MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-00

You are hereby authorized and instruc	ted, subject to	your rules	and regul	ations, to int	er the remains
	Funera	, date, time	Tri.	12-29	1 2100
Church, Chapel, Graveside			relter	lligere	/ Mortuary,
All Funeral cars must arrive before 3:3	0 p.m. of regu	lar work da	у ог ал ех	tra charge o	\$
will be applied and billed to undersigned	rd				
Lot 2828 Grave Ro	w	Section		Division/Blo	10
Grave space & Care Fund	gre-	Ne	ro-	8565	-0
Additional spaces and care fund					
					375.00
PAID					190,00
Handling Fee BEC 2 2 7000					145.00
Flower vases - Marker setting fee	g		***************************************		
Recording MAN MORE CEMETAR'S Sales taxes					45.06 14.73
Odles taxes	Million Million		otal Due		769.73
	Paid receipt			178	769.73
y, Fe	00	200		alance due	-0-
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany.	rization and I a	agree to ho	ove indica	ted. I certify	med decedent and represent harmless from
any isability on account of sale authoriz	ation and inte	2	. 0 .	+ 00	1
I hereby authorize the interment in lot i hold under deed.	^;	agnesure of	iel	a sh	my -
note under deed.	XI;	46 Ble	mohe	L Roa	0
Signature of recorded holder of deed	- >	6190	460-	2306	92020 Zu Cirdin
	b	elephone	HE		
F 40400	1	nvoice #			
Work Order # E 16100	_ /	Acct. #			

MT HOPE CEMETERY ()600

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	OPE N	OPEN	Shuffiz	Robert 1 Shurtz	ope n	KELLED
			lliam			
Interment	Date: \	2-29-	-00_T	ime: 2	:00	
Lot: 282	8 Grav	e:	Row:	Sect:	Di	iv: 10
Grave La	id out by:	non	nami	Fergi	en	-
Agrees wi	ith Legal	Card:	Yes [J No	Flag	. 01
Agrees w	ith Map:	☐ Yes		Vo	On	grava
Blind Che	ck & Ve	rified By:	DAKKE	y	Date:	1256-00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(80)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH	
William		Edwin	Shure	2	1	0/09/1920 12	/21/2000	26
SA. CITY OF DEATH		1-19	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RE	LATIONSHIP, FULL MAILIN	G ADDRESS AND	ZIP GODE
San Diego			San Ding	0 1		Shurtz, wife		
MANAGED PROCESSION OF THE PARTY OF			PRISON ACTING AS SUCH 78. CA			mehard Rd.		
Featheringi		All a commence and a contract and				on, CA 92020		
6322 El Caj		San Diego, CA 9	the second secon	Control of the last of the las	BA SIBNATU	HE OF APPLICANT—FIRM	taking peinst, 8B. DA	TE SIGNED
ACKNOWLEDGMENT OF A			ued dispussion stated becomes one of the era methorized pursuant to Section 7100 of th		► (fb	Sul.	12/2	2/2000
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PI	CODE	12/22/200		SIGNATURE OF LOCAL 120795	REGISTRAR ISSUI	NG PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	TY FOR THE DISPOSITION SPEC	67 00			120/95		
LOCAL REGISTRAR	A STATE OF THE PARTY OF THE PAR	O MIGHT OF DISPOSAL DUTYING OF CALIF EGISTRIAR OF DISTRICT OF		C. Maggar	THE REAL PROPERTY.	OF DEPOSITION		_
ANY CHANGE IN DISPOSI-		Diego,				H DISTRICT IN CALIFORNIA		
IT TO SHOW FINAL DISPOSITION.	92186-52	TOTAL SECTION AND ASSESSMENT OF STREET	Cars					
10. AUTHORIZED DISP			- 1		1	EOR CORONE	R'S USE ONL	٧
Marian Marian Maria	202200000000000000000000000000000000000	TEMPORE STERMS	C response con					
B. CREMATION	DES ENTOMBMENT)		E TEMPORARY ENV	OL IMERT	1	Name and Address		OCATED AT
SEE STOCKHOOL STOCK	OF CREMATED REM.	AINS OTHER	G. SHIP IN TO CALIFO	DOMA				
D. SCIENTIFIC US			H. TRANSIT TO OUTS	Service and the service and th				
	A							
		DDRESS OF CALIFORNIA CE Cemetery 3751 M		118 DATE BURIED	1 110. 8	IGNATURE OF PERSON	IN CHARGE OF I	BURIAL
BURIAL	San Diego.		arner oc.	12-24-00	21. 1	Cont I	/	
	And the same of th	DDRESS OF CALIFORNIA CR	DELLA TARRY	12B. DATE CREMATI		IGNATURE OF PERSON	N CHARGE OF C	DEMATION
E	TEN. HAME AND AL	JUHESS OF CALIFORNIA CR	EMATORY	1 SED. DATE GREMATI	120.0	CHATCHE OF PERSON	in Committee or or	NEMATION.
RELICVENTIFIC				i	i.	11		
OVE COVE	13A NAME AND AS	DDRESS OF CALIFORNIA FA	CILITY DECEIVING DEMAINS	198 DATE RECEIV	/FD ¹ 13C S	IGNATURE OF PERSON	N CHARGE DE I	FACILITY
SCIENTIFIC	100	JOHEGO OF GREE OTHER YA	DELT FILE OF THE OF THE OF THE OF THE OF	1		THE OF THE OWNER.	113	
				i	1.			
WE ALL	14A NAME AND A	DDRESS IN RECEIVING STAT	TE OD COUNTRY WHERE	14B. DATE SHIPPE	D IAC A	DDRESS AND SIGNATUR	DE OF PERSON II	N CHARGE
TRANSIT		CREMATED REMAINS ARE T		THE DATE OF THE		F PLACING WITH THE		N CHINATOL
TRANSIT				i e	1			
The state of the s	154 ADDRESS NEW	DEST DAWF ON SUPPLY WE	OR OTHER DESCRIPTION SUF-	158. DATE OF	160 9	GNATURE OF PERSON	IN 150. LICENS	6 NO CAMBER
SCATTERING AT SEA OR		ENTIFY FINAL PLACE AND CA		DISPOSITION		HARGE OF DISPOSITION	I OF CHE	MATED RE- DISPOSER
DISPOSITION OTHER THAN IN A CEMETERY				1	1.			PLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec, 26, 2000

in a	Funeral, date, time FRI Dec 29, 10 %
Type of Bungl Container	runeral, date, time / C 2 2 2 2 7
Church, Chapel, Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:30 p.r	n. of regular work day or an extra charge of \$ 150000
will be applied and billed to undersigned,X	CR.
Lot 979 Grave Row_	— Section / Division/Grock 9
	100.00
Grave space & Care Fund	
Additional spaces and care fund	PAIP
Opening/Closing & Setup	DEC 27 2000 /25.00
Burial Container	DEC 27,2100
Handling Fees	T HOPE CEMETARY
Flower vases – Marker setting fee	Y OF SAN DIEGO, C
Recording and filing fee	45,00
Sales taxes	
Length - 26"	Total Due
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d receipt number R-53/8/ 270.00
HEIGHT - 10"	Balance due
I hereby certify I am theMOTHE	P
and this is your authority to make dispositi	, cyrinis eman rejoins
I hereby authorize the interment in lot I hold under deed.	Symmes Koyans
Signature of recorded holder of deed	San Diego Ca. 92113 (619)263-7426
	Invoice #
Work Order # E 16101	

A Prosted on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-16101

MT HOPE CEMETERY 16101

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.

			ama.			
	Debevah Flemma	Coles	179 X	Cassandra Chambers		-
		ANAYAH Chanai Nucley	Charte Lasten			
Interment	space for: _					
Interment	Date: Fri	Dec 29	1, '00 T	ime: 10:	00 am	
Lot: 979	_ Grave:	_	Row:	Sect:	Div: 9	_
Grave Lai	d out by:			1300		
Agrees wi	th Legal Ca	rd: 🗆 Ye	s [J No	Flag on Grave	1
Agrees wi	th Map:	Yes		lo	Grave	
Blind Che	ck & Verifi	ed By:	1-4-1		Date:	8

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6 MOS

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

Towns or process	T-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAI	10 TENT		2. DATE (DAY YEA	4. SEX
CYNTHIA			-	ROJANO				72000 AR	Access to the last of the last) F
CITY OF DEATH					F DEATH—OUTSIDE CAL		ME, RELATIONS INFORMANT				
SAN DIEGO				SAN DY	EG0		NE CHANT			THER (VANES
CALIFORNIA 5880 EL CAL	CREMATIN &	BURIAL	CHAPEL		7B CALIF LICENSE NUI —IF APPLICABLE F-1357	SA	26 ETA N DIEGO IGNATURE OF A	, CA 9	2113		AE SIGNE
ACKNOWLEDGMENT OF AP	thereby ar	Anomiedge as applicant	that the proposed disp	position stated berein is o	ne of the depositions authorize 7100 of the Health and Safety C	cent by	100	Jus		4	28/200
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES M	FOR THE DISPO	NO SAFETY CODE	S CONTRACT MANAGEMENT	FEE PAID 98, DATE 12/29 J.BEN	/2000	D 9G, SIGNA ▶ 202		OCAL REG	STRAR ISSU	ING PERMI
TY CHANGE IN DISPOSI- ION REQUIRES A NEW SOUT TO SHOW FINAL VISPOSITION	O ADDRESS OF RE	IN CALIFORNIA	. BOX 852	1	9E. ADDRESS OF REGI IF DISPOSITION IS TO				ORNIA		
THE PERSON NAMED IN	DAM DIREC					-	1	EAD OOF	ONER'S	USE ON	
A. BURIAL (INCLU	PSITION(S) CHECK AF	PLICABLE ITEMS		F. DISINTERM			Пи	Manager Vite	PENDING	-REMAINS	
A. BURIAL (INCLU	DES ENTOMBMENT) DES ENTOMBMENT) DE CREMATED REMAMETERY E 11A. NAME AND AL MT. HOPE	PLICABLE ITEMS INS OTHER DRESS OF CAL	3751 MA	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO	CALIFORNIA OUTSIDE OF CALIFO 118. DATE	BURIED	Пи	ISPOSITION Name and /	PENDING Address)	REMAINS	LOCATED
A BURIAL (INCLU B. CREMATION C DISPOSITION (THAN IN A CE D. SCIENTIFIC US	DES ENTOMEMENT) F CREMATED REMA METERY E 11A. NAME AND AD	PLICABLE ITEMS ORESS OF CAL CEMETERY , CA 92	3751 MA 102	F. DISINTERMI G. SHEP IN TO H. TRANSIT TO RY LRKET STRE	CALIFORNIA OUTSIDE OF CALIFO 1 118. DATE	BURIED		RE OF PER	PENDING Address)	HARGE OF	BURIAL
A BURIAL (INCLU B. CREMATION C. DISPOSITION IN A GE D. SCIENTIFIC US BURIAL	DES ENTOMEMENT) DES ENTOMEMENT) DE OREMATED REMAMETERY E 11A. NAME AND AD MT. HOPE SAN DIEGO	PLICABLE ITEMS ORIESS OF CAL CEMETERY CA 92 ORESS OF CAL	3751 MA 102 FORNIA CREMAT	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO RY LRKET STRE	CALIFORNIA OUTSIDE OF CALIFO 11B. DATE 12B. DATE (OO CREMATED	11C SIGNATU	INE OF PER	PENDING Address	HARGE OF C	BURIAL
A BURIAL (INCLU B. CREMATION C. DISPOSITION IN THAN IN A GE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	DES ENTOMEMENT) DES ENTOMEMENT) DE CREMATED REMAMETERY E 11A. NAME AND AD 12A. NAME AND AD 13A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	PLICABLE ITEMS ORESS OF CAL ORESS OF CAL ORESS OF CAL ORESS OF CAL	3751 MA 102 FORNIA CREMAT	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO RY RKET STRE	CALIFORNIA O OUTSIDE OF CALIFO 118. DATE 129. DATE O	BURIED CREMATEO RECEIVED	11C. SIGNATU	IRE OF PER	SON IN CHATURE OF	HARGE OF CHARGE OF	BURIAL

Rn. med

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-00

You are harshy sulherized and instructed	subject to your rules and regulations, to in	tor the complex
11 31	without d	ter the remains
in a	Funeral, date, time	
Type of Bural Coctainer Church, Chapel, Graveside	E	Mortuary.
All Funeral cars must arrive before 3:30 p.	m of regular work day or an extra charge of	of \$
will be applied and billed to undersigned.		
Lot 6 Grave 7 Row	Section 2 Division/Blo	12
Grave space & Care Fund		895.00
Oppoint Closing & Satur	PAID	
Stirial Container	APR 1 6 2002	
Handling Fees		
Flower vases - Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Recording and filing fee	GITO	-
Sales taxes		007.0
	Total Due	675.00
Pa	aid receipt number 115/7	991.00
	Balance due	611.00
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	of the above nation of remains as above indicated. I certify tion and I agree to hold Mt. Hope Comstery on and interment	and regresent
I hereby authorize the interment in lot I hold under deed.	Segnifica 38 Time -	St
Signature of recorded holder of deed	X SONITA CA.	7/702 7/2 20 Cordin
Work Order # E 16102	Acct. #	BES

BLANCHARD, KERRY 4138 TIM STREET, BONITA, CA	A 91902 (61	and the second s	16102
	DEBIT	CREDIT	BALANCE
12- 26-00 Opened Pre-Need Lot Lot 16, Gr. 7, Sec. 2, Div. 12 12- 26-00 VISA	8 95.00	2 24,00	8 9 5.00
03-23-01 Goupon 1 + 2 R-53490 4-11-01 R-53563 3-10 26-02 R-54631 Coupons 11-16 4-16-02 R-54873 Coupons 17-24 4-16-02 Paid Balance by Visa	4/4 30/2	56.00 Ray.00 -16800 -19500	6 71.00 6 15.00 39 11.00 28.00
4-16-02 Pard Balance by Visa		- 28 00	
BLANCHARD, KERRY PRE-NEED LOT E-16	102		

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for: Kerry Blanchard

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 1
Payment Due Date March-01
Payment Amount Due 28.00
Balance Due 643.00

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

E16100

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for: Kerry Blanchard

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 2
Payment Due Date April-01
Payment Amount Due 28.00
Balance Due 615.00

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

E16102

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 3
Payment Due Date May-01
Payment Amount Due 28.00
Balance Due 587.00

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

E-16109

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 4
Payment Due Date June-01
Payment Amount Due 28.00
Balance Due 559.00

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

E16102

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 5
Payment Due Date July-01
Payment Amount Due 28.00
Balance Due 531.00

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

E-16/00

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 6
Payment Due Date August-01
Payment Amount Due 28.00
Balance Due 503.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902

(619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 7
Payment Due Date September-01
Payment Amount Due 28.00
Balance Due 475.00

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

E16100

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 8
Payment Due Date October-01
Payment Amount Due 28.00
Balance Due 447.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102 F-16109

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 9
Payment Due Date November-01
Payment Amount Due 28.00
Balance Due 419.00

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

E-16109

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 10
Payment Due Date December-01
Payment Amount Due 28.00
Balance Due 391.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102 E-16102

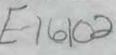
Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 11
Payment Due Date January-02
Payment Amount Due 28.00
Balance Due 363.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102



Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 12
Payment Due Date February-02
Payment Amount Due 28.00
Balance Due 335.00

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

--16/02

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 13
Payment Due Date March-02
Payment Amount Due 28.00
Balance Due 307.00

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

4-16102

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 14
Payment Due Date April-02
Payment Amount Due 28.00
Balance Due 279.00

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

16102

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 15
Payment Due Date May-02
Payment Amount Due 28.00
Balance Due 251.00

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

F-16100

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 16
Payment Due Date June-02
Payment Amount Due 28.00
Balance Due 223.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 17
Payment Due Date July-02
Payment Amount Due 28.00
Balance Due 195.00

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

E-16/02

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 18
Payment Due Date August-02
Payment Amount Due 28.00
Balance Due 167.00

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

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 19
Payment Due Date September-02
Payment Amount Due 28.00
Balance Due 139.00

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

16/02

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 20
Payment Due Date October-02
Payment Amount Due 28.00
Balance Due 111.00

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

E-16109

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 21
Payment Due Date November-02
Payment Amount Due 28.00
Balance Due 83.00

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

16107

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 22
Payment Due Date December-02
Payment Amount Due 28.00
Balance Due 55.00

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

16/02

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 23
Payment Due Date January-03
Payment Amount Due 28.00
Balance Due 27.00

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

6/02

Kerry Blanchard 4138 Tim St. Bonita, CA 91902 (619) 482-7712 E-16102

Preneed for:

Lot 16 Grave 7 Div 12 Sec 2

Payment NO. 24
Payment Due Date February-03
Payment Amount Due 27.00
Balance Due 0.00

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

TO CUSTOMER

CEMETERY AUDITOR CITY OF SAN DIEGO, CALIFORNIA

53563

MOUNT HOPE CEMETERY (619) 527-3400

4-11

Turo Ashbert twen In part Payment of	Address: 4138 Tim Str	ul Bon	ollars (\$ 22	902
Lot 16 Grave	RowSe	F_noite	Divis Bloc	
Invoice No. Acct. No. W.O. F- 16 10 2 BALANCE DUE 39100 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 2 100 17183 60033 9022 60101 78390	231 0
AC-212 (Rev. 5-94) 9-28	ISSUED BY J Muchella	TOTAL PAID	\$ 0	294 0

MOUNT HOPE CEMETERY (619) 527-3400

Date: March 23 ,2001 From Kenny Blanchard Address: 4138 Tim St., Bonita, CA 91902

Fifty - Six and NO/100 Dollars (\$ 56.00 XXX)

In - Part Payment of Pre-Need Lot Lot /6 Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. _ 20% Sales Care 77184 00 80% Sales 100 Acct. No. of Lots 77184 PAID Opening/ W.O. E-16/02 Closing 77181 BALANCE DUE 615,00 Burial 77182 Containers MAR 23 2001 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 MT. HOPE CEMETARY Pre-Need Lot X At Need Pre-Need On Acct 63033 9022 Trust CITY OF SAN DIEGO, CA Pre-need Trust Cash Check Sales Tax 60101 78390 TOTAL PAID 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

54631

From Kerry Blanchar	Address: on record		6	,20	02
In Part Payment of Pay	e-reed fots.	ments)			
Lot Grave	RowSe	ection		Division	2
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Salee Tax	87007 77184 ————————————————————————————————————	168	00
AC-212 (Rev. 5-94)	ISSUED BY	TOTAL PAID		168	00

B			Payment	
Payment Record for Kerry Blanchard	Payment No.	Payment Due	Amount	Balance Due
Payment Sent				
	1	March-01	28.00	643.00
	2	April-01	28.00	615.00
THE RESERVE OF THE PARTY OF THE	3	May-01	28.00	587.00
	4	June-01	28.00	559.00
	5	July-01	28.00	531.00
	6	August-01	28.00	503.00
	7	September-01	28.00	475.00
	8 9	October-01	28.00	447.00
		November-01	28.00	419.00
	10	December-01	28.00	391.00
	11	· January-02	28.00	363.00
	12	February-02	28.00	335.00
	13	March-02	28.00	307.00
THE RESERVE TO SERVE THE	14	April-02	28.00	279.00
	15	May-02	28.00	251.00
	16	June-02	28.00	223.00
	17	July-02	28.00	195.00
	18	August-02	28.00	167.00
	19	September-02	28.00	139.00
	20	October-02	28.00	111.00
	21	November-02	28.00	83.00
	22	December-02	28.00	55.00
	23	January-03	28.00	27.00
	24	February-03	27.00	0.00

COPIL

E-16102

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26th day of DECEMBER, 2000, between KERRY BLANCHARD, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot \(\bar{1} \), Grave \(\bar{1} \), Row \(\bar{1} \), Section \(\alpha \), Block/Division \(\alpha \), located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$895.00, payable as follows: \$ 28.00 cash herewith, the receipt of which is hereby acknowledged; \$ 28.00 on the 10th day of MARCH , 1000; and the balance in installments of \$28.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES -OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

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

E-16102

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

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

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

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

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

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

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

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITHESS our hands this day and year above written.

Deed to be issued to: 00.85 to stemping ES Name Address PURCHASER X Kerry BlanchARD X 7 Ceny Block X 4138 Tim St.
Street Address (Mail) X BONITA CA. 91902 State LID Code CITY OF SAN DIEGO Mt. Hope Cemetery

SLW:st(62-1) 1-23-90 By: Du Shihllin

€16102

Bu red

REA-104 (7-95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-00

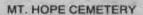
of Newy	branchard		- 4	77-71-	
in a Type of Bunel Container	Funeral, date,	time			100
Church, Chapel, Graveside				Mo	rtuary
All Funeral cars must arrive before :	3:30 p.m. of regular work	day or an e	extra charge	ofs	
will be applied and billed to undersign	gned.				
16 7	Row Section	2		1	2
			_ Division/B	001	~ (
Grave space & Care Fund				873	00
Additional spaces and care fund					
Opening/Closing & Setup					
Burial Container					
Handling Fees			manne manne		
Flower vases - Marker setting fee					
Flower vases — Marker setting fee Recording and filing fee	··· ⁵ ·································				
	··· ⁵ ·································				
Recording and filing fee		Total Due			
Recording and filing fee	··· ⁵ ·································	Total Due	Y	895 224	
Recording and filing feeSales taxes		Total Due	Balance due	895 224 671	00.00
Sales taxes	Paid receipt number	Total Due	Balance due	895 221 671	O Contraction
Recording and filing fee	Paid receipt number is position of remains as thorization and I agree to orization and interment	Total Due	Balance due	895 221 671	O Contraction
Recording and filing fee	Paid receipt number lisposition of remains as thorization and I agree to orization and interment	Total Due	Balance due	895 221 671	O O
Recording and filing fee	Paid receipt number lisposition of remains as thorization and I agree to orization and interment of I signalure	Total Due \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Balance due	895 221 671	O Conseder

© Proceed on respected paper

This information is available in alternative formats upon request.

e01917





INTERMENT ORDER

City of San Diego

Date 12-26-00

OF LORRAINE P. CARI	michael.
in a	Funeral, date, time 200 pm 1-03-1
Claurch, Chapel Graveside	: (& BUULU Mortuary.
All Funeral cars must arrive before 3:00 p.r	m. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned.	*S.C.
Lot 240 Grave // Row_	Section 2 Division/Block 12
Grave space & Care Fund	875
Additional spaces and care fur	D
Opening/Closing & Setup	3/5
Burial Container JAN 0 3	2001 190
Handling Fees	195
Handling Fees Flower vases – Marker setting leep ECE CITY OF SAN E	DIEGO, Gr.
Recording and filing fee	45
Sales ta/es	15.00 -14.7
Pai	Total Due
1	Balance due
I hereby certify I am the 4 Daught	
and this is your authority to make dispositi	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment.
Character at the second state of the second st	* Sharon D. Carmicharl
I hereby authorize the interment in lot I hold under deed.	\$ 4008 Grape st. Unit B
Signature of recorded holder of deed	XEI CAJON, CA 92021
	*6191440 5503
- 40460	Invoice #
Work Order # E 16103	Acct. #
REA +94 (7-96) This infon	mation is available in alternative formats upon request.

