI M. SAMII, SON 1817 S. COAST HWY., #8 OCEANSIDE, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	FD-843	▶ [signature]	12/15/2000

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge, as applicant, that the proposed disposition stated herein, or one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT HAS NO MEANING OR LEGAL STATUS OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/15/2000 Y. ACEVES	2020391 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY OR 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 SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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- 16088

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MOHAMMAD-RABI	M.	SAMII	03/06/1913	12/15/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	ALI M. SAMII, SON 1817 S. COAST HWY., #8 OCEANSIDE, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	FD-843	▶ [illegible]	12/15/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/15/2000 Y. ACEVES	2020391 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 12-16-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIOLET NIXON (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time A Y D

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 _____ Grave 14 Row 12 Section 3 Division/~~Block~~ 2

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number VISA	269.26
Balance due	0

LIETZ-FRAZE MORTUARY TO SHIP CREMAINS TO MT. HOPE CEMETERY

I hereby certify I am the NIECE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

MRS. CHARLENE KIMBALL

X _____ Signature

3992 DUKE LANE Address

LAKE HAVASU CITY, AZ 86404 City Zip Code

(520) 855-6955 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E16089

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

LIETZ-FRAZE MORTUARY / FUNERAL HOME
21 RIVIERA BLVD.
LAKE HAVASU CITY, AZ 86403

(520) 855-4949 Office

(520) 855-8164 FAX

EMAIL LIETZFH@CTAZ.COM

E-16089

THE CITY OF SAN DIEGO

E-16089

LIETZ-FRAZE FUNERAL HOME
21 Riviera Blvd.
Lake Havasu City, Arizona 86403

DATE [illegible] NO. OF PAGES

TO [illegible] FROM

FAX # [illegible]

ATTN:

INTERMENT [illegible]

[illegible]

PLEASE CALL 520-855-[illegible] IF A PROBLEM OCCURS IN TRANSMISSION

NSM MEMBER [illegible] NATIONAL [illegible]

[illegible]

E- 16089

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			NEIL			
11 PONSFORD	12 PONSFORD	M1 13 NIXON	X 14 NIXON	15 WOLFER	OPEN 16	17 Smith
		HILL		DUNBAR		

Interment space for: VIOLET NIXON

Interment Date: _____ Time: _____

Lot: _____ Grave: 14 Row: 12 Sect: 3 Div: 2

Grave Laid out by: Ricardo Escover

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☑ No

FLAG ON GRAVE

Blind Check & Verified By: [signature] Date: _____

E- 16089

AGE 98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VIOLET	-	NIXON	11/10/1902	11/29/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAKE HAVASU CITY	ARIZONA	JOHN J. WOLFER - SON 2102 IROQUOIS BAY LAKE HAVASU CITY, AZ 86404

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
JENSEN-CARPENTER MORTUARY 222 'E'STREET NEEDLES, CA 92363	FD 478	▶ Kenz	12/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	K. DIMOND 12/19/2000	▶ 3431805

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222
SAN DIEGO, CA 92112

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-28-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 12-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~WIDSOM~~ WISDOM W. OWENS JR.

in a LINER Funeral, date, time THUR 12-21 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 153 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53163	1664.73
Balance due	~~0~~

PAID
DEC 19 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

MORTUARY to BRING check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

See attached

Invoice # _____

Work Order # E16090

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16090

WISDOM

E-16090

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

FAX COVER LETTER

TO: RAGSDALE

PHONE/FAX#

FROM: SUE

DATE: 12-18-00

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

PLEASE BRING CHECK ASAP AS WE WANT TO OPEN ALL GRAVES EARLY this WEEK.

If all pages are not received, please call (619) 527-3400.

DIVERSITY
BRINGS US ALL TOGETHER

inted on recycled paper

E- 16090

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WIDSOM W. OWENS JR.

in a LINER (Type of Burial Container) Funeral, date, time THUR 12-21 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 153 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	198.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73

Paid receipt number _____

Balance due _____

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 # E16090

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16090

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		BANKS	FOSTER	Smith	open	Robertson
			X OWENS	open	open	NUNEZ
				CARDINO		

Interment space for: ~~Wisdom~~ (Wisdom) Owens

Interment Date: THUR 12-21 Time: 11:00

Lot: 153 Grave: 7 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16090

AGE 75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wisdom	Willie	Owens, Sr.	02/08/1925	12/15/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maurine Jackson, Friend 828 S. 38th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Wellman	12/19/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/2000	2020596 D. Wellman

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3351 Market St. San Diego, CA 92102	11B. DATE BURIED 12-21-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Gary Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Lot to Grave of Agnes Tizenor

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHEL LAFLUER PRESCOTT

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUES. Feb. 20 1:00PM.