C Printed to recycled paper

Ale

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

A NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE 10		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Lorraine	Preston	Carmic	hae1	11716/1954 12721/2000 F
6A. CITY OF DEATH		5B. COUNTY OF DEATH	CONTRACTOR OF THE PROPERTY OF	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sacrament	0	ENTER STATE SE	cramento	Dianne Carmichael - Daughter
. Morgan Jon	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON /	-#	APPLICABLE	7529 Golf Club Court Sacramento, CA 95828
4200 Broad	iway, Sacramento, CA 95817		~855	BA SIGNATURE OF APPLICANT—Person timing permit, BB. DATE SIGNED
ACHNOWLEDGMENT OF AP	Section 10376 of the Realth and Safety Code, and was author	med cursuant to Section 7100 of the	Health and Safety Code	I HIST HERE
	THIS PETIMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERIMIT. NOTE: THIS PERIMIT ENES NO BURST OF EXPOSED DUTSING OF CALFORNIA.	\$7.00	FYJones 12/27/20	DO FAX AUTH # 9841
TION REQUIRES A NEW PERMIT TO SHOW FINAL	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH " DEATH OCCURRED IN CAUFORNIA 3701 Branch Center Road Sacramento, CA 95827	385	Rosecran	of district of disposition— ur in another district of california s Street, PO Box 85222 92186-5222
THORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	FONTA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER Mt. Hope Cemetery San Diego, CA	XY	118. DATE BURIE	1 1/ - 1
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMAT	- Jackson Jakes Jakes Jackson
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE

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

VS9 (REV. 6/91)

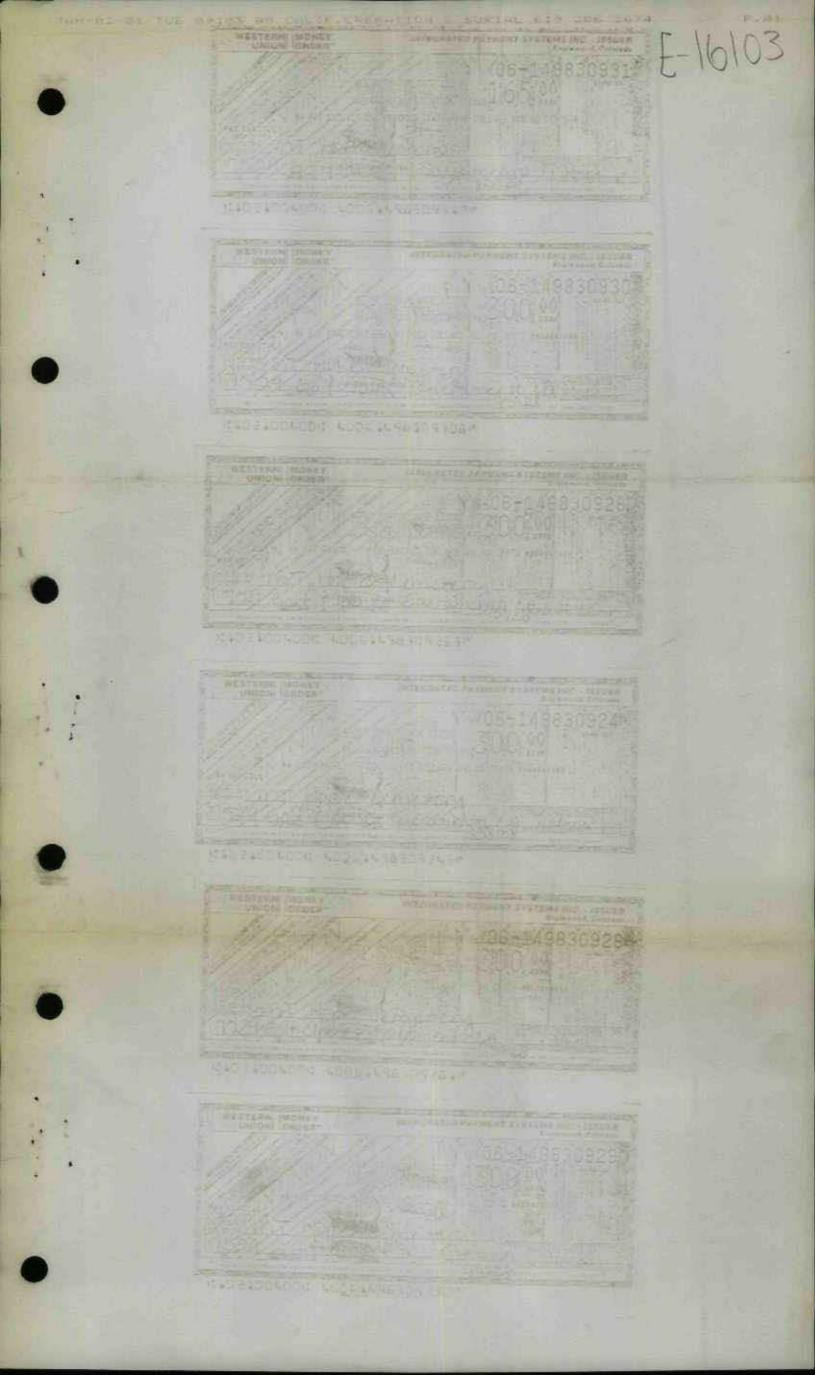
E-16103

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.

oben oben oben oben					
OPEN SAMES OPEN ARMICHAEL OPEN					
HUBBARD OPEN WILKINS OPEN GREVES					
Interment space for: LORRAINE CARMICHAEL					
Interment Date: 1-3-0 Time: 2',00					
Lot: 240 Grave: 1 Row: Sect: 2 Div: 13					
Grave Laid out by: Mormon & Rom					
Agrees with Legal Card: Yes No					
Agrees with Map: Yes No					
Blind Check & Verified By: Date:					



MT. HOPE CEMETERY

INTERMENT ORDER

Double Depth Crupt City of San Diego

Date 12-26-00

You are hereby pullberized and instructed out	ject to your rules and regulations, to inter the re	maine
of CARRIE ALLI	EN TVE 1-2	attidiria
in a DBL. DEPTHERYOT FI	uneral, date, time TUEJ ANDO 2nd	1,01
Church, Chapet, Graveside	RAGSDALE MO	irtuary.
All Funeral cars must arrive before 3:90 p.m. o	of regular work day or an extra charge of \$ \(\frac{15}{2}\)	0.00
will be applied and billed to undersigned.	(A)	
Lot 10 7 Grave 3 Row_	Section 2 Division/Black	_
Grave space & Care Fund	795	.00
Additional spaces and care fund Opening/Closing & Setup PAID	375 LLL 190,00 190	00.
Burial Container DEC 27 7000	WW. 175,00 145	.OD
Flower vases - Marker MITO HOPE CEME		
Recording and filing teCITY OF SAN DIEG	30, 54, 75	- DD
Sales taxes QAD-	111	1
-53194 379-72	Total Due	4. 4
	eceipt number V15A 37]	00
I hereby certify I am the > Dayanta	of the above name da	0
that I have the right to make this authorization and liability on account of said authorization and AESHA SABBAR	and I agree to hold Mt. Hope Cemetery harmles	s from
I hereby authorize the interment in lot I hold under deed.	X3 JOHON BY NOPOLO TEX	SI
Signature of recorded holder of deed	×50 ca 9211 201 (619) 262-4716	Zu Code
Work Order # E 16164	Invoice #	
Minimum Minimum		

may come in Tuesday morning to pay bable. difference for Juble. 379.72 depth.

D.D. add. 190 H.F. add. 175 tax add 14.72

F-1604

AGT 732318 DT 122900 \$23.78 \$\$23DOLLARS AND 78CENTS

Physics 1. Retain this purchaser's copy. It must be installed with all refund requests. By sure to read important information below and on tack.

and or back.

PURCHASE ADMENDENT, You be purchase agree that image ted Particle Systems (or head not one comment on replace, or shared a loss or storm incomment organisms Systems for Memor Order, process (1) you still not be taken to the Make a loss of the Make and the Make and



RDER RECEIPT - NON NEGOTIABLE

E1610A

AGT 732318 DT 122900 \$125.00 **1HUNDRED25DOLLARS AND NO CENTS

and the gumbaser's copy. It must be included with all returned requests. Be sure to read important information below

William Annual State of the courteeper signs that immersion of payment by several to a country of the courteeper signs of the several state of the beams of the country of the country of the country of the country of the several state of the beams. Only at the first of granteep, god 57 year segen the loss of the first of several state of the se



MT HOPE CEMETERY F-16104

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.

SINGLETON

16					-	
	ROGER S	open	ALLEN	OPENY	ofe N	BYRNE
	SPENCER	WILSON	LEDAY 9	BRAY	RANDOLPI	LEDA
Intermer	nt space for: _	CARR	iE A	LLEN		
	nt Date: _				,00	323
Lot: 10	I Grave:	3	Row:	Sect: _	a Di	v:
Grave L	aid out by:	THE STATE OF THE S	3504			
Agrees v	vith Legal Ca	rd: 🗆 Ye	s C	J No		
Agrees v	with Map:	Yes		No.		
Blind Cl	neck & Verifi	ied By:			_ Date: _	

AGE 47

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	XII		2. DATE OF BIRTH MONTH, DAY, YEAR	3 DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carrie		*	Allen		-1	05/20/1953	12/21/2000	F
SA. CITY OF DEATH		SB. COUNTY OF DE	ATH-OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL M ORMANT	AILING ADDRESS AND 2	UP CODE	
National C	ity		San Diego			Jabbar, Hu	sband	
TA TYPED NAME AND A	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78.	CALIF. LICENSE NUMBER		San Benardo		
Anderson-R	agsdale Mor	rt.; 5050 Fe	deral Blvd.			Mago, CA 92	A CONTRACTOR OF THE PERSON NAMED IN	
	an Diego, (TO SHOW THE RESERVE OF THE PARTY OF THE PART	1	ACCOUNT OF THE PARTY OF THE PAR		TURE OF APPLICANT-	AND DESCRIPTION OF THE PERSON NAMED IN	TE SIGNED
ACKNOWLEDGMENT OF A	I harobe a	computedes as applicant that the	e proposed dispusition stated herein is one of the and was authorized pursuant to Section 7100	the dispositions sufferiend by	> 101	rute lins	nex 12/28	8/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W ORNIA HEALTH AND SAI BY FOR THE DISPOSITION BUSHED OF DUPOSAL DUTUBLE	FETY CODE SPECIFIED \$7.00	12/28/200 1-1-1-50	ISSUED :	OC. SIGNATURE OF LO		NG PERMIT
TION REQUIRES A NEW	Vital Recor	EGISTRAR OF DISTRICT DO IN CAUFORNIA CORE: P. O. B CA 92186-5	ox 85222	ADDRESS OF REGISTRAR # DISPOSITION IS TO OCCU			RNIA	
IC AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	Y
B CREMATION		AINS OTHER	E. TEMPORARY EF			I. DISPOSITION (Name and A	PENDING REMAINS L ddress)	OCATED AT
BURIAL		STOCK OF THE PARTY	MA CEMETERY 51 Market St.	118 DATE BURIES	1110	SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
CREMATION	12A, NAME AND AD	DDRESS OF CALIFORN	RA CREMATORY	128, DATE CREMAT	ED 12C	SIGNATURE OF PERS	ON IN CHANGE OF CA	EMATION
SCIENTIFIC USE						SON IN CHARGE OF F	ACILITY	
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA						CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Line, or other description sur id ca <u>district</u> of disposition	158 DATE OF DISPOSITION	15C	SIGNATURE OF PERSONAL OF DISPOS	ITION OF CITE	E NUMBER MATED RE- DISPOSER PLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-00

of WILLIAM T	Funeral, date, time	FR: 12-29	10:0
Church Chapel Graveside	RA	CCOAI C	Mortuary.
All Funeral cars must arrive before 3:30) IV		wortuary.
will be applied and billed to undersigne	The second secon	or an extra charge or \$	
Lot 9 Grave 4 Ros	w Section	Division/Bleek	12
Grave space & Care Fund	PRE-NEED E	-15347 _	0
Additional spaces and care fund	- 11		_
Opening/Closing & Setup			-6
Burial Container			1
Handling Fees	11		-0
Flower vases - Marker setting fee			
Recording and filing fee			-0
Sales taxes			0
		al Due	-0-
	Paid receipt number		
		Balance due	
I hereby certify I am the	ization and I agree to hold		represent
I hereby authorize the interment in lot I hold under deed.	Signature X Address		
Signature of recorded holder of deed	Talaphone		Zip Code
Work Order # E 16165	Invoice #		200

C-16105

EMPLION

THE R. P. LEWIS CO., LANSING

Co. Date 121 THE T			4F55
	SE 51 15 1		

MT HOPE CEMETERY E 16105

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.

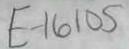
			Oben			
ogen 1	King 3	BAILEY 3	x 4	3	le.	
ny LES T	CREWS	OPENT	G-RIFFIN	202EJ	ope N	
Interment	space for:	WILLI.	OHT MA	MPSO	N	
Interment	Date: FR	12-2	9 T	ime:\0	100	
Lot: 91	_ Grave	4_	Row:	Sect:_) Dir	v: 12
Grave Lai	id out by: _	Norm	nan y	Ron		
Agrees w	ith Legal Ca	ard: 🗆 Ye	es [J No	FLKON	enle
Agrees w	ith Map:	l Yes		lo		
Blind Che	ck & Verif	ied By:	Kine	b.	_ Date: _	12-27-00

AGE

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA	MILY)	- 1	2 DATE OF BIRTH	3. DATE	OF DEATH 4. SEX
William		-	Thom	pson	(16721/1929 ^{AR}	12/2	472000 H
SA. CITY OF DEATH				F DEATH-OUTSIDE CALIF	6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND 2			
National C			San B			then Thompso	m, Wi	fe
Anderesn-R	Anderes - Ragsdale Mort.; 5050 Federal			7B. CALIF. LICENSE NUMBER —IF APPLICABLE		lexview Dr. Diego, CA 92	114	
San Di	ego, CA 92	102		FD-1329	BA SIBIN	ATURE OF APPLICANT-	grain lating po	IIII 88. DATE SIGNED
ACKNOWLEDGMENT OF AP			e proposed disposition stated herein is a, and was estheroused pursuant to Section		> M	rutuluns	up	12/28/2000
	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W FORNIA HEALTH AND SAI TY FOR THE DISPOSITION O MIGHT OF DISPOSAL OUTSIDE	SPECIFIED \$7 00	12/28/20		9C. SIGNATURE OF LO	CAÉ REGIS	STRAR ISSUING PERMIT 2021022
TION BEQUIES A NEW	Vital Reco	EGISTRAR OF DISTRICT D IN CALIFORNIA rds: P. O. I lego, CA 921	lox 85222	9E ADDRESS OF REGISTRAS IF DISPOSITION IS TO OCC			APRIA.	
NUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			0.00	FOR COR	ONER'S	USE ONLY
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	11A. NAME AND AL	DORESS OF CALIFORN	IA CEMETERY		_	Name and A		IARGE OF BURIAL
BURIAL		Cemetery; 37 iego, CA 921	51 Market St.	12-29-0	01	King F.	- km	m
CREMATION	12A. NAME AND AL	DORESS OF CALIFORN	IA CREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CH	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORN	IA FACILITY RECEIVING REN	IAINS 138. DATE RECE	IVED 130	SIGNATURE OF PER	SON IN CH	HARGE OF FACILITY
- TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E 14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T		PERSON IN CHARGE ER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION					SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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





THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

	TO: RAGSDALE
	PHONE/FAX#
<i>y</i>	FROM: SUE
	DATE: 12-26-00
	PAGES incl this page 3
	FAX # 527-3403
	MT HOPE CEMETERY
PLEASE SIGN	INTERMENT ORDER AND
RETURN to	υS.

If all pages are not received, please call (619) 527-3400.



E-16105

MT, HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date_12-26-00

ina LINER	Funeral, date, tin	= FR! 12-3°	1 10:0
Church Chapel Graveside	9:	MESDALE	Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work d	ay or an extra charge of	s
will be applied and billed to undersigned.		177	
91 4		1	10
The state of the s	Section .	Division/Block	19
Grave space & Care Fund	RE-NEED	E-15347	4
Additional spaces and care fund			
Opening/Closing & Setup			-0_
Burial Container			2
landling Fees	1.4	/ t	-0
Flower vases - Marker setting fee			
Recording and filing fee	11	(-	0
Sales taxes	t+	()	-0
		Total Due	-0
Pe	aid receipt number		
		Balance due _	
hereby certify I am the		of the above nam	ad discardant
hereby certify I am the and this is your authority to make disposit hat I have the right to make this authorization any liability on account of said authorization	tion and I agree to he	ove indicated. I certify a bid Mt. Hope Cemetery ha	nd represent armless from
hereby authorize the interment in lot I	Signature		
old under deed.	X		
gnature of recorded holder of deed	Address		
	City		Zip Code
	Telephone	FINAL III	
Vock Order # E 16105	Invoice #	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
4 4 4 4 7	PART CHO AND A		

REA-104 (7-96)

This information is available in alternative formats upon request.

O Printed on recycled paper

Pre-Need • Lot & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-27-00

	ct to your rules and regulations, to inter the remains
ina T.S. VAULT Fur	neral, date, time
Church, Chapel, Graveside	
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 5 Grave / Row _	Section MASON Grain A
Grave space & Care Fund	1,495,2
Additional spaces and care fund	
	375,00
Burial Container T.S. Vault	250,00
	10.5 00
Flower vases (Marker setting fee) 18"X.3	10" X 30 /OR (12" X 24")] 162.00
	45.00
Sales taxes	19.38
	Total Due. 2,53/,38
Paid recr	eipt number R-53185 633
	Balance due / 898.38
	of the above named decedent remains as above indicated. I certify and represent in the first of the company of
I hereby authorize the interment in lot I hold under deed.	GILLE CAJON BIVO# B134
Signature of recorded holder of deed	SAN DIEGO, CA 92115 City (619) 441-9183 Telaphone
40100	Invoice #
Work Order # E 16106	Acct.#
REA-104 (7-96) This informatio	n is available in alternative formats upon request.

C Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date DEC. 29, 2000

	orized and instructed,		nd regulations, to	inter the remains
of JERO	ME LEE	OTIS		
ina BELL	LINER	_ Funeral, date, time	WED, JA	N. 3RD 11:00
Church Chapel, Gra			A BURIA	
All Funeral cars mus	st arrive before 330 p.r	n. of regular work day	or an extra charge	ots 150,00
will be applied and b	illed to undersigned.	xD.C.		
Lot 129 Gran	ve 4 Row_	Section	1 Division/	jack 12
Grave space & Care	Fund			895.00
Additional spaces ar	nd care fund		***************************************	**
Opening/Closing & S	Setup			375.00
Burial Container	BELL LI	NER		190,00
Handling Fees	***************************************	- 10		145.00
Flower vases - Mark	er setting lee	A,		
Recording and filing	ter setting leetee	OFC 29 2000 OFC 29 2000 West of the Control of the	a4	45,00
Sales taxes		OEC CEMETA	CP	14:12
		HOPE OF DIE	al Due	1,664
	Pai	photogrammber R	53197	1,664,12
		CU,	Balance du	
I hereby certify I am	the MOTHER ority to make disposition	on of compiles on should	of the above	named decedent
that I have the right to	o make this authorization of said authorization	on and I agree to hold	Mt. Hope Cemeter	mbelkain
I hereby authorize th hold under deed.	e interment in lot I	X 2772	Dod &	tel
		Address	Veno Co	91,111
Signature of recorded holder of	f dead	Sey 19 4	66-42	77 Zip Cone
		Invoice #		
Work Order #	16107	Acct. #		
REA-104 (7-96)	This inform	nation is available in	alternative format	ts upon request.

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MT HOPE CEMETERY

F-16107

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.

apeN

BRYSON

604

DECATUR

ofen

MOONE	Kecherre	DOKSEA		Kochel	TO WOOD	74-	
Doe 7	LOPE 2 8	THOMAS	FLSIE	ANDERS	II) STO	10	
Interment		The same of the last	10		The same		
Interment	Date: \(\frac{\begin{align*} \text{\text{\$\sigma}} \end{align*}	ED 1	-3	Time:	11:0	0	
Lot: 129	Grave	:_4_	Row:	Se	ct:_	Div: \ 3	
Grave La	id out by:	Moz	nani	R	0		
Agrees w	ith Legal (Card:	Yes	□ No	F	ONAN	1
Agrees w	ith Map: [☐ Yes	9	No	1	GRAN	1
Blind Che	eck & Ver	ified By:	Kill	F		ite: //4/	20

19

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

JEROME	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMIL	n		DATE OF BIRTH	DATE OF DE	
SPRING VAL	LEY		58. COUNTY OF C	DEATH-OUTSIDE CALIF.	6. NAME, REL	ATIONSHIP, FULL MA	ULING ADDRESS A	The second second
CALIFORNIA	CREMATION	4 BURIAL CHA	TO TO SELECT THE SELEC	CALIF LICENSE NUMBER —IF APPLICABLE FD-1357	SAN DI	ODIE STREE	114	DATE OUTSE
ACKNOWLEDGMENT OF A			proposed disposition stated herein is one and was authorized pursuant to Soction 710	of the dispositions authorized by 0 of the Health and Safety Code.	BA. SIGNATU	RE OF APPLICANT—PE		2/29/2000
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.		TH PROVI- ETY CODE SPECIFIED \$7.00		00 1	SIGNATURE OF LOC	AL REGISTRAR I	SSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	SAN DIEGO V	GISTRAR OF DISTRICT PITAL RECORDS CA 92186-52	P.O. BOX 85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC			HEA .	
AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORC	NER'S USE	ONLY
B. CREMATION C. DISPOSITION THAN IN A CA D. SCIENTIFIC UT	IIA NAME AND AL	DEFESS OF CALIFORNIA	A CEMETERY	OUTSIDE OF CALIFORNIA	D 11C S	(Name and Ad		OF BURIAL
	SAN DIEGO,		COPILITORY	1-3-01	1 1	1111 -	Jany	Carried States
CREMATION	- NAME AND A	DDRESS OF CALIFORNIA	A CHEMATORY	128. DATE CREMA	12C. S	GNATURE OF PERS	ON ST CHARGE C	# CHEMATION
SOMENTIFIC	ISA. NAME AND AL	ODRESS OF CALIFORNA	FACILITY RECEIVING REMAIN	IS ISB. DATE RECEI	VED 13C. SI	GNATURE OF PERS	ON IN CHARGE	OF FACILITY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AN	STATE OR COUNTRY WHERE RE TO SE SHIPPED	148. DATE SHIPP		DDRESS AND SIGNA PLACING WITH TH		ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SE CA <u>DISTRICT</u> OF DISPOSITION	IF- 15B. DATE OF DISPOSITION		GNATURE OF PERS HARGE OF DISPOSI	TION ! OF	CENSE NUMBER CREMATED RE- AINS 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 SISSUE DATE.

+ Advisor

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dato Dec 29, 2000

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of CAROLYN	J. FIELDS
ina T.S. VAULT	Funeral, date, time SAT JAN 6 11:00 A
Church, Chapel, Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3.00 p.r.	n. of regular work day or an extra charge of \$ 150,000
will be applied and billed to undersigned.	x 655
Lot 129 Grave 4 Row_	Section 3 Division Stock 12
Grave space & Care Fund	895.5
Additional spaces and care fund SAT	, SERVICES 60000
Opening/Closing & Setup	375,50
Burial Container	250,50
Handling Fees	185.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19,38
	Total Due
Paid	d receipt number R-53195/R-53212 2.369.38
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment. ANNETTE SAIT.H.
I hereby authorize the interment in lot I hold under deed.	Agriette Smilh
Signature of recorded holder of deed	Spring Valley 91977 Carlo 462-8984 26 code
Work Order # E 16108	Invoice #

Bevery Sever Handy

Bevery

Bevery

Sor 12 136

Cor see

11111

MT HOPE CEMETERY E-16108

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	
Joyce Dorcothy Fuller	open	Jertene Bradford	Fields	John John	Susan Stephens 118- Maylon	
7 CHallene Thonsend	SHIRLEY Henderon	g	10 open	200 201/4 200 201/4	Mangaett Becken No-marker	
Interment	space for	CA	ROLYI	v J.	FIELD	20
Interment	Date: 5/	IAL TA	V 6 T	ime:	1:00 Am	CHURCH
Lot: 129	Grave	4	Row: _	Sect:	3 Div	12
Grave Lai	id out by:_	Norm	ian	Ros	1	4
Agrees w	ith Legal (Card:	Yes [J No	Fla	20
Agrees w	ith Map: (] Yes	DI	vo ,	1	Gra)
14		and the second	6141		-	

Blind Check & Verified By:



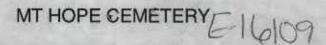
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

CAROLYN	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST 0	2			DATE OF DEATH A SEX
SPRING VALLE	EY		SE COUNTY	OF DEATH-OUTSIDE CALIF	OF INFO		NG ADDRESS AND ZIP CODE
CALIFORNIA (CREMATION &	A-FUNERAL DIRECTOR OF BURIAL CHAPI AN DIEGO, CA	II.	78. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	SPRIN	FRANCIS DR. G VALLEY, CA URE OF APPLICANT—THUS	91977
ACHNOWLEDGMENT OF A				is one of the dispositions authorized by loss 7100 at the Health and Safety Code.	Na	not been	01/05/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S ID HIGHT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	OF FEE PAID BB. DATE PERM 01/05/20 J.BENYAR	001	2100315	L REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT YO SHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DE IN CALFORNIA PROS-P.O. BOX CA 92186-522	85222	DE ADDRESS OF REGISTRA		T OF DISPOSITION— ER DISTRICT IN CALIFORNI	
UTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS	Marie Marie		1	FOR CORON	IER'S USE ONLY
B. CREMATION	BE		F, DISINTER G SHIP IN 1	ARY ENVAULTMENT MENT TO CALIFORNIA TO DUTSIDE OF CALIFORNIA		(Name and Addr	NDING—REMAINS LOCATED AT
BURIAL		CEMETERY FORMA		02 118. DATE BURI	ED TIC.	SIGNATURE OF PERSON	N IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	CREMATORY	128, DATE CREM	ATED 12C,	SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA	FACILITY RECEIVING RI	EMAINS 13B DATE RECI	EIVED 19C.	SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR		ERE 14B. DATE SHIP		ADDRESS AND SIGNATO OF PLACING WITH THE	JRE OF PERSON IN CHARGE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELIN ENTIFY FINAL PLACE AND				SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

City of San Diego Date 01-02-01 And Mobble 1 City of San Diego Date 01-02-01 You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of	GREENWOOD MT. HOP	
City of San Diego Date 01-02-01 And Mobble 1 City of San Diego Date 01-02-01 You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of	CALL AINS MT. HOP	PE CEMETERY
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of	ODENH I INTERM	
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of	CH of Mobbley City	
in a ASH VAULT Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE CONTINUOUS Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.50 Will be applied and billed to undersigned. Lot 60 Grave Row Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care und Section 100 F Division (Block) 30 Grave space & Care Fund Section 100 F Division (Block) 30	- 1- Grant Allan	01-12-01
in a ASH VAULT Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE CONTINUOUS Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.50 Will be applied and billed to undersigned. Lot 60 Grave Row Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care und Section 100 F Division (Block) 30 Grave space & Care Fund Section 100 F Division (Block) 30	Indo comala	Date_U/UZ_U
in a ASH VAULT Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE Continuous Funeral, date, time TUE-JAN. 9 11:00 AND STATE CONTINUOUS Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.50 Will be applied and billed to undersigned. Lot 60 Grave Row Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care und Section 100 F Division (Block) 30 Grave space & Care Fund Section 100 F Division (Block) 30	You are hereby authorized and instructed, sub	
Church, Chapet Graveside 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 60 Grave Flow Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care und Opening/Closing & Satup Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number R-53210 269.3 Balance due Of the above named decedent and this is your unthority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBILEY (er.) John	of LOLA BELL,	MOBLEY (X)
Church, Chapet Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	ina ASH VAULT F	uneral, date, time TUE JAN. 9 11:00 A
Will be applied and billed to undersigned. Lot 60 Grave Row Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care and Opening/Closing & Satup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid receipt number Paid receipt number R 5 3 2 10 Balance due Total Due R 5 3 2 10 Balance due Tot	Church, Chapel Graveside	MEMORIAL CONTRACTOR
Will be applied and billed to undersigned. Lot 60 Grave Row Section 100 F Division (Block) 30 Grave space & Care Fund Additional spaces and care and Opening/Closing & Satup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid receipt number Paid receipt number R 5 3 2 10 Balance due Total Due R 5 3 2 10 Balance due Tot	All Funeral cars must arrive before 3:00 p.m. o	f regular work day or an extra charge of \$ 150
Grave space & Care Fund Additional spaces and care und Opening/Closing & Setup Burial Container ASH VAULT 555.00 Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number Paid receipt number R-53210 269.13 Paid receipt number R-53210 City I hereby certify I am the Inhereby certify I am the ASH VAULT SECONDARY ASH VAULT SECONDARY GOVE Handling Fees City I hereby certify I am the ASH VAULT SECONDARY ASIGN Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetry harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (cr.) John Mob I hereby authorize the interment in lot i hold under deed. Bignature of recorded holder of ceed Invoice # Invoice #		9-L-M
Grave space & Care Fund Additional spaces and care und Opening/Closing & Setup Burial Container ASH VAULT 555.00 Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number Paid receipt number R-53210 269.13 Paid receipt number R-53210 City I hereby certify I am the Inhereby certify I am the ASH VAULT SECONDARY ASH VAULT SECONDARY GOVE Handling Fees City I hereby certify I am the ASH VAULT SECONDARY ASIGN Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetry harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (cr.) John Mob I hereby authorize the interment in lot i hold under deed. Bignature of recorded holder of ceed Invoice # Invoice #	1	
Opening/Closing & Setup. Burial Container. Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes. Paid receipt number Paid receipt number R-53210 Balance due I hereby certify I am the Paid receipt number R-53210 Balance due I hereby certify I o make this authorization of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBILEY (er.) John Mobi	Lot 60 Grave Row -	Section IOOF Division (Block) 30
Opening/Closing & Satup Burial Container ASH VAULT 55.00 Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Recording and filing fee Paid receipt number R-53210 Balance 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. KATHERINE MOBILEY (or John) Mobile (Light) 264-3809 Bigniture of recorded holder of ceed Invoice # Invoice #	Grave space & Care Fund	_&_
Burial Container A SH VAULT 55.00 Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number R-53210 Balance due I hereby certify I am the I hereby certify I om the setting and interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. F 16109 Invoice # Invoice #	Additional spaces and care fund	
Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number For the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (er) John Mobile 1. Address I hereby authorize the internent in lot I hold under deed. San DIEGO, CA 92/144 City (6/9) 264-3809 Invoice #	Opening/Closing & Satup	105.00
Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes Paid receipt number For the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (er) John Mobile 1. Address I hereby authorize the internent in lot I hold under deed. San DIEGO, CA 92/144 City (6/9) 264-3809 Invoice #	Burial Container	ASH VAULT 55.00
Recording and filing fee		/ A 00
Sales taxes Paid receipt number R-53210 269.13 Balance due Balance due Of the above named decedent and this is your authority to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBILEY (or John) Mobile I hereby authorize the internent in lot I hold under deed. Bignature of recorded holder of ceed Fig. 16109 Invoice # Invoice #		
Paid receipt number R-53210 269.13 Paid receipt number R-53210 269.13 Balance due B I hereby certify I am the Hold of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (er) John Mobine Sand DIEGO, CA 92/14. Significant of recorded holder of ceed F. 16109 Invoice # Invoice #		15 00
Paid receipt number R-53210 269.13 Balance due Balanc		1 13
Paid receipt number R-53210 269.13 Balance due B 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. KATHERINE MOBLEY (or John) Mobile I hereby authorize the internent in lot I hold under deed. Bignature of recorded holder of good Fig. 16109 Invoice # Invoice #		2/9 13
I hereby certify I am the Advance disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBILEY (etc.) John Mobile I hereby authorize the interment in lot I hold under deed. Stephine	Paid re	R.53710 2/9/3
I hereby certify I am the Address of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBLEY (er) John Mobile I hereby authorize the internent in lot i hold under deed. Suprime Sup	,,	~
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. KATHERINE MOBILEY (01) JOHN MOBILEY	I hereby certify I am the X HOULD	
I hereby authorize the interment in lot i hold under deed. San Diego, CA 92/145 City (6/9) 264-3809 Talaphone Invoice #	and this is your authority to make disposition of	of remains as above indicated. I certify and represent
Higher deed. Saperate 269 OLVERA AVE	any liability on account of said authorization ar	nd interment KATHERINE MOBLEY (or John) Mos
Higher deed. Saperate 269 OLVERA AVE	15-5	& belowing of M. 1.0.
City (6/9) 264-3809 Zip Code Talophone F 16109		5219 OI VERA AVE
City (6/9) 264-3809 Zip Code Talophone F 16109		Address AN DIECO CA 92114
F 16109	Bignature of recorded holder of deed	(619) 264-3809
F 16109		
	F 16109	
PEA.104 (7.06) This information is available in alternative formats upon request	yvork Order #	Acct. #

O Printed on racycled paper



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.

	52	53	54	55	
	CECITIA VIllasana	JAMES MCHORE WO-MAY KEN	Roy STILES	DAMRON DAMRON	
1.4-2	58	59	60	56	
	HAUGEN	Rev. Andrew Haugen	Problem	PROAND	
			no-marker		

		THU OF		
Interment space for:_	LOLA	BELL	MOBL	EY (X
Interment Date: TUE.	JAN 9	_ Time:	11:00 AM	
Lot: 60 Grave:	- Row:	Sect	IOOF	30
Grave Laid out by:	RICKY		6.00	_
Agrees with Legal Ca		□ No (Lloss.	e)
Agrees with Map:	Yes [J No		
Blind Check & Verifie	ed By:	F	Date:	

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

1A. NAME OF DECE	DENT-FIRST (GIVEN) 18, MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH 3 DATE OF DEATH 4 BEX
LOLA	BELL	MOBLEY	07/25/1933 12/30/2000 F
SA. CITY OF DEATH		58 COUNTY OF DEATH-OUTSIDE CALIF.	6 NAME, RELATIONSHIP FULL MAILING ADDRESSFAND ZIP CODE OF INFORMANT
SAN DIEG		ENTER STATE SAN DIEGO	JOHNNIE L. MOBLEY - HUSBAND
GREENWOOD	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO MORTUARY I-805 & VENUE, SAN DIEGO, CA 92102	ON ACTING AS SUCH 78 CALIF LICENSE NUMBER — FAPPLICABLE FD-843	5269 OLVERA AVENUE SAN DIEGO, CA 92114 BA SIGNADAR OF APPLICANT TO THE DATE SIGNED
ACKNOWLEDGMENT OF	appropriate 1 hereby acknowledge at appropriat that the proposed di	insposition stated Herein is one of the dispositions authorized by ithorized gurusant to Section 7100 of the Health and Safety Code	Shown Kewley 101/08/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODIANO IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT. NOTE: THIS PERMIT WAS NO WART OF DEPOSAL OUTSIDE OF CALFORNI	SHARON LAW	TISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	D O DOY OF OOD		R OF DISTRICT OF DISPOSITION—
CONTRACTOR OF THE PARTY OF THE	POSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
The state of the s	LUDES ENTOMEMENT	E. TEMPORARY ENVAULTMENT	TO 1 DISPOSITION PENDING REMAINS LOCATED AT
X A BURIAL INC	OF CREMATED REMAINS OTHER CEMETERY USE 11A NAME AND ADDRESS OF CALIFORNIA GEMET MOUNT HOPE CEMETERY: 3751 SAN DIEGO, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA TERY MARKET STREET 118. DATE BURIE	D , 11C SIGNATUPE OF PERSON IN CHARGE OF BURIAL
A BURIAL ONG	OF CREMATED REMAINS OTHER CEMETERY USE 11A NAME AND ADDRESS OF CALIFORNIA CEMET MOUNT HOPE CEMETERY: 3751 SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMA	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA THE MARKET STREET TORY 128 DATE CREMA 05 &	(Name and Address) ED (11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
A BURIAL (INC B CREMATION C DISPOSITION THAN IN A C D SCIENTIFIC BURIAL	OF CREMATED REMAINS OTHER CEMETERY USE 11A NAME AND ADDRESS OF CALIFORNIA GEMET MOUNT HOPE CEMETERY: 3751 SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMA GREENWOOD CREMATORY I-8	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA THE MARKET STREET MARKET STREET 128 ONTE CREMA 05 & 0, CA 92102	(Name and Address) ED (11C SIGNATURE OF PERSON IN CHARGE OF BURIAL TED 12C SIGNATURE OF PERSON IN CHARGE OF CREEN
A BURIAL (INC B CREMATION C DISPOSITION THAN IN A D SCIENTIFIC BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER CEMETERY USE 11A NAME AND ADDRESS OF CALIFORNIA CEMET MOUNT HOPE CEMETERY: 3751 SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMA GREENWOOD CREMATORY I-80 IMPERIAL AVENUE, SAN DIEGO	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA THE MARKET STREET ATORY 128 DATE GRAMA 05 & 0, CA 92102 TY RECEIVING REMAINS 138 DATE RECEIVING REMAINS 148 DATE SHIPP	(Name and Address) ED (11C SIGNATURE OF PERSON IN CHARGE OF BURIAL TED 12C SIGNATURE OF PERSON IN CHARGE OF FACILITY IVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY

COPY 1

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JAM. 5, 2001

	ucted, subject to your rules and regulations, to inte	r the remains
	. COLLINS	
ina BELL LINER	Funeral, date, time FRI JAN 5	10:00 A
Church Chapel Graveside	: ANDERSON-RAGS)	
	3:00 p.m. of regular work day or an extra charge of	150.00
will be applied and billed to undersig	gned. Xclosine Mugland	
Lot 7/ Grave 6	Row Section Oivision	12
Grave space & Care Fund		0
Additional spaces and care fund		0
Opening/Closing & Setup		375,00
Burial Container BELL	LINER	190.00
Handling Fees	PAID	145.00
Flower vases - Marker setting fee	JAN 0 2 2001	
Recording and filing fee	JAN 0 3 5001	45.00
Sales taxes	MT: HOPE CEMETARY	14.25
Dales taxes	MT. HOPE CEMETARY OTY OF SAN DIEGO, CA Total Due	7/925
	77100	DIO 25
	Paid receipt number 53198	16113
	Balance due _	O.
I hereby certify I am the X 50A	of the above name	
that I have the right to make this aut	isposition of remains as above indicated. I certify a horization and I agree to hold Mt. Hope Cemetery horization and interment. POWNIE MUSTAS	nemines from
I hereby authorize the interment in le	Garantina //	4
	SBGO ACKERFIELD AVE	#301
Signature of recorded holder of doed	LONG BEACH, CA.	90805
	(562)408-2761	14.000
	nvoice #	
Work Order # E 1611	O Acct. #	
	is information is available in alternative formats u	pon request.

& Printed on recycled paper

MT HOPE CEMETERY [16110

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	Jok C. Collins	MAUDE HOLZLEIN		
Interment space fo					
Interment Date: F	1/5	101 T	ime: 10	0:00A	IM
Lot: 71 Grave	e: 6	Row:	_ Sect:_	3 Di	v: 12
Grave Laid out by:	Nous	nan	Ra	~	
Agrees with Legal	Card:	Yes [J No		
Agrees with Map:					
Blind Check & Ver	ified Bys.	DARR	EYI	_ Date:	-3-01

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

Joe	NT—FIRST (GIVEN) 18. MIDDLE Charles	IC. LAST (FAMILY) Collin	18	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX	
5A. CITY OF DEATH Chu	la Vista	58. COUNTY OF DEAT ENTER STATE San Diego	H-OUTSIDE CALIF. 6.	NAME, RELATIONSHIP, FULL MOF INFORMANT	SOUL	P CODE	
Anderson-R	opress of california funeral director of Pagedale Mort.; 5050 Feder San Diego, CA 921		329	60 Ackerfield and Beach, CA 90 SIGNATURE OF APPLICANT	0805		
ACKNOWLEDGMENT OF A	PEICANT I hereby acknowledge as applicant that the pro- Section 10376 of the Health and Safety Code, and	ossed disposition stated herein is one of the was authorized pursuant to Section 7100 of the	dispositions authorized by the Health and Safety Code.	Velbu Wel	tran 01/0	2/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCOMMANCE WITH SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPEIN THIS PERMIT, NOTE THIS PERMIT GAES NO MOUT OF DESPOSAL OUTSDE OF CA.	CODE ST.00	OI/OS/2001	SUED, 9C. SIGNATURE OF LO	CAL REGISTRAR ISSUM 210	O298	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	vital Records; P.O. Box San Diego, CA 92	85222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFO	RNIA		
THORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	THE PERSON NAMED IN	10 II 1	FOR COR	ONER'S USE ONL	1	
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC D	OF CREMATED REMAINS OTHER METERY SE	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	XRNA	(Name and A			
BURIAL	He NAME AND COMES OF CALIFORNIA C		118. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BI	JRIAL	
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERS	SOM IN CHARGE OF CR	EMATION	
USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		188, DATE RECEIVE	13C. SIGNATURE OF PER	3C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STA REMAINS OR CREMATED REMAINS ARE		148. DATE SHIPPED	14C. ADDRESS AND SIGN. OF PLACING WITH T		CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE FICIENT TO IDENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C. SIGNATURE OF PER- CHARGE OF DISPOS	ITION OF CREA	NATED RE- DISPOSER	

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

PRE-NEEV LOTS T

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1 - 2 - 0

1 LE	EWDAL		M-KEB	EDE	-
n a	Type of Burial Container	L T Fu	neral, date, time _		_
Church, Cha	pel, Graveside			Mortus	ıry.
ul Funeral c	ars must arrive before	ore 3:30 p.m. of	regular work day o	r an extra charge of \$	
vill be applie	ed and billod to under	ersigned		10	-
ot	Grave	Row	Section	Division/Bleek	
arave space	& Care Fund	99	5 7 4	3980	
dditional sp	paces and care fund	/		1 1700	-
pening/Cla	sing & Setuo	1	1 7 3	1500	. (
lurisi Conta	ider	185	1 1	1000	-
andling Fer	es\	18 5	1 + 1	740.	0
lower vases	s - Marker setting fe	е			_
lecording ar	nd filling fee	14	7+4	180.0	-
Sales taxos :	\/\/	18	,75 +	75.	01
	V		Tota	1 Due	, 1
		Paid re	ceipt number		
				Balance due	
hat I have th	our authority to mal	authorization a	nd I agree to hold M	of the above named deced indicated. I certify and repres it. Hope Cemetery harmless fr	ent
hereby auth old under d	horize the interment leed.	in lot I	X 3420	43 d St #6	1
gnature of record	ted tooder of deed		X SAN :	DIEGO CA921 316241368665	0
Vork Order	E 161	11	Invoice #		

Monter Francisco

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan : 02, '01

Water the second
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PAULINE C. BARRIO'S
IN A BELL LINER Funeral, date, time THUR JAN 4 1:00
Church, Chapel, Graveside BERGE - ROBERTS Mortuary.
All Funeral cars must arrive before 3.50 p.m. of regular work day or an extra charge of \$ 150-200
will be applied and billed to undersigned.
Lot 121 Grave 5 Row — Section 2 Division/Brock 12
Grave space & Care Fund
Additional spaces and care fund
Opening/Crosing & Setup.
Burial Container
Handling Fees ADD
Flower vases – Marker setting fee
Pecording and filing fee JAN 0.2.2001 Sales taxes
Sales taxes. MT. HOPE CEMETARY Total Due
MT. HOPE CON DIEGO, CA Total Due
MT. HOPE CEMETA, CA Total Due CITY OF SAN DIEGO, CA Paid receipt number R - 53/08 Paid m-1
Balance due Balance due
I hereby certify I am the SON - 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. HENRY B. Conzoles, S
I hereby authorize the interment in lot I hold under deed. Salah Willowhaven Ave
Signature of recorded holder of does
Cey (702) 458 - 1283 Zip Code Telephone
Invoice #
Work Order # E 16112 Acct. #

This information is available in alternative formats upon request.