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00pm p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 17 Grave 2 Row — Section 1 Division/~~Block~~ 7

Grave space & Care Fund ..... LOT owned	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... ASH VAULT	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 53159	269.26
Balance due	0

Paid

I hereby certify I am the COUSIN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. VERNICE L. JERKINS-CONSERVATOR

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Vernice L. Jerkins
Signature

5171 TRINIDAD WAY
Address

SAN DIEGO, CA 92114
City Zip Code

(619) 264-2055
Telephone

Invoice #

Work Order # E16091

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16091

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NOTE: Ash Vault UPPER RIGHT → also Grave of AGNES TIZENOR

		—	Payne Hattie	Curr Bruce/Mayola		
		1	2	3		
		Agie Eubanks	AGNES X TIZENOR	VEST ABRAHAM (NO MARKER)		
		WOODEN Isaac	WOODEN Dimple	MEIGS, Geraldine		

Interment space for: Ethel LaFleur Prescott ⊗

Interment Date: TUE. FEB. 20 Time: 1:00 PM

Lot: 17 Grave: 2 Row: — Sect: 1 Div: 7

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16091

E-16091

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ethel	La Fluer	Prescott	05/18/1915	12/08/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Vernice Jerkins, Cousin 5171 Trinidad Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [illegible]	12/14/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/14/2000	2020254 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 600D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 12-21-00	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 12-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARLA Y. STRODE

in a LINER (Type of Burial Container) Funeral, date, time THUR DEC 21 11:30 AM

Church, Chapel, Graveside _____ ; CALIF. BURIAL Mortuary.

All Funeral cars must arrive before ~~8:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. X

Lot 145 Grave 6 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee (GALV. FLOWER CAN)	23.78
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,688.51
Paid receipt number R-53167	1,688.51
Balance due	Ø

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.

X Signature

Address

Signature of recorded holder of deed

City Zip Code

( ) Telephone

Invoice # _____

Work Order # E16092

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16092

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		STIGER	open			
AOUI	GIBSON	LOVE	X STRODE	open	TAYLOR	
DE LA CRUZ	open	OITTE	open			

Interment space for: CARLA Y. STRODE

Interment Date: THUR. 12-21-00 Time: 11:30AM

Lot: 145 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Norman Ren

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: K Jones Date: ____

E-16092

AGE 38

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARLA	YVETTE	STRODE	06/26/1962	12/14/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MATTIE STRODE-MOTHER 7112 SKYLINE DRIVE SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY CA 91950	F-1689	▶ [signature]	12/18/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/18/2000 CBRUSS	▶ 2020428

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-21-00	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 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 12-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LENIEL VORISE

in a T.S. VAULT Funeral, date, time Tui 12-22 11:00

Type of Burial Container

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 60 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-53172	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.

X _____
Signature

X 4652 1/2 Hawley Blvd
Address

X San Diego, CA 92116
City Zip Code

X (619) 584-2354
Telephone

(Rachel) (619) 516-0389 (VORISE)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

DOROTHY VORISE

Invoice # _____

Work Order # E16093

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16093

Jeanette

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LENIEL Vorise

in a T.S. VAULT. (Type of Burial Container) Funeral, date, time Fri 12-22 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 60 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number	—
Balance due	—

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X _____ Signature

X 4052 1/2 Hawley Blvd Address

X San Diego, CA 92116 City Zip Code

X (619) 584-2354 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

DOROTHY VORISE

Invoice # _____

Work Order # E16093

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E- 16093

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			38 EMERSON 7			
59	BRONMEE 5	TAYLOR 8	00 X VORISE 1	2 OPEN	3 WILLIAMS	
		12	7 OPEN	8	9 SLEAD	10 PRICE

Interment space for: LENIEL VORISE

Interment Date: 12-22-00 Time: 11:00

Lot: 60 Grave: 1 Row: ____ Sect: 1 Div: 11

Grave Laid out by: Norman Ron

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Harvey Franklin Date: 12-22-00

E-16093

AGE 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LENIEL	-	VORISE	07/10/1949	12/15/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RACHELE VORISE-DAUGHTER 4654½ HAWLEY BLVD. SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Jacquelle Benyard	12/20/2000

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/2000 J. BENYARD	2020605

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-22-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 12-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTHONY WOODS PA 20010644

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 12-27 11:00

Church, Chapel, Graveside DELIVERY ; S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4 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	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	386.00
Paid receipt number	386.00
Balance due	Ø