O Prouted on receded paper

MT HOPE CEMETERY [-16112

GRAVE BLIND CHECK FORM

	HIANCOCK	-1	Production	111		
	Sandra Garrett	open .	william ir Hearn	Elmika Hearn		
Intermer	nt space for:	PA	ULINE	F B	BARR	ios
Interme	nt Date:		T	ime:		
Lot: 12	Grave	5	Row:	_ Sect:_	2 Di	v:_12_
Grave L	aid out by:_		De la			_
Agrees	with Legal C	ard:	Yes [3 No	FLAG	e Ave
Agrees	with Map:	J Yes		10	(6	,*
Blind Ch	neck & Veril	ied By:_		ave.	Date:	

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

PAULINE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH,	OF DEATH	4. BEX
		-	BARRIOS				01/02	/2001	F
LEMON GRO	VE		68. COUNTY OF DE	SAN DIEGO	OF INFI	RELATIONSHIP, FULL A ORMANT CCA BARRIOS			
BERGE-ROB	ERTS MORTUA	A-FUNERAL DIRECTOR OR IRY, 607 NATIO	NAL CITY	CALIF LICENSE NUMBER		WILLOWHAVE VEGAS, NV 8			
BLVD, NAT	IONAL CITY,		10.00	D-284	8A. SIGNA	TURE OF APPLICANT—	Person taking per	nt, 88. DAT	E SIGNED
ACONOWLEDGMENT OF A	PPLICANT Section 10	376 of the Health and Safety Gode, an	oposed disposition stated herein is one of all was authorized aursused to Section 7100 o	of the Health and Safety Code.		with vaca		No. of Concession, Name of Street, or other	2/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORINA HEALTH AND SAFET BY FOR THE DISPOSITION SP D WORLD F DEPOSAL OUTSEE OF C	Y CODE PECIFIED \$7.00	9B. DATE PERMIT 01/02/20 P Valent	001	EC. SIGNATURE OF LO	OCAL REGIS	TRAR ISSUIN	G PERMIT
	VITAL REC	CORDSPO BOX O, CA 92186-52	85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC					
UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	Europe Control	N. SEPTEMBER OF	1799	FOR COP	RONER'S	USE ONLY	
B. CREMATION	OF COPPANIES OF	and Albert	E. TEMPORARY EN		5 3	Olame and A			-
D SCIENTIFIC U	EMETERY	AMS OTHER	H. TRANSIT TO OU	IFORNIA ITSIDE OF CALIFORNIA		- 2			
THAN IN A CI	SE ITA NAME AND A	CEMETERY, 375	H. TRANSIT TO OU		D 11C.	SIGNATURE OF PER	+	2	
THAN IN A CI D SCIENTIFIC U	IIA NAME AND A MT HOPE SAN DIE	ODRESS OF CALIFORNIA CEMETERY, 375	H. TRANSIT TO OUT	TSIDE OF CALIFORNIA		0/	nte	gu	2
BURIAL CREMATION SCIENTIFIC USE	11A NAME AND AI MT HOPE SAN DIES	CEMETERY, 375 FO, GA 92102 DORESS OF CALIFORNIA	H. TRANSIT TO OUT	118. DATE BURIE	TED 12C.	Horma	SON IN CHA	ROL OF CRI	EMATION
BURIAL CREMATION SCIENTIFIC	11A NAME AND ALL HT HOPE SAN DIES	CEMETERY, 375 GO, GA 92102 DORESS OF CALIFORNIA	H. TRANSIT TO OU CEMETERY I MARKET ST, CREMATORY FACILITY RECEIVING REMAINS ATE OR COUNTRY WHERE	118. DATE BURIE	TED 12C.	Morma SIGNATURE OF PER	SON IN CHA	ARGE OF FA	CILITY



3/2/01 @ 9:05 Am

Left VMS @#

283-1624 Le: his

intentions to

purchase lots.

DC

2/13/01

Due in Office 2/16

Defore 3 pm to pay

25% down pynt

1,869.

ATTN GARCIA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JAn. 02, 2001

	ubject to your rules and regulations, to inter the remains
of MILO HEN	STRAND
in a T.S. VAULT	Funeral, date, time 1/8/01 Mai 12:00
Church Chape, Graveside	GREENWOOD Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$ _150,65
will be applied and billed to undersigned.	
Grave space & Care Fund	Jud Lots Paid 375.00 375.00 375.00
Handling Fees JAN (14 2001 185.00
Flower vases – Marker setting fMT. HOPE Recording and filing fee	A - A
	receipt number R-5321V 873.75 Balance due
I hereby certify I am the WIFE and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment. VENDA HENSTRAND
I hereby authorize the interment in lot I hold under deed. September of recorded holder of deed	Sensing Days Henry A068 MONROE AVE Address SAN DIEGO, CA 92116 City (619) 282-2619 ZED CONTROL ZED CONTR
Work Order # E 16113_	Invoice #

MT HOPE CEMETERY E-16113

GRAVE BLIND CHECK FORM

				109	
o. sm:th	R: Snith	SMITH	x	PFAHLEN	
				LUNDWALL	
		MI	Lo	HENSI	TRAND
Interment	Date: Mo	N 1-	8	Time:	-
					\ Div. 5
Grave Lai	id out by: _				
Agrees wi	ith Legal C	ard: 🗆 Y	es .	□ No	Crans or falk
Agrees wi	ith Map:	J Yes		No	Crawi
Blind Che	ck & Veri	fied By: _			Date:

AGE 94

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

1A, NAME OF DECEDE	NT-FRST (GIVEN) 18. MIDDLE	HENSTRAND, SR.	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 09/04/1907 01/02/2001 M
SAN DIE	GO	SAN DIEGO	0 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HENSTRAND: WIFE
	DOMESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A MORTUARY: I-805 & IMPERIAL A	VENUE - F APPLICABLE	SAN DIEGO, CA 92116
ACHIOMIEDGMENT OF A	SAN DIEGO, CA 9210 PUCANT I hereby acknowledge at applicant that the proposed dispression 18376 of the Health and Sobits Code, and was sufficient	tion stated herein is one of the dispositions authorized b	BA SIGNATURE OF APPLICANT—Person taking parent, BB. DATE SIGNED O1/05/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		\$7.00 VICTORY 01/08/2	MIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MEZA 2100413
	P.O. BOX 85222 SAN DIEGO, CA 92186-5222		RAR OF DISTRICT OF DISPOSITION— CCUII IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL			RIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO		26/30/2
SCIENTIFIC	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS (38, DATE RE	CEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR O REMAINS OR CREMATED REMAINS ARE TO BE S		PPED 14G, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL, PLACE AND CA DISTRIC		

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.

0. 8.		7 11		The state of the s
0. 8				2
smith smi	th !	s. omith	X	
				LUMPHALL

Interment space for: MIL	O HEN	STRAND
Interment Date: MON 1-8		
Lot: Re	ow: 13 Sec	:_\ Div:_5
Grave Laid out by: Astono	Leyns	Ren
Agrees with Legal Card: Yes	O No	Alled to
Agrees with Map: Yes	□ No	Crown
Blind Check & Verified By:		Date

ZONIA GARCIA

Work Orger # E

MT. HOPE, CEMETERY INTERMENT ORDER

City of San Diego

Date JA11. 02, 2001

na t.S. VAULT	_ Funeral, date, t	ime 1/8/01	MOD	12:00
Church Chapel, Graveside		GREENI	VOOD	Mortuary
All Funeral cars must arrive before 3.00 p	m. of regular work	day or an extra	charge of f	150.5
will be applied and billed to undersigned.				
otRowRow	13 Section	1 (DIV	ision) (Pisc)	5
Grave space & Care Fund Pite :	Need Lo			X
Additional spaces and care fund				R
Opening/Closing & Setup	AID			375.00
Burial Container			1	50.00
landling Fees JAN	0 4 2001			125.00
lower vases - Marker setting IMT. HOP	FOEMETAL			
tecording and filing fee	SAN CIEGO			45.00
Sales taxes			WWW.	8.75
		Total Due	3	273.79
Pa	id receipt number	12 0 - 2	14 8	73 75
			ce due	-0
hereby certify I am the WIFE				
nd this is your authority to make dispositi hat I have the right to make this authorization by liability on account of cald authorization	on of remains as a ion and I agree to I n and interment.	above indicated.	I certify an	ed decedent id represent rmless from RAND
hereby authorize the interment in lot I old under deed.	XM	Wash to NA	lengt	- 1
greature of recorded halder of genil	Arkitetii	N DIEGO) 282-	CA	

ORDER CITY OF SAN DIEGO, CALIFORNIA MT. HOPE CEMETERY _Sec_/ - P.M. Date-Total /00 00 60 Balance

COATE OF THE PARTY	
(19/AUID)	
MT. HOPE CEMETERY	

A:M. Day

Size

Authorized In person Phone By

FORM 974 (REV.) /

NºA 985

Name of deceased

Mortician_

Opening: Time_

Removal or Foundation_

Vault Box

23754

Address 4068 Mourae

Paid-Receipt Number @ 4050

Cash 30 Days. All Deposits made will be retained if payment defaulted.



MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-01

or FRANCES WINB	Funeral, date, time THVR	1-4 10:00
Church, Chapel, Graveside	: CA Bo	RIAL 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.		
	3	vision/Brock
Grave space & Care Fund		775,00
Additional spaces and care fund		
Opening/Closing & Setup	AID	375.00
Bunal Container		190.00
Handling Fees	0.2.2001	145,00
Flower vases - Marker setting fee MT. HO	HE HEMETADY	
Recording and filing fee	SAN DIEGO, CA	45.00
Sales taxes	0.0.0	14.25
	Total Dus	1564.25
Paid	receipt number V15A	1564.25
11	Bala	ance due
I hereby certify I am the HUSB and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated n and I agree to hold Mt. Hope (above named decedent 1. Leetify and represent Demetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 295 M	DONICTICE FOR
Signature of recorded holder of dead	City 619-470	-0725
Work Order # E 16114	Invoice #	

MT HOPE CEMETERY

E-1614

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.

0981

Oden	Obon	plen	Λ	ofen	open	oper
-ofe	N —					7 Open
Interment	space fo	or: FRAI	VCES	WINB	ust - H	AIDAR
Interment	Date: 7	HUR	1-4	Time:	0001	
		12		Sect	100	Div:_\\
Grave La	id out by	· nor	man	Ror		
Agrees w	ith Legal	Card:	J Yes	□ No	FL	va evns
Agrees w	ith Map:	☐ Yes	9	No	/ /	
Blind Che	ck & Ve	rified By:	X	carel de	charDate:	1-3-01

(64)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Frances		Delois	Winbush	-Haidar	06/23/1936 12/3	0/2000 F
SA. CITY OF DEATH				ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING A	
San Diego			San Die	go	Sulinan Haidar-Husba	and
California	Cremation (A FUNERAL DIRECTOR OR PERSO B Burial Chapel San Diego, CA 921		-F APPLICABLE	2295 Hontcliff Rd. SAN DIEGO, CA 92135 BA. SIGNATURE OF APPLICANT—FERSE LINING	
ACKNOWLEDGMENT OF A	Section 10	chrewiedge an applicant that the proposed di U.75 of the Health and Safeta Code, and was suf	henzed parasant to Section 7100 a	f the Health and Safety Gode.	> (possetto league d	01/03/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI CORNIA HEALTH AND SAFETY CODE FY FOR THE DISPOSITION SPECIFIES IN BIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA	\$7.00	J.Benyard		BISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VIEAT REC	EGISTRAR OF DISTRICT OF DEA ED IN CAUSE IN BOX 852 CA 92186-5222			OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA	
UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		W. San Barrier	FOR CORONER'S	S USE ONLY
B. CREMATION	SE.			FORMA TSIDE OF CALIFORNIA	(Name and Address)	3 PIEMAINS LOCATED AT
BURIAL	Management of the second secon	coress of California CEMET Cemetery 3751 Mer CA 92102	2000	11B. DATE BURIEL	1 IIC. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SOIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECEN	PED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		148, DATE SHIPPE	OF PLACING WITH THE CARI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR (ENTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

inot in

MT. HOPE CEMETERY

City of San Diego

Date 1-3-0

ina DOUBLE DEPTH	Funeral, date, ti	ime No	n	1-	8	12:0
Church Chapel Graveside		Ony	labe	9		Mortuary.
All Funeral cars must arrive before 3	3:80 p.m. of regular work	day or ar	extra c	harge	of \$ 1	50.00
will be applied and billed to undersig	gned.		200			
Lot 137 Grave 2	Row Section	2	Divi	sion/ B	ock _	13
Grave space & Care Fund	PAI				80	5.00
Additional spaces and care fund	JAN 0 4 7	กกา			_	_
Opening/Closing & Setup					3/	5.00
Burial Container	MT. HOPE CEN	Married Miles (1980)			3	80.00
Handling Fees					30	10.00
Flower vases - Marker setting fee			************		-	2 02
Recording and filing fee		***************************************			7	000
Sales taxes					200	12 60
MORTUARY to		Total Du	SECTION AND DESCRIPTION AND DE		do	13.00
brine exteck	Paid receipt number	R-5	2511	-	50 A	3.00
X	all males		Balan	ce due	=	()
I hereby certify I am the AM (M) and this is your authority to make di that I have the right to make this authority on account of said authority.	horization and I agree to	above ind	icated.	I certify	y and i	decedent represent less from
Tanisha N. Mitch	ull x =	Hallo	etch	fell	1)	
I hereby authorize the interment in lo hold under deed.	X Signatura	1844	Alto	Vier	o Dr	ive
Significat of recorded bolder of deed	Address City Volaphone	Savi 9) 47	giea 9-2	512	9	2139 Ep Code
Work Order # E 16115	Invoice #					

MT HOPE CEMETERY E-16115

GRAVE BLIND CHECK FORM

	LEE	137 X 8	PARKER	cook	OPEN II
	when 3	SOUKKEC	opena	CARTER	Livingst on
				FT.	
Interment space for Interment Date: 4 Grant Gran	10 N 1-	<u>в</u> т	ime: \\o	2.00	iv: <u>1</u> 2
Grave Laid out by Agrees with Legal		es [J No (Mery	les of
Agrees with Map:	☐ Yes			_	
Blind Check & Ve	erified By:			_ Date: _	

158)

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE Thaddeus	Anderson		2. DATE OF BIRTH 3. DATE 03/15/1942 12/3	OF DEATH 4. SEX
A CITY OF DEATH Nation	al City	San Diego		NAME, RELATIONSHP, FULL MAILING AD OF INFORMANT ARTIE AND AND WIFE	
Anderson-K	oress of Caufornia Funeral Sector of Personal San Diego, CA 92102		APPLICABLE	San Diego, CA 92139	1
ACKNOWLEDGMENT OF A	I I broke releasebelon in middenti that the management	disposition stated herein is one of the	depositions withorized by	A. SIGNATURE OF APPLICANT—PERSON WHITE !	88. DATE SIGNED 01/05/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO. AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THE PERMIT CHAS NO RIGHT OF DEPOSAL OUTSIDE OF CALFORN	9A. AMOUNT OF FEE PA		SPIED SC. SIGNATURE OF LOCAL REG	STRAR ISSUING PERMIT
	PO ADDRESS OF REGISTRAR OF DISTRICT OF DE VITAL RECORDS P. O. Box 85 San Diego, CA 921	222		OF DISTRICT OF DISPOSITION— R N ANOTHER DISTRICT IN CALIFORNIA	
MUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B. CREMATION		arket St.	RNSA	L DISPOSITION PENDING (Name and Address)	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	12B. DATE CREMAT	12C. SIGNATURE OF PERSONAN CO	HARSE OF CREMATION
SCIENTIFIC	ISA. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B, DATE RECEIV	ED ISC. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE (REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
TRANSIT SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR	OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 1-3-0

	I, subject to your rules and regulations, to in $RROWN$	nter the remains
	Funeral, date, time MON - 6	11:00
Church, Chapel, Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Lot 225 Grave 9 Row	Section Division/8	lock 12
Grave space & Care Fund	1 Pile	895.00
	JAN 0 4 2001	375.00
Burial Container	MT. HOPE CEMETARY	145.00
Flower vases – Marker setting fee		_
Recording and filing fee		45.00
Sales taxes		14.25
MORTUARY to	aid receipt number R-53311b	1664.25
DUING THE	Balance due	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	ition of remains as above indicated. I certifation and I agree to hold Mt. Hope Cemeter ion and interment.	y harmless from
I hereby authorize the interment in lot I hold under deed.	Derik B. Rysda	Butus Gourdon
Signature of recorded holder of deed	Address	
And the second s	Cey Telephone	Zip Code
F 16116	Invoice #	
Work Order # E 10116	Acct. #	

JAN BONTON MT HOPE CEMETERY E 1616

GRAVE BLIND CHECK FORM

						1
	GILL'S	BANNES	oben 3	TREE	08+N	o ben p
JONES	7	8	X 4	10	BURTON	13
Interment	space for: -	MART	HA BR	ONN		
	Date: Mo				.00	
	5 Grave					iv: 12
Grave Lai	d out by: 2	Coma	Rev	_		
Agrees wi	th Legal Ca	rd: 🗆 Ye	es 🗆	J No	7 F1	CRAVE GRAVE
Agrees wi	th Map:	Yes	DN	lo	3,	
Blind Che	ck & Verifi	ed By:	long	185	_ Date: _	

16/16 10 12)

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	1 55 - 1 5	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE
Martha		Lee	Brown		05/31/1928 12/31/2000 F
SA CITY OF DEATH	Diego		SE COUNTY OF DEA		o name, relationship, full mailing address and zip code of informant Rufus Gardner, Son
Anderson-R	The state of the s	n Fineral Director of the control of	eral Blvd. 2102 F	ILIF LICENSE MIMBER IF APPLICABLE D1329	3087 54th St. San Diego, CA 92105 8A SIGNATURE OF APPLICANT—Person belong person; 8B. DATE SIGNA
ACKNOWLEDGMENT OF A	Section 10	1176 of the Health and Safety Code.	proposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of	the Health and Safety Code.	Metho William 101/05/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	LIED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION :	TY CODE SPECIFIED \$7.00	Oly08720	TIBSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERM 2100397
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VIEW REEK	EGISTRAN OF DISTRICT Drus, P.O. Bo San Diego, CA	x 85222 "		R OF DISTRICT OF DISPOSITION—
THORIZED DISP	OSITION(5) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION	11A NAME AND A	DORESS OF CALIFORNIA Cemetery; 375	CEMETERY 1 Market St.	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE	ED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	San Diego,		128 DATE CHEMAT	VILLA Lange
	-				
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AF	TATE OR COUNTRY WHERE HE TO BE SHIPPED	14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE MAINS DISPOSER — IF APPLICABLE

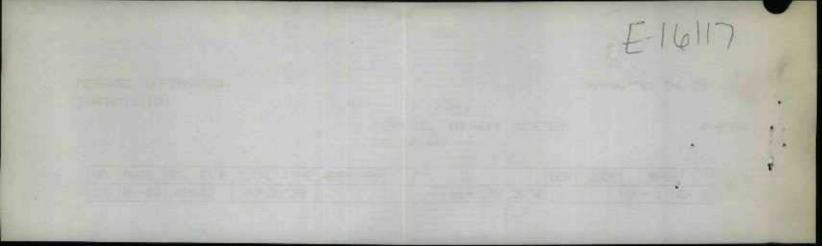
MT. HOPE CEMETERY

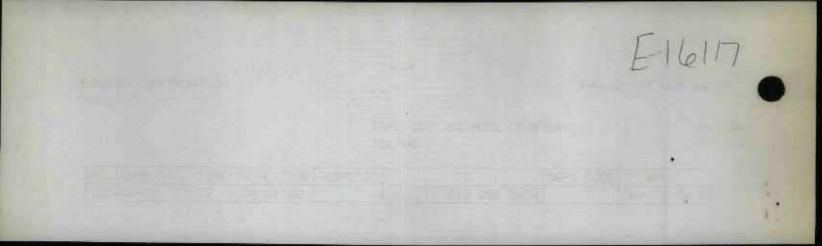
INTERMENT ORDER

City of San Diego

Date \ - 3 - 0 \

You are hereby authorized and instructed,	subject to your rul	es and regula	tions, to inte	r the remains
0		600	01-1	7-01 W
ina BELL LINER	_ Funeral, date, ti	me WDD	1767	21(165)
Church, Chapel, Graveside DEL 1	VERY :	JEAN S	VALAL	Mortuary
All Funeral cars must arrive before 3:00 p.	m. of regular work			s_150=
will be applied and billed to undersigned.	X			
Lot 95 Grave 1 Row_	Section		Division/Bloc	* 12
Grave space & Care Fund				895.00
Additional spaces and care fund				
Opening/Closing & Setup			andaming 1	3 75,00
Burial Container				190.00
Handling Fees				145.00
Flower vases - Marker setting fee				-
Recording and filing fee				45.00
Sales taxes				14.25
MORTUARY to		Total Due		1664. 2
BRING CHECK PE	aid receipt number	R-532	158	1,664,25
BUING -45-11		Ва	lance due	8
I hereby cartify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	tion and I agree to	above indicat	ed. I certify a	ned decedent and represent narmless from
I hereby authorize the interment in lot I hold under deed.	Signature			
Signature of recorded holder of deed	City			Zip Code
Work Order # E 16117	Invoice #			





MT HOPE CEMETERY [617

GRAVE BLIND CHECK FORM

990	EN 95	X 1	OPEN a	SWEED 3	Wilson
	90	EN 7	COHNS	PAMOHT	10
Interment space for: Interment Date: Lot: 95 Grave:		_ т	ime:	\	13
Grave Laid out by:	Ro	w:			
Agrees with Legal Card:	☐ Yes		J No	FLAG	GRAVE
Agrees with Map:	?es	O N			
Blind Check & Verified	Ву:	100	200	_ Date: _	

188

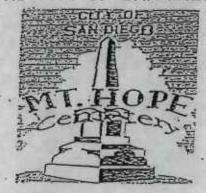
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE C.	IC. LAST (FAMILY) FINDLEY		1000	DATE OF BIRTH 3. DATE MONTH 12/25	PAYOU MALE
SA, CITY OF DEATH		58. COUNTY OF DEATH	H-OUTSIDE CALIF.	B. NAME, RE	LATIONSHIP, FULL MAILING AL	DORESS AND ZIP CODE
SAN DIEGO		SEAN DIEGO		MARK	STETTER-PUBLIC	ADMINISTRAT
	CREMATION & BURIAL CHAPEL JON BLVD., SAN DIEGO, CA 9211		E ADDISE ADIE	SAN DI	RUFFIN RD. EGO, CA 92123 RE OF APPLICANT—Person Dallow.	ALUI TO NATE CHISEN
- ACKNOWLEDGMENT OF A	PPLICANT I hently activishings as applicant that the proposed dispos Section 10376 of the Health and Safety Code, and was nuther	High stated becam is one of the and gurkwant to Section 7100 of the	dispositions authorized by a Health and Safety Code	19	the benegated	01/02/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT WIES NO NIGHT OF DISPOSAL OUTSEE OF CALIFORNIA.	\$7.00	01/02/20 J. BENYAR	01 2	SIGNATURE OF LOCAL REG 2100032	ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VITATI RECORDS 1900. BOX 85222 SAN DIEGO, CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCI		OF DISPOSITION— B DISTRICT IN CALIFORNIA	
AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS	100	-1.0	11	FOR CORONER'S	USE ONLY
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ANA	1	I DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	HT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO,		118. DATE BURIE		GNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR -	RY	128. DATE CREMAT	ED 120, 8	GNATURE OF PERSON IN CO	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. S	GNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OF C REMAINS OF CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPI		DDRESS AND SIGNATURE OF PLACING WITH THE CARRI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ISA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC	er description suf- t of disposition	158. DATE OF DISPOSITION		GNATURE OF PERSON IN HARGE OF DISPOSITION	TSD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER OF APPLICABLE



E16117

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 1-10-01	
TO JEANETTE	CABURIA
Telephone	
Fax	
Subject FINLEY	

From	SV	E
Telepho	ne 52	7-3400
		3403
Pages; in	ncluding th	nis cover
sheet	~	

COMMENTS	BRING CHECK	THURSDA	1
-MORNING :	P.LEASE.	SiGN	
INTERMENT	ORDER.		
		A A	

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

SET UP CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-0/

ina	Funeral, date, time FR1 1-5 116
Type of Burial Consumer 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	1
Lot Row	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	AID 450.00
Burial Container	n 4 2001
Flower vases - Marker setti MTeHOP. Recording and filing fee CITY OF S	E CEMETARY
Sales taxes	6.27
, 11	Paid deceipt number 1012 Balance due
I hereby certify I am the and this is your authority to make disport that I have the right to make this authoriany liability on account of said authorize	of the above named decedent sition of remains as above indicated. I certify and represent station and Lagree to bold Mt. Hope Cemetery Marmies's from
I hereby authorize the interment in lot I hold under deed.	X Signature as Signature PL X 1972 RACHELLE PL
Signature of recorded holder of deed	765 CONDIDO, CA 92020 760-233-0468
Work Order # E 16118	Invoice #

MT HOPE CEMETERY [1618

GRAVE BLIND CHECK FORM

,TJ	115	163	u/X			
	1119	114	112	110 cm	ri ofer	10b
Interme	ent Date:	\-5		Time:	NUSLIA Div	
			J Yes	□ No		
Agrees	with Map	: 🗆 Yes	9	No		
Blind C	heck & V	erified By	Sure	fny	Date:	

E-16/18

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

2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 1B. MIDDLE 08/20/1920 01/04/2001 ALI AKBAR AFZALI 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE INFORMANT ESCONDIDO SAN DIEGO RYAM AFZALI: DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 1972 RACHALLE PLACE HE APPLICABLE GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE ESCONDIDO, CA 92025 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED SAN DIEGO, CA 92102 FD-843 I besety acknowledge as againgn't that the proposed dispusition stated become or one of the dispusitions authorized by 01/05/200 ACAMOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Cods, and was authorized sursuant to Section 7100 of the Health and Safety Cods. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE VICTORIA MEZA 2100327 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT \$7.00 01/05/2001 LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO WORLD OF EUROPOSING OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL ISPOSITION. SAN DIEGO, CA 92186-5222 UTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY BURIAL 3751 MARKET STREET, SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION 128 DATE CREMATED CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C SKINATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER HE APPLICABLE THAN IN A CEMETERY

VERONICA NATZKER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-0

or MIL TONC MA			12	FRI	1030 A
Type of Burtal Comainer Church, Chapel, Graveside		FEATHT			Mortuary.
All Funeral cars must arrive before 3:60 p.m. will be applied and billed to undersigned.	CONTRACTOR OF THE PARTY OF THE	day or an e	xtra cha	rge of \$_	150
Lot 3856 Grave Row	Section	1-00	Divisio	n/Black_	10
Grave space & Care Fund	-NEEP	V - 3	000	<u> </u>	
Additional spaces and care fund		A STATE OF THE PARTY OF THE PAR			
Opening/Closing & Setup A I DRE N	EED E	- 1490	٩		-0
Handling Fees JAN (19 2001	11				=
Recording aMTniHORE CEMETARY CITY OF SAN DIEGO, CA				4	5.00
	eceipt number	Total Due R - S3	240	पुर पुर	20,00
			Balance	due	0
I hereby certify I am the SO N and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	SECURIOR SHOP THE PROPERTY.	above indica	ated. I c	ertify and etery harr	decedent represent mless from z Ker
I hereby authorize the interment in lot I hold under deed.	Signature 30/	17 Fasc	mati	On C1.	refe
Signature of recorded holder of deed	Colo Gly 719 Take, hone	, Spgs, 570	CO	80	9 17 Zip Code
Work Order # E 16119	Invoice #				

Jody from Coloredo FAX 719 471-2128

ME HURE CENETAR

SYID

5



MT HOPE CEMETERY [1619

GRAVE BLIND CHECK FORM

			MERRILL			
open	KENOLD	MATTHEWS	X	RHOADES	snith	WAG NET
			MENARD			
Interment	space for:	milton	Maty)ren		
	Date:	»		ime: Sect: _	a	iv: 10
Grave La	id out by: _					
Agrees w	ith Legal C	ard: 🗆 Ye	s C	J No	FLF	GRAJ
Agrees w	rith Map:	J Yes	DI	No	01	
Blind Ch	eck & Veri	fied By:	The !	Jeans	_ Date:	1-11-01

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

Milton	NT—FIRST (GIVEN)	1B. MIDDLE Charles	Mateher	MATZKEK	2 DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA. CITY OF DEATH Colorado				1Busdo	NAME RELATIONSHP, FULL NOF INFORMANT Charles R. Matz	ker, Son	IP CODE
Featherin	gill Mortu	A-FUNERAL DIRECTOR OR PERSON BLY San Diego, CA	1 -	FAPPLICABLE	3017 Fascinatio Colorado Spring . SIGNATURE OF APPLICANT—	s, CA 80917	TE SIGNED
ACKNOWLEDGMENT OF AP	ourceaux I hereby a	cknowledge as applicant that the proposed of 376 of the Health and Safety Code, and was at	disposition stated hereo is one of this	dispositions authorized by	Il Isd	ecle 101/0	8/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROVIDENT A REALTH AND SAFETY CODY FOR THE DISPOSITION SPECIFIES OF CALEGODIES.	9A. AMOUNT OF FEE P		The second secon	DOAL REGISTRAR ISSUIN	IG PERMIT
	90. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEA	ATH- GE AD	DRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUSE On Diegg, CA 92	MINIA	
THORIZED DISPI	DSITION(S) CHECK A	PPLICABLE ITEMS			FOR COL	RONER'S USE ONL	4
8. CREMATION		AINS OTHER	E TEMPORARY ENVI	DRNIA	L DISPOSITION (Name and A	PENDING—REMAINS LI Address)	OCATED AT
BURIAL	Mt. Hope	Cometery, 3751 Mu , CA 92102		1-12-01	1 11C. SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMATED	12C SIGNATURE OF PER	SOM THE CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND AC	ODRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVE	D ISC. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE COREMATED REMAINS ARE TO B		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CREA	NATED REDISPOSER



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JAN. 4, 2001

You are hereby authorized and instructed, so of JUAN ITA	ubject to your rules and regulations, to	inter the remains
ina BELL LINER	Funeral, date, time FRI JAN	
Church, Chapel, Graveside	: ANDERSON-RAG	SDAL Mortuary.
All Funeral cars must arrive before 3:80 p.m.	of regular work day or an extra charge	of\$ 150.00
will be applied and billed to undersigned. \nearrow		T. P. S.
Lot 60 Grave Row	Section 2 Division/	895.00
Additional spaces and care fund		
Opening/Closing & Setup	AID	375,00
	. 0004	190,00
JAN (1 4 7001	145.00
Flower vases – Marker setting feMT, HOP	F CEMETARY	
CITY OF S	AN DIEGO, C	45.00
Recording and filing ree		14.25
Sales taxes		1//42
Paid	receipt number R-53315	1664.25
	Balance due	0
I hereby certify I am the	Man of the	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of remains as above indicated. I certificated and I agree to hold Mt. Hope Cemeter	v harmless from
I hereby authorize the interment in lot I hold under deed.	XDUUL B Regsel	we will
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice #	
Work Order # E 16120	Acct.#	MESTER!
REA-104 (7-96) This inform.	ation is available in alternative formati	s upon request

the Printed on recycled paper

MT HOPE CEMETERY E-16120

GRAVE BLIND CHECK FORM

		1000			1
	7	2	3	4	1
	Johnson	ANN P. VELASQUET NO-MONKEY	open	gen.	ME CECA
	CRYSTAL	8 Open	Wolter	10	2 14
Interment space for:	Ino- markey	lah.	NE-Marker	open	H
Interment Space for: Interment Date: Fri				Church	1
Lot: 60 Grave:	_		2 Di	v: 12	-
Grave Laid out by: 1	orman to	en	1	A	100
Agrees with Legal Car	rd: 🗆 Yes	J No	K/60	(10)	
Agrees with Map:	Yes , 5	No	V	5	
Blind Check & Verifie	ed By: Sull	1	Date:_		-

18

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX					
Juanita		-	Johnson			11/30/1923	01/01	72001ª	F	
SA CITY OF DEATH	Lego		58. COUNTY OF DEATH	N SEESTING TO	OF INF	RELATIONSHP, FULL MA ORMANT TE H. Greer.			PCODE	
Anderson-		a-funeral Disector or ort.; 5050 Fed San Diego, CA	PERSON ACTING AS SUCH 78 CAL eral Blvd	11320	Flor:	English Sad issant, MO	63034			
ACKNOWLEDGMENT OF AF	ne come 1 hereby a	acknowledge as applicant that the pr	repeated disposition stated herein is one of the not was authorized parament to Section 7100 of th	depositions authorized by	He.	ture of applicant—to	rion taking per	The state of the s	E SIGNED 5/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SE ID BIGHT OF DISPOSAL OUTSIDE OF S	PROVI- TY CODE PECIFIED 9A. AMOUNT OF FEE P	A RESIDENCE OF THE PROPERTY OF THE PARTY OF	SSUED 1	9C. SIGNATURE OF LOC	AL REGIS	21003	G PERMIT	
The state of the s	Vital Reco	edistrar of district of the in california ords; P.O. Box in Diego, CA 9	85222	DRESS OF REGISTRAR O		ICT OF DISPOSITION— THER DISTRICT IN CALIFOR	MA			
UTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS		LA LA BOY		FOR CORO	DNER'S	USE ONLY	i i	
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		I. DISPOSITION F (Name and Ad		REMAINS LO	CATED AT	
BURIAL	Mt. Hope	Cemetery; 375 San Diego	I Harket St.	118. DATE BURIED	116	SIGNATURE OF PERS	ON IN CH	ARGE OF BU	JRIAL:	
CREMATION	12A, NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	D 12C	SIGNATURE OF PERSO	ON IN CH	ARGE OF CRI	MOITAME	
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C	SIGNATURE OF PERS	ON IN CH	ARGE OF FA	CILITY	
TRANSIT TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE	TATE OR COUNTRY WHERE E TO BE SHIPPED	148. DATE SHIPPED	140	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E. OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	150	SIGNATURE OF PERS CHARGE OF DISPOSIT		15D. LICENSE OF CREM MAINS D —IF APP	NATED RE-	

hate Grave of gard, acc, are for town

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of NADINE FORD
ina ASH VAULT Funeral, date, time AYD FRI 1-19
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 49 Grave 3 Row Section Division/Black T
Additional spaces and care fund
Opening/Closing & Setup.
Burial Container 55.00
Handling Fees
Flower vases - Marker stands fee 4 2001
Precording and filling fee MT. HOPE CEMETARY 4 1 3
Sales taxes CITY OF SAN DIEGO; UF
Poid record number R-53213 269.13
Paid receipt number K-53213 261.13
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 Mi. Hope Cemetery harmless from any liability on account of said authorization and interment.
FORD, KATHERINE A Kalling 1201
hold under deed.
Address AN Diggs ha 92105
Signature of required horder of dead 2p Code VIII 2p Code VIII 2p Code VIII 2p Code VIII 2p Code
F 16121 Invoice #
Work Order # E 10121 Acct. #

MT HOPE CEMETERY E-16121

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.

			BUNAM			
			- RECERVC)			
	DECATUR	BROWN	YT X	GADSON	white	miller
			MARIN			
			Williams			
	_ Grave		Row;	Sect:) Di	v:_ <u>7</u>
Grave La	id out by:					
Agrees w	rith Legal (Card:	Yes [J.No	and in	رو
Agrees w	vith Map: [J Yes	01	No	1	
Blind Che	eck & Ver	ified By:_			Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16121 AGE 106

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

1/	Nadine	NT—FIRST (GIVEN)	18. MIDDLE Olive	Shakespeard	l-Ford	2. DATE OF BI MONTH, DAY, 11/24/1		DAY, YEAR 01/2001	4. SEX
5/	, San Die	ego		SE COUNTY OF DEAT ENTER STATE SED DIES		NAME, RELATIONSHP, I OF INFORMANT Katherine A.	The state of the s		
71	Anderson-Ri	The state of the s	a. Funeral Director on t.; 5050 Fede an Diego, CA	PERSON ACTING AS SUCH 7B. CA Fal Blvd. 92102 FI	1320	3745 Van Dyk San Diego, G A SIGNATURE OF APPLIC	A 92105	-	TE SIGNED
	ACKNOWLEDGMENT OF AF			spoord disposition stated herein is one of the d was authorized pursuant to Section 7100 of t	M Health and Safety Code.	Miller tele	chura	NAME OF TAXABLE PARTY.	3/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP 0 NIGHT OF DISPOSAL QUITAGE OF CO	Y 000€ ECIFIED \$7.00	O1/09/200			ISTRAR ISSUM 100498	NG PERMIT
	RY CHANGE IN DISPOSI- ION REQUIRES A NEW SOUIT TO SHOW FINAL RISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DISCRIPTION BOX	85222 "		OF DISTRICT OF DISPOSI I IN ANOTHER DISTRICT IN			
h	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR	CORONER'S	USE ONL	Y
-	X B. CREMATION	SE	////e=5/5/5/5	F. DISINTERMENT G. SHIP IN TO CALIFO	DRNIA SIDE OF CALIFORNIA	☐ (Name	SITION PENDING and Address)		
	BURIAL		emetery; 3751 an Diego, CA		118. DATE BURIED	110. SIGNATURE O	F PERSON IN C	CHARGE OF B	URIAL
ABLE ITEMS	CREMATION	Pacific Cr	obress of California ematorium; 60 ake Elsinore,	1 D Crane St.	128. DATE CREMATE	12C. SIGNATURE O	F PERSON IN A	MARGE OF CR	REMATION
ALL APPLIC	SCHENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE O	F PERSON IN (CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIPPE		D SIGNATURE C WITH THE CARE		CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF I		I MAINS	NUMBER MATED RE- DISPOSER PLICABLE

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

Pre-Need INTERMENT ORDER

OT TRUST City of San Diego

Date JAM. 5, 2001

10,	
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains ED LOT and TRUST
in a DOUBLE CRYPT	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:60 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 145 Grave 8 Row -	Section 2 Division/Block
Grave space & Care Fund	895.
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container DBL CRYP	T 380.5
Handling Fees	2000
Flower vases - Marker setting fee	
Recording and filing fee01-31-03	A11:15 PAID 45. 28.50
Sales taxes	28.50
and in full	Total Due
Tana Tana	Balance due 1,532.50
hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment MALORIS M. JOHNSON
I hereby authorize the interment in lot I hold under deed.	X Maloris M. Johnson
	Address Diego Co 02154
Signature of recorded holder of deed	(619) 575-0188 20 Coon
- 40400	Invoice #
Work Order # E 16122	Acct. #

JOHNSON, MALORIS M.	824 REEF DRIVE, SA	AN DIEGO, CA 92	(619) 5	75-0188
	179 7692	DEBIT	CREDIT	BALANCE
01-05-01 Opened Pre-Need Lot & T	rust 90%			
Lot 145 Gr. 8 Sec. 2	Div. 12	8 95.00		0 070 50
Trust Includes: Opening	& Closing; DBL Crypt;	1,1 48.50		2,043.50
Handling Fee; Recording	ree; lax on DBL Crypt.		E3 1 00	1,532.50
01-05-01 Receipt: R-53221			511.00	1,554.50
2-22-01 R-53384	Cupon 1		64.00	1,468,50
3-27-01 R-53500	2		64.00	1404.50
4-26=01 R- 53611	3		64100	1340.50
5-31-01 R- 53759	4 (Rem	O Trust	64.00	1276.50
6-28-01 R-53857	Coupon 5	alker Coup (8)	-64.00	121250
8-3-01 R-53982	6	15 pard	64.00	1148.50
8-29-91 R			64100	1084,50
9-28-01 R-54175	8		64.00	1020.50
11-8-01 R-51309	9		64.00	956.50
11-101 R-54390	10		64.00	892.50
1-9-02 R-54529	11		64.00	828,50
1-30 -0R R-54593	13		64.00	764.50
3-6-02 R- 54725	13		64.00	700150
JOHNSON, MALORIS M.	PRE-NEED LOT & TRUST			

REM TO TRUST

			DEBIT	CREDIT	BALANCE
					700,50
3-29-08	R-54818	Coupon # 14		64,00	63 8
4-25-02	R- 54903 R- 55048	Caupon # 15		64,00	572 50
5-31-02	K- 55048	Coupon #16		64.00	
7-1-02	R-55182			64.00	444,50
8-1-02	R-55266	18		64.00	380.60
1-2-0-2	R- 55357			64.00	316.50
4-59-05	R- 55443	20		64-00	284.50
10/30/02	R-55557	21		64.00	188.50
11-27-02	R- 55,663	22		84.00	184150
01/31/03	R - 55748	23		64.00	60-50
01/31/03	R - 55867	24		60.50	60 50
100					
		ihid	1	0 0	
		TUUL	Myc	M. I	
			U		
	(1-31-03A11:12 PAID			
		Control of the Contro			

· .. E-16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for: MALORIS M. JOHNSON

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 1
Payment Due Date February-01
Payment Amount Due 64.00
Balance Due 1,468.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for: MALORIS M. JOHNSON

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 2
Payment Due Date March-01
Payment Amount Due . 64.00
Balance Due 1,404.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for: MALORIS M. JOHNSON

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 3
Payment Due Date April-01
Payment Amount Due 64.00
Balance Due 1,340.50

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

· E-16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 4
Payment Due Date May-01
Payment Amount Due 64.00
Balance Due 1.276.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO.	5
Payment Due Date	June-01
Payment Amount Due	64.00
Balance Due	1,212.50

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

· E-16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 6
Payment Due Date July-01
Payment Amount Due 64.00
Balance Due 1,148.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 7
Payment Due Date August-01
Payment Amount Due 64.00
Balance Due 1,084.50

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

· E/6/22.

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 8
Payment Due Date September-01
Payment Amount Due 64.00
Balance Due 1,020.50

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

E-16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 9
Payment Due Date October-01
Payment Amount Due 64.00
Balance Due 956.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 10
Payment Due Date November-01
Payment Amount Due 64.00
Balance Due 892.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 11
Payment Due Date December-01
Payment Amount Due 64.00
Balance Due 828.50

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

E:16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO.	12
Payment Due Date	January-02
Payment Amount Due	64.00
Balance Due	764,50

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

· E16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 13
Payment Due Date February-02
Payment Amount Due 64.00
Balance Due 700.50

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

E-16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 14
Payment Due Date March-02
Payment Amount Due 64.00
Balance Due 636.50

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

Mt. Hope Cemetery Prepayment Plan Record

E-16122

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 15
Payment Due Date April-02
Payment Amount Due 64.00
Balance Due 572.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO.	16
Payment Due Date	May-02
Payment Amount Due	64.00
Balance Due	508.50

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

E16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO.	17
Payment Due Date	June-02
Payment Amount Due	64.00
Balance Due	444.50

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

E16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO.	18
Payment Due Date	July-02
Payment Amount Due	64.00
Balance Due	380.50

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

E-16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 19
Payment Due Date August-02
Payment Amount Due 64.00
Balance Due 316.50

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

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 20
Payment Due Date September-02
Payment Amount Due 64.00
Balance Due 252.50

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

E16120.