PAID
JAN 29 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

DARNELL PRICE
P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 342442

Acct. # 000952

Work Order # E16094

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTHONY	-	WOODS	08/08/1932	11/27/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DARNELL PRICE - PAO 5201-A RUFFINRD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	12/20/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/21/2000 J. JOHNSON	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS:P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-27-00	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 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 Dec-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grimes, Bessie

in a LINER (Type of Burial Container) Funeral, date, time Dec-FRI-22-2000 Ragsdale 1:00

~~Church~~, Chapel, ~~Graveside~~ _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. * _____

Lot 35 Grave 12 Row — Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need Balance E-15734	914.00
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	1683.73
Paid receipt number R53170	1683.73
Balance due	0

PAID

DEC 20 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

Mortuary bring a check.
Reby

I hereby certify I am the * _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

* _____ Signature

* _____ Address

* _____ City Zip Code

* _____ Telephone

Invoice # _____

Work Order # E16095

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16095

P.M. Need 2nd

MT. HOPE CEMETERY

INTERMENT ORDER

E- 16095

City of San Diego

Date 5-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LINDA BURROUGHS

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of $ 150 00

will be applied and billed to undersigned. _____

✓ Lot 35 Grave 12 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	1395.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container See E- 16095	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1395.00
Paid receipt number VISA	349.00
Balance due	1046.00

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

Linda Burroughs
Signature
1126 Tuthill Way
Address
San Diego Ca. 92114
City Zip Code
619 263-7285
Telephone

Invoice # _____

Work Order # E 15734

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16095 E-15734

BURROUGHS, LINDA 7126 TUTHER WAY, SAN DIEGO 92114 263-1285

		DEBIT	CREDIT	BALANCE
05-26-00	Opened Pre-need Lot			
	Lot 35, Gr 12, Sec 17, Div 7	1395.00		1395.00
05-26-00	Visa		349.00	1046.00
9-26-00	MC 1, 2, 3 #44/ea		132.00	914.00
12-19-00	Pre-Need Lot & Trust Paid in Full R-53170.		-914.00	0.00

BURROUGHS, LINDA Pre-need Lot

E-16095

AGE 70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bessie	Mae	Grimes	01/13/1930	12/18/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	SanDiego	Linda J. Burroughs, Daughter 7126 Tuther Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Williams	12/20/2000

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/2000	2020618 D. Williams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	10A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	10B. DATE BURIED 12-22-00	10C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 12-20-2000

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evellyn McCartney

in a Liner (Type of Burial Container) Funeral, date, time Dec-22-00 10:30

~~Church, Chapel~~, Graveside : Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned.

Lot 77 Grave 3 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-53169 $	1664.73
Balance due	0

PAID

DEC 20 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E16096

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16096

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	4	5	6
			McCartney X		Nobel, Wiley	Jackson, Claibome
	7	8	9 Davis Laura Mae	10	11	12 Johnson Lessie

Interment space for: Evelyn McCartney

Interment Date: 12-22-2000 Time: 10:30

Lot: 77 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Ron

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARKEY1 Date: 12/21/00

E- 16096

AGE 91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Evelyn	-	McCartney	12/17/1909	12/19/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kim White, PA 5201-A Ruffin Road San Diego CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave, San Diego CA 92116	FD1424	▶ John Mayer	12/20/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/20/2000 John Mayer	2020636 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St, San Diego, CA 92102	11B. DATE BURIED 12-22-00	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 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.

Jeanette
CA BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BABY MALIQI

in a _____ Funeral, date, time THUR. DEC. 28 TIME: 1:00
Type of Burial Container

Church, Chapel, Graveside _____ : CA BURIAL 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. X

Lot 58 A Grave — Row — Section MUSLIM Division/~~Block~~ —

Grave space & Care Fund	100.00
Additional spaces and care fund	~~0~~
Opening/Closing & Setup 12" Long	125.00
Burial Container 6" With.	~~0~~
Handling Fees	~~0~~
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	~~0~~
Total Due	270.00
Paid receipt number R-53190	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. SKENDER MALIQI

I hereby authorize the interment in lot I hold under deed.

X
Signature

X 1343 OAKDALE AVE. #18
Address

X EL CAJON, CA 92021
City Zip Code

CA BURIAL OFFICE X (619) 234-3272
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 16097

Acct. # _____

PEA 104 (7-96) This information is available in alternative formats upon request

E-16097 12-20-00 Weds 4:10 pm
12" Lon
6" With?