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 21
Payment Due Date October-02
Payment Amount Due 64.00
Balance Due 188.50

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

.E-16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 22
Payment Due Date November-02
Payment Amount Due 64.00
Balance Due 124.50

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

E-16122

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 23
Payment Due Date December-02
Payment Amount Due 64.00
Balance Due 60.50

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

E-16/22

Mt. Hope Cemetery Prepayment Plan Record

MALORIS M. JOHNSON 824 REEF DRIVE SAN DIEGO, CA 92154 (619) 575-0188 E-16122

Preneed for:

Lot 145 Grave 8 Div 12 Sec 2

Payment NO. 24
Payment Due Date January-03
Payment Amount Due 60.50
Balance Due 0.00

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

		8/29/01	, 20 _	
- From Johnson, Maloris M Sixty- of	bun Dollana X100) reas CIT 92	2154
- In Part Payment of	Pre-Ned Trust			
Lot 145 Grave	8 se	ection_2	Division /2	
Invoice No	NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales 10 of Lots 7718 Opening/ 10 Closling 7718 Burist 1 Containers 7718 Handling Fee 7718 Recording 4 10	14	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY L. Plince	Misc. Fees 7718 Pre-Need 6303 Trust 902 Sales Tax 6018 7839 TOTAL PAID	13 64	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Sixty Sour PART Payment of PRE	Address: 824 REEF D	00/00	Go,CA 9a	154
Lot 145 Grave _	8 Rows	Section 2	Division Bleek	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 100 77184 64	.00
w.o. E-16/222 BALANCE DUE \$ 1468.50	FEB 2 2 2001	Closing Burial Containers Handling Fee	77181 100 77182 100 77185	
Pre-Need Lot At Need On Acct		Recording & Misc. Fees Pre-Need Trust	100 77183 63033 9022	
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Maua Carbillo	Sales Tax TOTAL PAID	80101 78390	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Brity Four spayment of 1	Address: 824 Princed Lot	Read Ph.	3.0	17 , 20 154 15 64.00	<u>02</u>
Lot 145 Grave	8 Rov	w Section _	2	Division 1	2
Pre-Need Lot \ At Need On Acct	NOT VALID FOR PURPOSES ST STAMPED PAID' IN THIS SPACE		es 100 77184 - 100 77181 - 100 17182 - 100 1762 - 100 1762 - 100 1763 - 100 1763 - 100 1763 - 100 177185 - 100 177185 - 100 177186 -	64.	00
AC-212 (Rev. 10-02) 9874	ISSUED BY COCCUE	POTAL PA	AID \$	64.	00

E-16/22

OFFICIAL RECEIPT



WHITE TO CUSTOMER
GANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55663

From: malvie Johnson	Address: 0 m Re	Date: 11-29-07	,20
in Payment of Payment of Grave	Row Row	Section 3	Division 12
Invoice No. Acct. No. W.O. F- 1612? BALANCE DUE 124.50	NOT VALID FOR PURPOSES STATED UI STAMPED "PAID" IN THIS SPACE.	GREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182	
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X	ISSUED BY & Whillin	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$	64 00

CITY OF SAN DIEGO, CALIFORNIA

Nº 55443



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Majoris Johnson Address: 824 Red Dr. San Dieper 92154 In part Payment of Pre-need dat a trust Dollars (\$ b y . 00							
Lot 145 Grave	8	Row	_ Section_ 2	Western Francisco	Division	13	
Acct. No.	NOT VALID FOR PU	IRPOSE STATED UNLESS STAM ACE.	IPED CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 — 100 77184 —			
W.O. E- 16127 BALANCE DUE 252, 50			Closing Burial Containers Handling Fee	77181 — 100 77182 — 100 77185 —			
Pre-Need Lot At Need On Acct			Recording & Misc. Fees Pre-Need Trust 77186	100 77183 — 63033 -9082 —	64	00	
Pre-need Trust Cash Check C	ISSUED BY	hichetten	Seles Tax TOTAL PAID	60101 78390 —	64	0	

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

Nº 55357

From Malorie Johnson	Address: _	it no	Date: 9-3-62	, 6	0
in patt payment of	fre- med	to til	ng) ·	ars (\$ 64.00)
Lot 145 Grave _	8	Row	Section	Division Block	15
Invoice No	NOTVALID FOR PURPO "PAID" IN THIS SPACE	SESTATED UNLESS ST	80% Sales of Lots 7 Opening/ Closing 7 Burtisl	7007 7184 100 7184 100 7181	
Pre-Need Lot At Need On Acct			Handling Fee 7 Recording & Misc. Fees 7 Fre-Need 7 Trust 77186	7182 100 7185 100 1783 1783 100 1783 100 100 100 100 100 100 100 100 100 10	00
Pre-need Trust AC Cash Check D	ISSUED BY	Mulletin	Sales Tax 6 7 TOTAL PAID	8390 8 6 4	60

OFFICIAL RECEIPT WHITE T CANARY PINK	CITY OF SAN DIEGO, CALI	FORNIA	0122 Nº 55	5266
From Majoris Johnson Suty drus In part Payment of R	ne ned est of trust	1. Sur	Diego 921	54
Los 145 Grave_	8 Row_S	ection 2	Division	13
BALANCE DUE 380.00 Pre-Need Lot At Need On Acct Pre-need Trust Accept Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 83033 9022 60101	00
AC-212 (Rev. 5-94) 280\	ISSUED BY Dulltr	TOTAL PAID	* 64	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55152

Fram Maloris/Showan	a Johnson Dai	e:	7/1	, 20() 2
In part Payment of PV	e need lot/trust. a	count	ollars (\$ 64.0	9
Lot 145 Grave	8 Row_	Section	Division Block	in 12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77185	
	Q 1 ++ -	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 80101	04,00
AC-212 (Rev. 5-94) 9 786	ISSUED BY Paulette	TOTAL PAID	78390	4.00

			F-10	0122	
OFFICIAL RECEIPT		OF SAN DIEGO, CAL	IFORNIA	Nº	55048
WHITE TO CANARY PINK	COSTOMER CEMETERY AUDITOR	UNT HOPE CEM (619) 527-3400	ETERY		
From Maloris M. Sohn	NO- Address:	Date	cold	102	
· In part Payment of Pr	e-need o	Lot & Ir	ust Ac	count	7,00
. Lot 145 Grave	8	Row S	Section 2	Dis Bio	vision /2
Invoice No	NOT VALID FOR PURPOSE "PAID" IN THIS SPACE.	STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77185	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Que Don	T. C	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 60101 78390	6400
AC-212 (Rev. 5-94) 27 (QU	ISSUED BY ALLEL		TOTAL PAID	*	64100

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Sixty- Four	na Johnsen Address	s: On re	Date: 4/2:	5/02 Dollars (\$ n+	64,00	02
Coupen #1	5 ve 8	Row	Section 2		Division - Block	12
NO. E-16122 BALANCE DUE \$ 572.00		APOSE STATED UNLESSS		87007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need On Ad Pre-need Trust Cash Check	D	ulattel.	Misc, Feet Pre-Need Trust Sales Tax TOTAL PAID	77183 — 63033 9022 — 60101 78390 —	64	

OFFICIAL RECEIPT
in the second

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-16/22 54818

	From: MALORIS JOHNS	Pu-Neel 2t 27	Pate: 3-29 Preope P	0 7 , 20 _	>
	Invoice No	Row	AMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	Division Block 67007 77184 100 77181 100 77181 100 77182 100	2
)	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY J DUNDLE	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77185 100 77183 83033 9022 60101 78390	00

OFFICIAL RECEIPT
1826

WHITE TO CUSTOMER
GANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54725

MOUNT HOPE CEMETERY

(619) 527-3400

From: Mulnis Johnson Littly Tour In part Payment of	Address: On Run	a	- 02	, 20 o y . 0 O)
Lot_145 Grave	8 Rows	ection 2		Division Block	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184		
Acct. No		of Lots Opening/ Closing	77184 —— 100 77181 ——		
BALANCE DUE 700,50		Burial Containers	77182 — 100		
BACATOC BOC		Handling Fee Recording & Misc. Fees	77185 —— 100 77183 ——		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	211 110	Pre-Need Trust Seles Tax	63033 9022	by	00
AC 212 (Rev. 594)	ISSUED BY J Mullin	TOTAL PAID	78390	ЬЧ	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

NT HOPE CEMETERY

E16122 54593

- malorie bolison	Address: On Re	1-30		20 02
Entry Trus In part Payment of RA	e-hul st a trust	b	ollars (\$ 64.0	0)
Lot 145 Grave 8	Row Se	ection	Divisio Block	12
Pre-Need Lot Pre-need Trust P Cash Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	9022	b4 00
AD212 (2m 500) 2697	ISSUED BY Declution	TOTAL PAID	78390	4 00

WHITE TO CUSTOMER
GANARY GEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54529

Sinty Days Payment of	Pre- Need St & tru	Jun Du	.20 92154 ess 6 4.00
Lot 145 Grave	8s	ection a	Division \2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	of Lots 771 Opening/ 1 Closing 771 Burial 1 Containers 775	84 00 84 00 81 00 81 00 00 82 00 00 00 00 00 00 00 00 00 00 00 00 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Check	ISSUED BY Della Land	Recording & 1	133



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400 54390

	ma loris Johnso	Date:	ord Non	1.28	, 20]	001
	Sixty-Toul	10 - Meed Lot 9 Mux	/ / Do	illars (\$ _	64.00)
•	Lot 145 Payment of Ma	loris m. Johnson	ection 2		Division Slock	<u></u>
	Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 —	64	00
)	BALANCE DUE \$ 892.50	MT. HOPE CEMETAR	Buriel Containers Handling Fee Recording & Misc. Fees Pre-Need	77182 — 100 77185 — 100 77183 — 63033		
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY WELLT CLAW FOR	Trust Sales Tax TOTAL PAID	9022 — 80101 78390 —	64	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-16122 54309

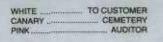
From: Maloris Johnson Listy Fred Payment of Pu	Address: 821 Deep - Need It a t	Date: 11-8 Dies Den Dies Dollars	18 64.00
Lot 145 Grave	8 Row_	Section a	Division 12
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOTVALID FOR PURPOSE STATED UNLESS ST "PAID" IN THIS SPACE.	AMPED CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77384 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Hendling Fee 77185 Recording 5 100 Misc. Fees 77183 Pre-Need 53033 Trust 9022 Seles Tax 601011	
AC-010 (Day 6 Oct.)	ISSUED BY J THUNDEN	TOTAL PAID \$	61 01

WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E16122 54175

From Malrie Johnson Sitty Trus In part Payment of P	- Address: 824 Red Bat ~ Da	r Ion Du	10 9215 ars (\$ 6 4.00	9
Lot 145 Grave	8 Row	Section 3	Division	15
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOTVALID FOR PURPOSE STATED UNLESS STAMPER "PAID" IN THIS SPACE.	20% Sales Cere 75 80% Sales of Lots of Lots Opening/ Closing 75 Burial Containers 75 Handling Fee 75 Recording & Misc. Fess 75 Pre-Need 57 Trust Sales Tax 86	7007 7184 700 7184 100 7181 100 7182 100 7185 100 7185 100 7185 100 9033 9022	00
2636	ISSUED BY SO SOME CHURCH	TOTAL PAID	s 6 4	OD



CITY OF SAN DIEGO, CALIFORNIA

E-16122 539

From hulous folias In fatt Payment of	Pu-lud	824 Reef	Date: 8-3	ωγ [¢] Sollars (\$.	9215 64.00	901
_Lot 14 5 Gr	ave8	Row	Section _ ¬		Division Block	12
*Invoice No	"PAID" IN THIS SE	URPOSE STATED UNLESS S PACE.	TAMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 — 100 77184 — 100 77181 —	7 4	00
Pre-Need Lot At Need On A	Acct D		Containers Handling Fee Recording & Misc. Fees Pre-Need	77182 — 100 77185 — 100 77183 — 63033		
Pre-need Trust A Cash Che		Middle	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 — \$	64	00

TO CUSTOMER WHITE CEMETERY MOUNT HOPE CEMETERY CANARY AUDITOR (619) 527-3400

			Date:	June 28	The 20.01
From Maloris	M. Johnso	W Address: 824	Reef Z	DR., S. Diego	, CA 92154
SIXty-	FOUR IN	1100	Constitution of the last of th	Dollars (\$	64.00x)
In - Part P	Payment of Pre	- Need L	TOTR	usT	

SIXTY - FOUR "	ve-Need LOT & T	RusT Dollars (\$	64.00x
Lot 145 Grave	8 Row — Se	ection 2	Olytsion /2
Acct. No. E-161ZZ	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100	64 00
BALANCE DUE 1,2/2,50 Coupon #5	JUN 28 2001 MT. HOPE CEMETARY	Gontainers 77182 — 100 Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 594) # 2586	CITY OF SAN DIEGO, CA	Pre-Need 63033 Trust 9022 – Sales Tax 60101 76390 – TOTAL PAID \$	64 00

0	FFICIAL RECEIF
ı	1000

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-1612253759

From Maloris Johnson Titly Four In patt Payment of	Address: 824 Reef Dr.	Jen D	1 ,20 140 9215 ottars (\$ 64.00	4
Lot 145 Grave _	8 Row S	ection 3	Division Block	12
invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	57007 77184	0 (
Acct. No.		80% Sales of Lots Opening/ Closing	100 77184 100	00
1376-50		Burial Containers	77181 100 17182	
BALANCE DUE 15 10		Handling Fee Recording &	100 77185 100 77183	
re-Need Lot At Need On Acct		Misc. Fees Pre-Need Trust	77183 63033 9022	
re-need Trust Cash Check	ISSUED BY & Shellton	Sales Tax TOTAL PAID	80101 78390 \$ 6 4	00
IC-212 (Rev. 5-94)	ISSUED BY _F	TOTALPAID	. 01	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-16/20 53611

InPayment of	The Much	to the	her	ollars (\$ 6 V.	00	_)
Lot 14 5 Gran	ve8	Row	Section 3	Divi	ision R	
Invoice No. Acct. No. W.O. F - 16122 BALANCE DUE 1310.50 Pre-Need Lot At Need On Acceptable Check	ct 🔲	RPOSE STATED UNLESS	STAMPED CREDIT 20% Sales Care 30% Sales Care 30% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033 9022 60101 78390	646	0

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E1612253500

From Maloria from July tow In patt Payment	0 1.	dress: 824 Red	1 410 10010	7215 Follars (\$ 64.00	4
Lot 145	Grave 8	Row	Section	Division Block	13
Invoice No. Acct. No. W.O. E- 16122 BALANCE DUE 1404.5 Pre-Need Lot At Need	NOT VALID FOR PAID IN THIS	OR PURPOSE STATED UNLESS: S SPACE	STAMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77184 100 77182 100 77185 100 77185 100 77185 100 77183 63033 9022	4 00
	Check K ISSUED BY _	atheret &	Sales Tax TOTAL PAID	80101 78390 \$	100

ACTOR ED 30

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From Maloris M. Johnson Address: 824 Rey 10s. S.D. CA 92154 Dollars (\$64.00) In part Payment of Pre-need Lot + + met account Coupon #21								
Lot 145	Grave	NOT VALID FOR PURP	Now_		CREDIT 20% Sales Care		Division 13	<u> </u>
Acct. No	22				80% Sales of Lots Opening/ Closing Buriel	77184 ————————————————————————————————————		
	9,50				Containers Handling Fee Recording & Misc. Fees	77182 — 100 77185 — 100 77183 —		00
Pre-need Trust Cash C	-	ISSUED BY PA	ufeet	ec.	Pre-Need Trust 7718 (Seles Tax TOTAL PAID	63033 9022 60101 78390	64.	w

BUR: AL

MT. HOPE CEMETERY, INTERMENT ORLER

City of San Diego

Date_1-5-01

of CARLOS MI	Funeral, date, tin	TUES	1-9 1:6
Church, Chapel Graveside			WA Mortuary
All Funeral cars must arrive before 3:30 p		2064	
will be applied and billed to undersigned.		ay or all oxide cital	-
Lot 205 Grave 4 Row	Section	2 Division	n/ Block _13
Grave space & Care Fund			895.00
Additional spaces and care fund	0,		
Opening/Closing & Setup	OA'	.m.	375.00
Burial Container		701	380.00
Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee	JAN 08 21 JAN 08 CE MT. HOPE CE MT. OF SAN	METARY DIEGO, Cr	340.00
Flower vases - Marker setting fee	HOPENN	DIEGO	
Recording and filing fee	M. OF ST		45.00
Sales taxes	C//.		aora5
		Total Due	2043.51
P	aid receipt number _	R-53733	2043.50
~		Balance	
I hereby certify I am the	ation and I agree to h	bove indicated. I co old Mt. Hope Ceme	etery harmless from
I hereby authorize the interment in lot I	X Sonnature	SEE CH	ENT
hold under deed.	X	SEF H	MA
Signature of recorded holder of deed	>	PLIL.	Zip Code
	Nationone .	•	Silv Com
- 10100	Invoice #_		
Work Order # E 16123	Acct. #		

E-16/23

DBL Depth 2,043.50 2nd FAX

MT HOPE CEMETERY [16123

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.

	Total gr	open		
'	R Lo	GAN NEXANDE	open5 of	e N 6
ULLOA	0 PE N	CRAHOIS	0 = 8 = N 08	e N 13
		CARLOS) D
Lot: 205	_ Grave:_	4 Row:	Sect: 2	iv:_/
Grave Lai	d out by:	low + Non	~	
		d: 🗆 Yes		Mylin
Agrees wi	th Map:	Yes 7	No	
Blind Che	ck & Verifie	d By:	F. f	Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE		IC. LAST (FAMILY)			OF DEATH & SEX
SA. CITY OF DEATH	ILOS ALBERTO	SAN DIEGO		03/17/1967 01/0/ ME RELATIONSHIP, FULL MAILING AD INFORMANT IRIA F. MIRANDA-WI	DERESS AND ZIP CODE
GUA	DORESS OF CALIFORNA—FUNERAL DIRECTOR OF PERSON DALUPANA CORTUARY, 2601 IMPE IMDIEGO, CA, 92102	RIAL AVE FD-	1425 BA S	LI KENTON AVENUE	950 print 88 DATE SIGNED
ACKNOWLEDGMENT OF A	PPERCANT I hereby acknowledge an applicant that the proposed the Section 18376 of the Health and Select Code, and was auth	quadror stated herein is one of the vented parament to Section 7500 of the	dispositions authorized by elifesith and Safety Code	the Chang	01/09/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND EAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT GIVES NO INNIT OF DISPOSAL OUTSIDE OF CALEDRINA.		JOSE CHAVES O1/09/2000	NOT THE REPORT OF THE PARTY OF	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT W DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOKK8522 SAN DIEGO, CA, 92186-5222	1 #5	DRESS OF REGISTRAR OF DI INSPOSITION IS TO OCCUR IN	ISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CAUPORNIA	
UTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B CREMATION		E TEMPORARY ENVA F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNA	t DISPOSITION PENDING (Name and Address)	-REMAINS LOCATED AT
BURIAL	MOUNT HOPE CEMETERY, 3751 M SAN DIEGO, CA, 92102		118. DATE BURIED	11C SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATED	12C. SIGNATURE OF PERSONN CO	HARGE OF CREMATION
BCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECEIVED	13C, SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR TOISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DISTI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

ATTENTION:

BOR: AL

MY. HOPE CEMETERY. INTERMENT ORDER

City of San Diego

" DOUBLE T	PERM	Futteral date, time	entitle annual SCOTT annual SCOTT (School of	1-9-128
Church, Chapet Gravecide	2	The second name of the second	ALUPAN	
All Funeral para must arrive	before 3:30 p.m.	of regular work day or a	n extra charge	of 8
will be applied and billed to	undersigned			
ot 205 Grave_	4 AGW_	Section _ A	Division/Si	19
Greve space & Care Fund				895.00
Athitional spaces and care	tuna			- 30 - 60
Opening/Closing & Setup				
Juriel Container			**** **********************************	300,00
landing Fees				330,00
lower vases – Marker Sett	CARROLL SOLICE TANKS			UCDD
becording and filing fee				38.35
blos Dexes			COOLIN DANIES CONTRACTOR	2 5 11 4 5
			······································	do 1 sin
	Peid	receit; unuper		
1	- A	0 - 0 - 0	Balance due	Control of the last of the las
hereby centry i am the	make disposition this authorization	of remains as above in and agree to hold for and interment.	of the above n dicated. I certif	emed decedent y and represent y harmless from
hereby authorize the inter- old under geed.	ment in lot f	X ZGOL	Incever	Arla
qualities of recognic norder of these		X Sen dri	19333	92.00
Nork Order . E 10	3123	trivolce #		
ACCOUNT OF THE PARTY OF THE PAR		-		

ATTS BOT

HEL MO:

MT. HOPE TENSTERY

INTERMENT ORDER

City of San Diego

Date 1-8-00

You are hereby authorized and instructe		es and regulat	ions, to inter t	he remains
The state of the s	BOATRIGH			
ina T.S. VAULT	Funeral, date, ti	me Dhur	1-11	3:0
Church, Chaper, Graveside		Beardal	while	Mortuary.
All Funeral cars must arrive before 3:60	p.m. of regular work	day or an extra	a charge of S	1500
will be applied and billed to undersigned	1X/C			-
Lot 3770 Grave - Row	Section	0	ivision/Bleck	10
Grave space & Care Fund	Bre- Nee	d Lot		-0
Additional spaces and care fund				-
Opening/Closing & Setup			3	175.00
Burial Container T. S.	VAULT	.,	2	50,00
Handling Fees				85.0
Flower vases - Markst setting fee				1 = 10
Secording and filing fee				45.5
Sales taxes				18,75
	Delit as a state of the state o	R-532	242 5	273,75
	Paid receipt number	Rel	ance due	0
_ <	land	and the		
I hereby certify I am the and this is your authority to make dispo- thal I have the right to make this authori any liability on account of said authoriza	zation and I agree to	above indicate hold Mt. Hope	Cemetery har	d represent
I hereby authorize the interment in lot I hold under deed.	Sagnation Address	to to	voli	ST.
Signature of recorded holder or deed	City 619 Telephone	AN DIEG D ZZZ	-580	2107 6 24 Coro
= 40404	Invoice #			-
Work Order # E 16124	Acct. #			_

2177 = 2177

Mortuary
FAX # _ ZZ3-

10101

E-16124

LOT OWNER 0-5090

J. Dalla -449 fireli St., San Discs, Onl.
3770

Flow Th. hep-says.

TAYLOW SYSTEM OF COMETERS RECORDING

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

74

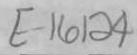
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18	MIDDLE	1C. LAST (FAMILY)		2 DA	TE OF BIRTH	3. DATE OF DEATH	4. SEX
NINA		MAE	BOATI	RIGHT	097	21/1927	0170472001ª	F
SAN	DIEGO		58 COUNTY OF DEAT ENTER STATE S	AN DIEGO	S. NAME, RELAT		- SON	P CODE
TA TYPED NAME AND AS	DORESS OF CALIFORNIA-F	UNERAL DIRECTOR OR PERSON			4458 T	IVOLI ST	REET	
		L HOME, 1818 SI	JNSET F	D-816	SAN DI	EGO, CA	92107	
CLIFFS BLVD.	, SAN DIEGO,	CA 92107	1	and the same of th	BA SIGNATURE	OF APPLICANT-P	epon taking denne, 88. DAT	E SIGNED
ACKNORLEDGMENT OF A		edge as applicant that the proposed dis the Health and Safety Code, and was auth			>/h	-Carrie	01/1	0/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFORN AND IS THE AUTHORITY FO IN THIS PERMIT	N ACCORDANCE WITH PROVI- A NEALTH AND SAFETY CODE OR THE DISPOSITION SPECIFIED IT OF DISPOSAL OUTSIDE OF CALFORNIA.		01/11/200 TC MITCHE	1 210		CAL REGISTRAR ISSUM	IG PERMIT
TION REQUIRES A NEW POSITION.	IF DEATH OCCURRED IN	PRAR OF DISTRICT OF DEAT CALFORNIA 22, SAN DIEGO,	1 15	ORESS OF REGISTRAR DISPOSITION IS TO OCCU			HIA	
HORIZED DISPO	OSHNON(S) CHECK APPLIE	CABLE ITEMS				FOR COR	ONER'S USE ONLY	1
A. BURIAL CINCLU	DES ENTOMBMENT)	1	E. TEMPORARY ENV	AULTMENT			PENDING-REMAINS LO	CATED AT
B. CREMATION G. DISPOSITION OF THAN IN A CE		OTHER [F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		25.	(Name and A	idresa)	
BURIAL	MT. HOPE CEN	SS OF CALIFORNIA CEMETE ETERY, 3751 WAR A 92102	RKET ST.,	118. DATE BURIES	11C SIGN	ATURE OF PER	SON IN CHARGE OF BI	RIAL
CREMATION	12A. NAME AND ADDRE	SS OF CALIFORNIA CREMAT	TORY	128. DATE CREMAT	ED 12C, SKGN	ATURE OF PERS	ON IN CHARGE OF CR	EMATION
5	13A. NAME AND ADDRE	SS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECEIV	/ED 13C. SIGN	ATURE OF PER	SON IN CHARGE OF F	ACR ITY
SCIENTIFIC - USE				1				NOILII I
SCIENTIFIC . USE . TRANSIT		SS IN RECEIVING STATE OF MATED REMAINS ARE TO BE		148, DATE SHIPPE		RESS AND SIGN PLACING WITH T	ature of Person in He Carrier	

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



MT HOPE CEMETERY



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.

3767	3768	3769	3770	3771		
open	open	open	NINA	EDWARD		
				MATZKER	MATZKER	
	200			Milton	Veronica	
	16.			3856	3857	
				MAE		
Interment	Date: TH	UR. JAM	1.11	Time:	:00 6	RAVESI
	200			Sect:		
Grave Laid	d out by: _					
						1
Agrees wit	th Legal C	ard: Tv	ne 1	7 No	1100	

No

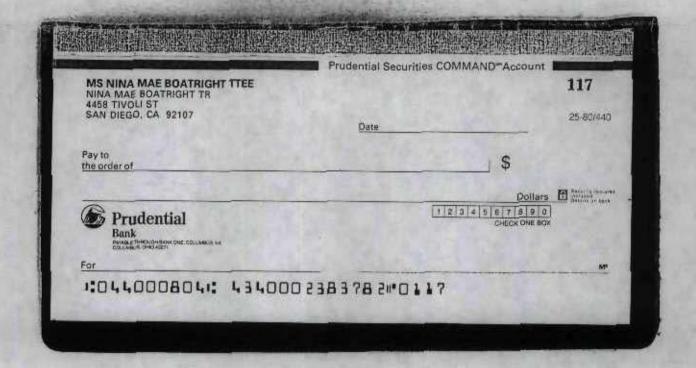
Date:

Agrees with Map: Yes

Blind Check & Verified By:

E-16124

CALIFORNIA DRIVER LICENSE EXPIRES 85-28-65 NØ479181 LEROY CAUDILLO 4458 TIVOLI ST SAN DIEGO DA 92187 SEX:M HAIR:BRN EYES:BRN HT:S-85 NT:285 DOB:85-28-53 Aug/field 97/27/2888 669 Z3 FD/85



E-16124

1/2/1970



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Deed

4707

OWNERSHIP AND INTERMENT PRIVILEGES

TO Nina Barber

for the sum of \$ 290.00

(DOLLARS)

LEGAL DESCRIPTION Lots 3767 & 3768 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER _____ C-8089

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 emetery. 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:

12" X 24" Single or 12" X 36" Double "lush Marker Only Allowed

Cemetery Manager

ENHAGEN SHAND

FORM PW-584

In Clara.
Public Works Director

E-16/24 4429

DEED

. 0	WNERSHIP AND	INTERMENT PRIVI	LEGES	
To Nina Barber		_ for the sum of \$	145.00	(DOLLARS)
LEGAL DESCRIPTION Lot	3771 Division	i 10		
. AS DESCRIBED ON PURCHASE	ORDER NUMBER	0-7399		
According to a map of said Cenheld for burial privileges only hereafter be adopted, including Cemetery. The rights hereby co of the Cemetery Authority in each	with endowed care the right to ingres onveyed for interme	 Subject to all rules and egress with each privileges shall n 	es and regulation ssentials for car of be relinquishe	ns now in force or may e and operation of the ed without the consen
It is expressly understood how repairs to any monument, head s after be crected or placed on sai of plot. In no case will the Ce natural causes of deterioration, ment of the Cemetery. The follo	tone, vaults or oth d lot or plot. Cost metery Division by but reserves the	er improvements of li of same shall be ass responsible for dam right to remove any o	ike nature that is umed by legal ow age, malicious m object that detrac	s already, or may here vner or representative ischief, vandalism an
	Reculation	n Cluch marker	only T	6)
Le Wohn			-	a Knarck
Cemetery Manager			Public Works	Director
FORM-PW-584				
160 14	CITY OF SAN	DIEGO, CALIFORNIA		1/2/1979
		OPE CEMETERY		****
	DE	CD		4708
OW	NERSHIP AND II	NTERMENT PRIVILI	FGFS	
Della & Joe C. Wild		for the sum of \$	290.00	(DOLLARS)
LEGAL DESCRIPTION Lots 37	69 & 3770 D;		THE PROPERTY.	(OOLLANS)
AS DESCRIBED ON PURCHASE O		C-8090		
AS DESCRIBED ON PURCHASE O	MOEK NUMBER _			
According to a map of said Cemer held for burial privileges only with hereafter be adopted, including the Cemetery. The rights hereby convenience on the Cemetery Authority in each	th endowed care. ne right to ingress veyed for interment and every case an	Subject to all rules and egress with ess privileges shall not d must be recorded in	and regulations entials for care be relinquished n the office of Mo	and operation of the without the consent ount Hope Cemetery.
It is expressly understood howeverepairs to any monument, head sto after be erected or placed on said of plot. In no case will the Cemenatural causes of deterioration, but ment of the Cemetery. The following.	ne, vaults or other lot or plot. Cost of etery Division be r ut reserves the rig	improvements of like f same shall be assume sponsible for damag but to remove any ob	e nature that is a med by legal own e. malicious mis	already, or may here- er or representatives chief, vandalism and
12" X 24" Single	or 12" X 36	Double Flush	Marker Only	Allowed
Bu welma			and to	Cana
Cometery Manager		Maria and	Public Works Di	rector
FORM ##+584				



WHITE TO CUSTOMER BLUE CEMETERY PINK AUDITOR YELLOW RETAIN CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT NO. 16889

MOUNT HOPE CEMETERY

FROM Mina Barbe	ADDRESS 1377	Eler.	2 SR	3920
IN feel PAYMENT OF D	re-neal lot	DOLLAR	s (s <i>OL 7C</i> ,	
LOT 3767 # 3768 GRAVE_	ROWSECT	ION	DIVISION	10
INVOICE NO. CASH	NOT HALID FOR FURPOSE STATED UNLESS STAMPED PAID IN THIS SAME	CREDIT SALES CARE	306 <u>145</u>	100
0.00	- PAID	HALF SALES OF LOTS	100 /45	on
v.o. C-8089	- JAN 2 1970	DPENINGS 7	100	
	MT. HOPE CEMETERY	BOXES :	100 7782	+
UNPAID BALANCE	CITY of SAN DIEGO, CALIF.		7783	-
FORM AC-212	- ISSUED BY S.W. Wellne	TOTAL PAID \$ _	440	a



CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT

E-16124 No. 16890

MOUNT HOPE CEMETERY

25-21	-	
Se la la	WHITE	TO CUSTOMER
10 70 至 10 至	BLUE	CEMETERY
E and a second	PINK	AUDITOR
The state of the s	YELLOW	RETAIN

FROM Della W.		8 Tiroli St.
IN KUNLSON	The meed lat	DOLLARS IS 290, 50
LOT 3769 43770 GRAV	/EROWSEC	TION DIVISION /E
INVOICE NO. CASH	NOT VALID FOR PURPOSE STATED UNLESS ST MPED PAYOR IN 1995 SAGE	SALES CARE 951 145 00
A C. C.	- PAID	OF LOTS 7784 145 00
1.0.C_8090	— JAN 2 1970	OPENINGS 7781
	MT. HOPE COME TUDY	80XES 7782
INPAID BALANCE	MT. HOPE CENETERY CITY OF SAN DIE C. CALLE.	REMOVALS 100 FOUNDATIONS 7783
FTER THIS PAYMENT	- ISSUED BY KILL Stepas	TOTAL PAID & 290 02

O.F.F	100141	REC	100	7
		N-F	8 5 6 6	м п



FORM AC-212

TO CUSTOMER BLUE CEMETERY AUDITOR PINK

CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT MOUNT HOPE CEMETERY

No. 16445

	DATE 7-10 1969
Enouthing Kunhar	ADDRESS 1377 Elegal & S.K.
To Por Desirla to	- ADDRESS 1377 Elen St. S.C. + 5900 - DOLLARS (\$ 282.50), 5,40. March O Service,
Justin Congression	10 m = 10 Comic
IN JULY PAYMENT OF TOCKERS C	, w. marie y street

LOT 397/ GRAVE_	ROW SECT	TION	B	INTSION /	8
INVOICE NO. 1615	NOT VALID FOR PURPOSE STATED UNLESS STANSED "PAID" IN THIS SPACE.	CREDIT SALES CARE	30 6 951 -	72	150
TO BE BE SEED TO	PAID	HALF SALES OF LOTS	100 7784 -	72	50
*.o. C-7399		OPENINGS	100 7781 -	85	100
	JUL 1 0 1969	BOXES	100 7782 _	52	50
	MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	PEMOVALS FOUNDATIONS			
AFTER THIS PAYMENT	- ISSUED BY S WILLERAD	TOTAL PAID \$	_0	287	50

FORM AC-212

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-0

You are hereby authorized and instructed,	subject to your rules and regulations, to inte	r the remains
OF TAMELA WI	HITMAN	0 000
in a LINER	_Funeral, date, time WED 1-1	0 11:6
Church Chape Graveside	: RAGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of	s
will be applied and billed to undersigned.		
Lot 110 Grave 4 Row_	Section A Division/Bloc	13
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		40.00
Handling Fees		145.00
Florer vases - Marker setting fee		11 - 3
Recording and filing fee		45,00
BRING CHECK DEL	by: Kathleer Total Due	1664. 25 1664.25
V	Balance due _	10
	of the above nan ion of remains as above indicated. I certify a tion and I agree to hold Mt. Hope Cemetery h in and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature Accorde	
Signature of recorded holder of deed	Cey	Zip Code
Work Order # E 16125	Invoice #	

MT HOPE CEMETERY E-16125

ANDERSON

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.

ope N

HUGG

TUAZON	OPEN	ofer	WHITIMH	10PEN 5	ofe N	
OPEN	8 ADNI	LOVE	ESTERS	11	13	
			A WIT		017	
Interment 1				ime:\\`		.,,
Lot: 110	_ Grave	-4	Row:	Sect: _	Di	v: 17
Grave Laid	l out by:		-		7/2-3	
Agrees with Legal Card: Yes No						AG ON PAVE
Agrees wit	h Мар: 🗆	Yes		lo	0	PAV
Blind Check & Verified By:					_ Date:	

(43)

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

Pamela	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IG. LAST (FAMILY)	1C. LAST (FAMILY)			3. DATE OF		4. SEX
Pamela Lynn		Whitma	Whitman			02/02/1958 01/02/2001 F			
A. CITY OF DEATH	Fontana		SB. COUNTY OF DEAT ENTER STATE Ban Bernard		OF INFO	ELATIONSHIP, FULL I		SS AND ZIP (CODE
	agsdale Mon	rtuary, 5050 Fe	detal Bivd	LIF LICENSE NUMBER IF APPLICABLE	5151 Bonit	Robinwood a, CA 9190 URE OF APPLICANT	Rd. #18		SIGNET
ACKNOWLEDGMENT OF A	naturality	acknowledge as applicant that the propo-	and disposition stated herein is one of the as authorized pursuant to Section 7100 of t	dispositions authorized by	and the second second		a Crus		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI BIONS OF THE CALIF AND IS THE AUTHORS IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC TO HIGHT OF DISPOSIC OUTSIDE OF CALF	ROVI- SA. AMOUNT OF FEE P	J.DeLaCrus 01/08/2001	and the same	TJ Prum	DCAL REGISTR	AR ISSUING F	PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	gD. ADDRESS OF R IF DEATH OCCURRY CO Health, Ban Bernard	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA SAN BE 351 Mt. View A dino, CA 92415-	rnardino san	Diego, CA 9	alth	Dept, PO E	30x 8522	2	
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		- 20		FOR COF	RONER'S US	E ONLY	
B. CREMATION	JOES ENTOMEMENT)		E. TEMPORARY ENVI	DE (MEM)	- 3	(Name and /	PENDING—RE Address)	MAINS LOCA	WIED N
500 (S.S. 100 (S	SE		G. SHIP IN TO CALLED	Carlo Second Detections					
C. DISPOSITION THAN IN A C	EMETERY SE 11A. NAME AND A	DDRESS OF CALIFORNIA CE	G. SHIP WITO CALLED H. THANSIT TO OUTS METERY	Carlo Second Detections	11C	SIGNATURE OF PER	RSON IN CHAR	GE OF BURIL	AL D
C. DISPOSITION THAN IN A C	IIA NAME AND A Mt. Hope (San Diego	DDRESS OF CALIFORNIA CE	G. SHIP WITO CALES	SIDE OF CALIFORNIA	1	SIGNATURE OF PER	- fins	w (
C. DISPOSITION THAN IN A C D SCIENTIFIC U BURIAL	ITA NAME AND A Mt. Hope (San Diego) 12A. NAME AND A	DDRESS OF CALIFORNIA CE Cemetery, 3751 , CA 92102	G. SHIP IN TO CALES	118. DATE BURIED	0 120.1	SIGNATURE OF PER	SON IN CHARG	E OF CREMA	ATION
C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	IIA. NAME AND A Mt. Hope (San Diego) 12A. NAME AND A 13A. NAME AND A	DDRESS OF CALIFORNIA CE Cemetery, 3751 , CA 92102 DDRESS OF CALIFORNIA CR	G. SHIP IN TO CALES H. THANSIT TO OUTS METERY MARKET ST EMATORY CILITY RECEIVING REMAINS E OR COUNTRY WHERE	118. DATE BURIED 1. 10 01 128. DATE CREMATE	D 12C.	SIGNATURE OF PER	SON IN CHARG	GE OF FACIL	ATION

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JAN. 8, 2001

	subject to your rules and regulations, to inter the remains	
of RUSTICO C. 1 Ina Double CRYPT	Fune al, date, time WEDS JAN 10 11:0	OA
Church Chapel Graveside	: CA BURIAL Mortuary.	
All Funeral cars must arrive before 3:80 p.	m. of regular work day or an extra charge of \$ _150.	-
will be applied and billed to undersigned.	1204	
Lot 486 Grave Row_	Section Division/Block D	1
Grave space & Care Fund	995.00	2
Additional spaces and care fund		
Opening/Closing & Setup	375.00	
Burial Container	AIV 380,55	
Handling Fees	1N 320°	
Flower vases - Marker setting fee		
Recording and filing fee	109-01 / 45.5	
Sales taxes	28.2	1
	Total Due	
Pa	aid receipt number 3323 1 21145	
v a sv	Balance due	
that I have the right to make this authorizat	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.	
	x Edelita alima	
I hereby authorize the interment in lot I hold under deed.	2279 SPRING CAK 4	cy
Signature of recorded holder of deed	5. DIEGO CA 92139	7
	(619) 767-8225 Zip Code	
	Invoice #	
Work Order # E 16126,	Acot. #	

REA-104 (7-96)

MT HOPE CEMETERY £ 16128

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.

484	485	486	10 T	488	489	490
open	open	Wir with	Procesual.	Charles mendly	PILTE	RAYMON
	2	Authory Fourana	Mona NICKY FONTANA	Allie GRACE		
		Fouraxa	Fonthua	GRACE		

				-
Interment space for:	RUSTI	co A	LONZO	
Interment Date: Weds				
Lot: 486 Grave:	1	0	Div:	0
Grave Laid out by:	DRHY)	low		
Agrees with Legal Card:	☐ Yes	☐ No	Kloon	ale
Agrees with Map: Y	'es	J No		OLH.
Blind Check & Verified	Ву: Дин	F. Jan	Date:	

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

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (PAMILY)			2. DATE OF BIRTH	3. DATE OF		4. SEX
Rustico C.			Alonzo	0272571933" 017057			2001"	Male		
5A	CITY OF DEATH				ATH-OUTSIDE CALIF.		RELATIONSHIP, FULL M	MAILING ADDRE	SS AND Z	P CODE
	Nationa	1 City		San Diego		MALL	ORMANT DODZO-SI	on		
74	Califor	nia Burial	Chapel	OR PERSON ACTING AS SUCH 78.	CALIF. LICENSE NUMBER IF APPLICABLE FD-1689	San	Pala Street	92114	an DAY	E CIGNED
-	ACKNOWLEDGMENT OF A	nin share I hereby :	acknowledge as applicant that It	he proposed disposition stated because is one of the and was authorized pursuant to Section 7100.	the dispositions eitherund by of the Hastin and Safety Code	BA. SIGNA	ATURE OF APPLICANT	erson many permit	01/0	8/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	UED IN ACCORDANCE V FORNIA HEALTH AND SA ITY FOR THE DISPOSITION NO RENT OF DISPOSAL DUTSEE	NITH PROVI- PETY CODE N SPECIFIED 57.00			9C, SIGNATURE OF LC 2100485	CAL REGISTR	AR ISSUIN	IG PERMIT
1	ON REQUIRES A NEW RAIT TO SHOW FINAL	Vital Recor	EGISTRAR OF DISTRIC ED IN CALIFORNIA CDS-P.O. BOX CA 92186-52	85222	ADDRESS OF REGISTRAF DISPOSITION IS TO OCC			RNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S US	SE ONL	
The second second	B. CREMATION		IAINS OTHER	E. TEMPORARY EN			I. DISPOSITION (Name and A		MAINS LC	OCATED AT
	BURIAL	Mt. Hope		Diego, CA 92102	118. DATE BURIE		SIGNATURE OF PER	SON IN CHAR	GE OF B	•
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORN	IIA CREMATORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PERI	SON IN CHASE	SE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORN	NIA FACILITY RECEIVING REMAINS	138. DATE RECE	IVEO 13C	SIGNATURE OF PER	SON IN CHAR	IGE OF FA	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND A REMAINS OR	DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B. DATE SHIPF	ED 140	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDI	REST POINT ON SHORE ENTIFY FINAL PLACE AN	ELINE, OR OTHER DESCRIPTION SUF 40 OA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE OF CREW MAINS D —IF APP	NATED RE-



MT. HOSE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1 - 8 - 0

ina Ziner	Funeral, date, time	WED	1-10	1:00
Church, Chapel, Graveside		MAYE	D	Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work da	y or an extra	charge of \$	
will be applied and billed to undersigned.	-			
Lot 304 Grave 1 Row				
Grave space & Care Fund	Pu-rud	E-15	324 _	-0
Additional spaces and care fund				
Opening/Closing & Setup		11		-0_
Burial Container	16			0
Handling Fees	ß			0
Flower vases - Marker setting fee				
Recording and filing fee	11	11		-0_
Sales taxes	11	11		-0
		otal Due		0
P	aid receipt number	10 000		W. Carlot
~		Bala	nce due	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization and liability on account of said authorization.	ation and I agree to ho	ove indicated	above name i. I certify an Demetery har	d represent
I hereby authorize the interment in lot I hold under deed.	Signature	w.	Trans	
Signature of recorded holder of deed	City	2h		Zip Cnde
Work Order # E 16127	Invoice #			

MT HOPE CEMETERY [16127

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			
e i	Brown	4	1 X	3	3	Ч
			Jones 7 AURP	8	PELT ASON	10
Interment 1	Date: WE 1	0 1-1		ime: \\	00 2 Di	v: <u>\</u> \
•	h Legal Ca	rd: 🗆 Yo	es [J No	AD	Short
Agrees wit	h Map: 🗆	Yes		Vo		
Blind Chec	k & Verifi	ied By:			_ Date: _	100 1

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

TI	NAME OF DECEDE	NT-FIRST (GIVEN)	18 MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Eileen -		Nelson		02/15/1916 01/06/2001 F			
57	CITY OF DEATH			58. COUNTY OF DEAT	TH-OUTSIDE CALIF.,		MAILING ADDRESS AND ZIP CODE
Si	an Diego			ENTER STATES	n Diego	Peter Webb, Br	other
性	ayer Mortua	ry	A -FUNERAL DIRECTOR OR PERSON		ULIF. LICENSE NUMBER IF APPLICABLE	890 Kenmore Ci Newbury Park,	rcle .
28	359 Adams A	venue, San	Diego, CA 92116	FD	1424		Parson being permit 88. DATE SIGNED
ı	ACKNOWLEDGMENT OF AF		charewholge as applicant that the proposed dis 176 of the Health and Safety Code, and was out			> det ma	γV 01/09/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAPETY CODE Y FOR THE DISPOSITION SPECIFIED DIBINITOR DISPOSAL OUTSIDE OF CALIFORNIA.		01/10/20 John May	01 2100601	OGAL REGISTRAR ISSUING PERMIT
1	OF CHANGE IN DISPOSETION REQUIRES A NEW FINAL DISPOSITION.	P.O. BOX B	5222			OF DISTRICT OF DISPOSITION- UR IN ANOTHER DISTRICT IN CAUP	
10	AUTHORIZED DISPO	OSITION(S) CHECK AP	CA 92186-5222			FOR CO	RONER'S USE ONLY
The state of the state of	B. CREMATION		MNS OTHER	F DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		L DISPOSITION (Name and	FENDING REMAINS LOCATED AT Address)
ī		11A. NAME AND AD	DRESS OF CALIFORNIA CEMETE	RY	1 118. DATE BURIE	11C SIGNATURE OF PE	RSON IN CHARGE OF BURIAL
	BURIAL	Mt. Hope O	emetery t St. San Diego,	CA 92102	1-10-0	1 Sun 1.	limes 0
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMA	FORY	12B. DATE CREMAT	TED 12C SIGNATURE OF PER	RSOM IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		NOTION OF THE PROPERTY OF THE		14B. DATE SHIPP	ED 14C ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O NTIFY FINAL PLACE AND CA DIST		ISB. DATE OF DISPOSITION	150. SIGNATURE OF PE CHARGE OF DISPO	



E16127

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MINISTER ..