Jeanette (619) 234-3272
E-16097
* Jeanette to bring Check/pymt
Weds 12/27
Funeral date: Thurs 12/28
Time: _____
* Wants us to pick grave/
Lot in DIV. 9, Sect 1 Lot 849
* Family has NO phone. Use office
phone # for CALIF. Burial. Denise

E-16097

AGE 1-DAY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
–	–	MALIQI	12/06/2000	12/06/2000	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF RESIDENT
SAN DIEGO	SAN DIEGO	SKENDER MALIQI-FATHER 1343 OAKDALE AVE. #18 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	[signature]	12/28/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/28/2000	[signature] MA

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-28-00	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	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

1ST BURIAL
WILLIAM McCAGUE

2nd Burial
Marilyn

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARILYN McCAGUE

in a DOUBLE DEPTH Funeral, date, time WED 12-27 2:00

Type of Burial Container

Church, Chapel, Graveside GREENWOOD Mortuary.

Mike ext 343

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. XM

Lot 2143 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... PRE-NEED E-8509	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 R-53174	420.00
Balance due	0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Kelly McCague

X Kelly McCague
Signature

X 24542 Rutherford Rd.
Address

X Ramona, CA 92065
City Zip Code

X (760) 787-0946
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E16098

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16098

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William McCague

in a Double Crypt Vault/Lot Funeral, date, time Tue, 2/6 2pm

Church, Chapel, Graveside Chapel & Graveside; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 2143 Grave ____ Row ____ Section ____ Division/[redacted] 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1623.93
Paid receipt number	
Balance due	

Paid in Full 3-8-90

30 Day Note

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: Marilyn J. McCague

Address: 779 Roca Rd.

City: Chula Vista

State: CA Zip Code: 92010

Telephone: (619) 421-5146

Invoice # 097617

Acct. # 035431

Work Order # E 8509

PY-593 (REV. 8-85)

E-16098

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		LANGE	2038 LANGE			
	HOUGEN DOLBEY	KUNKEL	2143 X MCCAGUE	MONROE	PARKER	
			OPEN			

Interment space for: MARILYN MCCAGUE

Interment Date: 12-27-00 Time: 2:00

Lot: 2143 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: Norman Ron

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEYL Date: 12-26-00

E-16098

AGE 66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARILYN	JOANNE	McCAGUE	02/17/1934	12/20/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RAMONA	SAN DIEGO	LORI STATEHAM - DAUGHTER 24542 RUTHERFORD ROAD RAMONA, CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ [signature]	12/21/2000

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 12/22/2000	2020734 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-27-00	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 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 12-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PEARL VAN METER

in a BELL LINER (Type of Burial Container) Funeral, date, time THUR 12-28 1:PM

Church, Chapel, Graveside Delivery Only : CA FUNERAL ALTERNATIVE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

760 737-2890

will be applied and billed to undersigned. _____

Lot 1061 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... PRE-NEED C-3652 -0-

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID 375.00

Burial Container 190.00

Handling Fees ..... [redacted] 26 [redacted] 145.00

Flower vases – Marker setting fee ..... —

Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-53180 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 See attached City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16099

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Faxed to Mt Hope 12/22/00

Thursday delivery 12/28/00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PEARL VAN METER

In a BELL LINER (Type of burial Container) Funeral, date, time

Church, Chapel, Graveside ; CA FUNERAL ALTERNATIVE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 1061 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... PRE-NEED C-3652	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number _____	
Balance due	

I hereby certify I am the X Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

X [signature] Signature

X 362 W MISSION # 206 Address

X Escondido CA 92025 City State Zip Code

X 760 747-8882 Telephone

Invoice # _____

Work Order # E 16099

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16099

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		STIMMEL	OPEN	MCGUIRE		
BECKER	DODDS	VAN METER GESSELL	1061 X VAN METER	KOTPOCOFF	BORGO	GILBERT
		CHAPMAN	CHAPMAN			

Interment space for: PEARL VAN METER

Interment Date: _____ Time: _____

Lot: 1061 Grave: _____ Row: _____ Sect: 1 Div: B

Grave Laid out by: Norm Ron

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARKEYL Date: 10-26-02

E-16099

AGE 97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Pearl	Victoria	Van Meter	03/26/1903	12/22/2000	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	San Diego	Donna Schull, Granddaughter 362 West Mission #206 Escondido, CA 92025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Funeral Alternatives 1020 E. Pennsylvania Ave, Escondido, CA 92025	FD1624	▶ J Seargeant	12/22/2000

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.

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/22/2000	2020781 J. Seargeant ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	---

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- [ ] 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 12-28-00	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.