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Section .

NTO GRAVE STEVE ZIENTARSKI

MT. HOPE CEMETERY

INTERMENT ORDER

Cit, of San Diego

Upper Last

EDWARD ZIE	NTARSKI &
Ta ASH VAULT	_Funeral, date, time THUR 2-1 AYU
Church, Chapel, Graveside	FEATHERING: LL Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned.	
ot Grave Row	
Grave space & Care Fund	Pre-Need E-15xct 0
pening/Closing & Setup	_ +
Jurial Container	_ &_
landling Fees	_ +
lower vases - Marker setting fee	
lecording and filing fee	
ales taxes	_ 5
	Total Due
P	aid receipt number
hereby certify I am the not this is your authority to make disposinal I have the right to make this authorization in the same of the same	Balance due The State above named decedent ation of temains as above indicated. I certify and represent ation and lagree to hold Mt. Hope Cemetery harmless from on and interment.
hereby authorize the interment in lot I rold under deed.	Dorothy Zientarste Signature 5/16/ Sep. St.
gnature of recorded holder of deed	7 Cay 1 6 19 - 587-60
	Invoice #
Vork Order # E 16128	* Acct. #

O Printed on recycled paper

MT HOPE CEMETERY

E-16128

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.

COLEMAN TULL PARIS BRYAN
AVERY STEVE ZIENTARSK NELSON NELSON
BLu't+
TRUADO Zieuzbocki 8
Interment space for: EDWARD ZIENTARSKI
Interment Date: Time:
Lot: 6 Grave: 7 Row: Sect: 3 Div: 18
Grave Laid out by:
Agrees with Legal Card: Yes No
Agrees with Map: Yes No
Blind Check & Verified By: Levill Date:

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE			IC. LAST (FAMILY)	nahil	2. DATE OF BIRTH MONTH, DAY, YEAR	S. DATE OF DEATH 4. SEX
SAR Diego		3.	SB. COUNTY OF DEAT	OUTSIDE CALIF.	6 NAME, RELATIONSHIP, FULL OF INFORMANT DOTOTHY Zienter	MAILING ADDRESS AND ZIP CODE
7A TYPED NAME AND AD Feathering . San Diego,	fill Mootua	A-FUNERAL DIRECTOR OR PE TY 6322 El Caj	RSON ACTING AS SUCH 78. CA		5161 Leo St. San Diego, CA 9	
* ACKNOWLEDGMENT OF AP	PLICANT 1 teretry or Section 103	cknowledge as applicant that the propos 376 of the Health and Safety Code, and w	sed disposition stated herest is one of the as authorized pursuant to Section 7100 of th	dispositions sutherized by e Health and Safety Code.	Den Ter de	e wenter
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROPERTY OF THE DISPOSITION SPECIAL OF DISPOSAL OUTSES OF CALF	SFIED \$7.00	98 DATE PERMIT 01/16/20 T.Truesda	01 2100949	OCAL REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF D IN CAUPORNIA DIEGO, CA	IF I		OF DISTRICT OF DISPOSITION- UP IN ANOTHER DISTRICT IN CAUP	
THORIZED DISPO	DSITION(S) CHECK AP	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
B. CREMATION	SE	ORIESS OF CALIFORNIA GE	F. DISINTERMENT G. SHIP IN TO GALIFO H. TRANSET TO OUTS	ORNIA IDE OF GALIFORNIA	(Name and	PENDING—REMAINS LOCATED AT Address)
BURIAL	Mr. Hope C 3751 Marke	STORY OF THE PERSON NAMED IN COLUMN TWO	Diego, CA 92102	2-1-0	1 - Kuni +	- lime
CREMATION	Pacific Cr	oness of California CR ematory 601 D C		128, DATE CHEMA	TED 120, SIGNATURE OF PER	ISON IN CHARGE OF CREMATION
SOMENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECE	VED 190, SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B, DATE SHIPP	ED 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, INTRY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	

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

Pre-Need to

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

or Pre-New	ed Lot & Trust (For! Don's Foster
ina Bell Liner	Funeral, date, time
Type of Burief Container Church, Chapel, Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:80 p.m	n. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	×B·F.
Lot 70 Grave 6 Row_	Section 2 (Division/Block 12
Grave space & Care Fund	895.
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container LINER	190.00
Handling Fees	145,00
Flower vases - Marker setting fee TRIO	N VASE 4 Marken Set Fee 171.88
Recording and filing fee	45.00
Serves D / N	Total Due
I hereby certify I am theAUG H and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Barbara Flooter X Hat #23
Bignature of recorded trouget of deed.	X SAN DIEGO CA 4200 (619) 263-0275 Experience
Work Order # E 16129	Invoice #
BEA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on respetat paper

MT HOPE CEMETERY [-16129

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,	1	5	,		
3 open	John Hayes	open	X	0	
9	10	_11	12		
Sally Little	open	open	Lessie Cook		

HITC GOT	
Interment space for:	
Interment Date:	. Time:
Lot: 70 Grave: 6 Row:	Sect: 2 Div: 12
Grave Laid out by:	
Agrees with Legal Card: Yes	□ No
Agrees with Map: TYes	J No
Blind Check & Verified By:	Date:

E-16129

FOSTER, BARBARA

4423 Tremont Street, Apt. #25, San Diego, CA 92102

(619) 263-0275 20% 179 CREDIT DEBIT BALANCE 01-16-01 Opened Pre-Need Lot & Trust. Lot 70, Gr. 6, Sec. 2, Div. 12 895.00 941.13 Pre-Need Trust: For Doris Foster 1,836.13 Includes Opening/Closing; Liner; Handling Fee; Recording Fee; Tax on Liner; Marker Setting Fee; Trion Flower Vase. 1,500.00 336.13 01-16-01 R-53262 R- 53381 2-22-01 FOSTER, BARBARA PRE-NEED LOT & TRUST

10 M

MT. HOPE CEMETERY

INTERMENT ORDER

City of Sail Diego

Date 1-11 - 0 |

of MTKIN DI	Funeral, date, time FRI 1-12 2:0
Church, Chapet Graveside	GUADALUPANA Mortuary.
	0 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersign	ed
Lot 691 Grave Ro	owSectionDivision/Block
Grave space & Care Fund	700,00
Additional spaces and care fund	
Opening/Closing & Setup	152,00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	32.55
Recording and filing fee	45.00
Sales taxes	5-2-0-8
	Total Due 270.00
	Paid receipt number <u>R-53251</u> 270.00
	Balance due
and this is your authority to make disp	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from eation and interment.
I hereby authorize the interment in lot hold under deed.	> 2601 Imperial Ave.
Signature of recorded holder of deed	* S. Diego, CA 92/02 Cay (619) 544-9333 Telephone
Work Order # E 16130	Invaice #



MT HOPE CEMETERY E-16130

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	HERROP	æ13	LY LIA
P88	689 DORSETT	690	691 X	692	693	694
			OPEN			
			CLARK	Line of		

Interment space for: MARI	
Interment Date: FR 1 - 12-00	Time:
Lot: 6 9 Grave: Rov	w: Sect:_ Div:
Grave Laid out by:	
Agrees with Legal Card: Yes	s □ No
Agrees with Map: Yes	□ No
Blind Check & Verified By:	F- Jagge Date: 1-12-01

E-16130 AGE
MAN REMAINS

ALTERATIONS

MAT	CIA U	SE BLACK INK ONLY-MA	AKE NO ERASURES, W	HITEOUTS OR O	THER ALTERATIONS		1
IA. NAME OF DECEDE	ENT—FIRST (GIVEN)	DE LA LUZ	GRAVO-GUTTE	RREZ	2. DATE OF BIRTH MONTH DAY YEAR 01/02/2001	3. DATE OF DEATH	4. SEX
SA. CITY OF DEATH	V DIEGO		SAN DIEGO		B. NAME, RELATIONSHIP, FULL OF REGRMANT MANUEL, BRAVO-FA	MAILING ADDRESS AND Z	P CODE
GU		NA-FUNERAL DIRECTOR OR PERS NORTUARY, 2601 IMP 192102	ERIAL AKE	IF LICENSE NUMBER FAPPLICABLE	7028 EASTMAN ST SAN DIRGO, CA, 92 BA SIGNATURE OF APPLICANT	111	E SIGNED
ACHOWLEDGMENT OF A	PPLICANT I hereby Section 16	acknowledge as applicant that the proposed 2376 of the Health and Safety Code, and was a	disposition stated becomes one of the authorized pursuant to Soction 7100 of the	dispositions authorized by e Health and Safety Code.	of the Clas	ne 101/1	2/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROFOSINA HEALTH AND SAFETY COI TY FOR THE DISPOSITION SPECIFIE TO INST OF DISPOSAL OUTLINE OF CILIFUM	\$7.00	COLUMN TO SERVICE DE LA COLUMN	ISSUED BC. SIGNATURE OF LIVEZ 2100797	OCAL REGISTRAR ISSUIN	IG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW RINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF DE ED IN CAUFORNIA DRINS P.O. BOX 852 CA. 92186-5222	1 16 1		OF DISTRICT OF DISPOSITION JR IN ANOTHER DISTRICT IN CALF		
A BURIAL (INCLU	OF CREMATED REM		E. TEMPORARY ENVI	ORNIA :		RONER'S USE ONLY PENDING—REMAINS LO Address)	
BURIAL		DDRESS OF CALIFORNIA CEME CEMETERY, 3751 M CA, 92102		1-12-01	1 /	REON IN CHARGE OF BI	URIAL
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREM	MATORY	12B, DATE CREMAT	TED 12C. SIGNATURE OF PER	SON IN CHARBE OF CR	EMATION
SCIENTIFIC USE	ISA. NAME AND A	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEI	VED 10C. SIGNATURE OF PER	RSON IN CHARGE OF FA	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO		14B. DATE SHIPP!	ED 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA	15A. ADDRESS, NEA FICIENT TO IDE	AREST POINT ON SHORELINE, OR	OTHER DESCRIPTION SUF-	15B DATE OF	15C. SIGNATURE OF PER CHARGE OF DISPO	RSON IN 15D. LICENSE SITION OF CREA	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

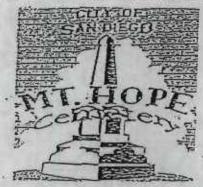
Date 1-11 - 0 1

(1.2) Total of Business of	Funeral, date, time FR1 1-13 2:00
Church, Chape Graveside	GUNDALUPANA Mortuary.
All Funeral cars must errive before 3:3	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigns	d,
	w Section Division Stasse 9
Grave space & Care Fund	760.00
Additional spaces and care fund	
Opening/Closing & Setup	753.00
Handling Fees	/
lower vases - Marker setting fee	
Necording and filing fee	45.00
	Paid recipi number R 5325 1 270,000
/ 200	2 - 2/1-2
hereby certify i am the HUNGER and this is your authority to make clien that I have the right to make this authority any rectiffy on account of said authority	DIRECTOR of the above named decedent position of remains as above indicated. I certify and represent inzation and lagree to hold bit. Hope Cemetery harmless from cation and interment.
that I have the right to make this author	signation and i agree to hold thit. Hope Cometery hamilees from
that I have the right to make this author any sability on account of seid authors thereby authorize the interment in lot	inzation and I agree to hold titt. Hope Cometery harmless from zation and interment
that I have the right to make this author any sebility on account of seld authors I hereby authorize the interment in lot hold under deed.	interior and I agree to hold Mr. Hope Cometery hamiless from and interment.



E-16130

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date	1-11-01
To <u>G</u>	PARPUJAGAU
Telephor	ne
Fax —	
Subject	BRAVO

From		Sve	,		
Teleph	ione	527	-340	00	
Fax		7 - 3	403	,	
Pages:	inclu	ding thi	s cove	,	
sheet -	6	1			

PLEASE	GET			
ASAP.				
*		12	1.	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-0

You are hereby authorized and instructed	subject to your rules and requi	ations to inter the remains
OF ANNA HEAR	LD	anoris, to inter the formatio
The second secon	Funeral, date, time WE	D 1-17 2:00
	RY. ONLY . MAYE	
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an ex	dra charge of \$
will be applied and billed to undersigned.		
Lot 97 Grave Pow	Section 2	Division/Block 12
Grave space & Care Fund		895,00
Additional spaces and care fund	AID }	375.00
Opening/Closing & Setup		190.00
Burial Container	1 1 6 2001.	145.00
Flower vases – Marker setting terr HC	PE CEMETARY	
Recording and filing fee	BAN DIEGO, C.	45.00
Sales texes		14,25
	* Total Due.	1664.25
P	aid receipt number R-532	55 1664.25
	E	Salance due
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizati	ition of remains as above indica ation and I agree to hold Mt. Hop	the above named decedent sted. I certify and represent se Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Signature Address	
Signature of recorded holder of deed	X City Self-	Zip Code
Work Order # E 16131	Invoice #	

MT HOPE CEMETERY [-1613]

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	open	opeN	OPEN	opeN
	open'	97 X 3	MANUEL	openy	open
	OPEN 7	opeN 8	FOSTER	10	11
	A BETT		A		
Interment space	e for: AN	VA H	EARLD		
Interment Date:	WED 1-	-17_T	ime: a	00	

Interment spa	ce for: N	NU UE	CARLP	
Interment Dat	e: WED 1	_\	me: 2:00)
Lot: <u>97</u>	Grave: 3	Row:	_ Sect: 2	_ Div: <u>\ </u>
Grave Laid or	ut by: Norm	* Low		Action
Agrees with L	egal Card:	J Yes	FINU	FLAG
Agrees with N	Map: 🗆 Yes	D.N	0 h	I GRAVE

Blind Check & Verified By: Aug

E-16131 AGA

	U	SE BLACK INK UNLT-MAKE	THU ENAGUNES,	WHITEGOIS ON C	WHILE OF	LILIATION	PIKA	_	
A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY	2			B. DATE O		4. SEX
Anna		1	Hearle	1		10/04/1906	12/01	2000	P
an Diego			58. COUNTY OF D	San Diego	OF INF	FELATIONISHP, FULL MAI FORMANT Len Beauparla			PCODE
Mayer Mort 2859 Adams	tuary s Ave, San	Diego, CA 92116		FD1424	520 Sar	11-A Ruffin R Diego, CA ATURE OF APPLICANT—PRO	oad 92123 or takey perm	n, 88. DAT	
. NONNOWLEDGMENT OF A	PPLICANT I hereby Section 1:	acknowledge as applicant that the proposed disposit 0.176 of the Health and Safety Code, and was suffici	nition stated herein is one o need purposent to Section 7100	f the dispositions authorized by of the Health and Safety Code:	D 8	ran man	~	01/	16/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND BAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO INGIT OF DISPOSAL OUTSIDE OF CALFOURIA.	7.00	98. DATE PERM 01/16/2 John May	1001	90. SIGNATURE OF LOC 2100976	AL REGISTI	RAR ISSUIN	G PERMIT
TON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THE COURSE FORCE	- QE.	ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI		BCT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	IIA.		
A BURIAL (INCL)		-	E TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA			I DISPOSITION P (Name and Add	ENDING A		
BURIAL	Mt. Hope	DORESS OF CALIFORNIA CEMETER Constery ket St., San Diego,		118. DATE BURN		SIGNATURE OF PERSO	ON IN CHA	AGE OF BU	JRIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	DRY	128. DATE CREM	ATED 120	SIGNATURE OF PERSO	IN CHAE	ME OF CRI	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	S 13B, DATE RECE	IVED 13C	SIGNATURE OF PERSO	ON IN CHA	AGE OF FA	CILITY
. TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIP	PED 140	ADDRESS AND SIGNAL OF PLACING WITH THE			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POWT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA DISTRI		F 15B. DATE OF DISPOSITIO		SIGNATURE OF PERSO CHARGE OF DISPOSIT		SO, LICENSE OF CREM MAINS D —IF APP	NATED RE-

JAN-12-101 FRI 88:27 LD:MT HOPE CEMETERY

TEL NO

#149 P@2

AHN: Ellen BEAUPARLANT Please sign + Return

619-281-7587

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-01

IN BELL LINER	Funeral, date, time WED 1-17 2:00
Church, Chapel, Greveride DELIVE	RY OULY : MAYER Morrery.
All Funeral care must arrive before 3:30 p	m of regular work day of an extra charge of s
will be applied and billed to undersigned.	
Lot 97 Grave 3 Row	Section 2 Division/Bleck 12
Grave space & Care Fund	895.00
Additional spaces and care fund	annum an
Opening/Closing & Setup	375.00
Burial Container	170.00
Handling Fees	145.00
Flower vases - Marker setting fee	COMMISSION CONTRACTOR OF THE C
Recording and filing fee	45.00
Sales (824)	19:33
	Your Ove
A P	gid receipt number
· · · · · · · · · · · · · · · · · · ·	Balance due
heraby contry I am the	of the appve named decodent
	ion of ramams as above indicated, I saruty and represent
hat I have the night to make this authoriza	tion and I agree to hold Mt. Propa Cametery narmless from
hat I have the night to make this authoriza	in and interment
hat I have the right to make this authorization in the supportant of and authorization have by authorize the interment in lot t	x Elen Eleuga laut
hat I have the right to make this authorization in the supportant of and authorization have by authorize the interment in lot t	X Elen Schengalaut DIBLICADMINISTRATION
hat I have the right to make this authorization liability an account of asid sufficients the interment in lot I aid under deed	X Elen Schengo laut DIBLIC ADMINISTRATOR PUBLIC GUARDIAN
hat I have the right to make this authorization liability an account of asid sufficients the interment in lot I old under deed.	X Blen Schengo laut X PUBLIC ADMINISTRATOR X PUBLIC GUARDIAN S201-A Ruffin Road 40 cm.
hat I have the right to make this authorization liability an account of asid sufficients the interment in lot I aid under deed	X Supering Science Court X PUBLIC ADMINISTRATOR X PUBLIC GUARDIAN CON SZOI-A RUTTIN ROSE X San Diego, California 92133 1000
hat I have the nontrio make this authoriza my liability an account of said sufferiza hereby authorize the interment in lot to	X Blen Schengo laut X PUBLIC ADMINISTRATOR X PUBLIC GUARDIAN S201-A RUTIN ROLD S201-A

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 12, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
or Laura Jane Cannon
in a T. S. Vault Funeral, date, time Tues, Jan. 16 1:00 pm
Church Chapel Graveside : Ragsdale Mortuery.
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 Z Mb.
Lot 126 Grave 8 Row — Section 2 (Division) Company 11
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burlal Container T.S. Vault 250,00
Handling Fees
Flower vases - Marker setting fee TRION VASE & Marker Fee 171,88
Pecording and filing fee
Sales taxes 18,75
Total Due
Paid receipt number R-53257 1,840,63
Balance due
I hereby certify I am the ON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
I hereby authorize the interment in lot I hold under deed.
Esgnature of recorded politics of deed City 1947 Tolephone City 1947 Tolephone
Wart Out E 16132 Invoice #

Acct #

C Printed on recycled paper

This information is available in alternative formats upon request.

Work Order # E

REA-104 (7-96)

MT HOPE CEMETERY E-16132

open

open

open

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

George

Agrees with Map: Yes

Blind Check & Verified By:_

	7	8	9	10	11
	Olfenso Rojas	Laura X Cannon	Benita Castillo- CAMACHO	DIANC Londo — HARRIS	Nancy Nailes
				0	
Interment space				Can	non
Interment Date: _			A L		
Lot: 126 Gra	ve:_8_	Row:	_ Sect:	20	iv: <u>//</u>
Grave Laid out by	y:			1	7
Agrees with Lega	Card:	Yes [J No	Flag	

No

(94)

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	- 2	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Laura	-	Jane	Cannon		18/25/1917	0170772061"	F
SA. CITY OF DEATH Nation	al City		SB. COUNTY OF DEATH ENTER STATE San Diego		NAME, RELATIONSHIP, FULL I OF INFORMANT Earl Huff. Son	MAILING ADDRESS AND 2	IP CODE
Anderson-Ra	gsdale Mort	A-FUNERAL DIRECTOR OR PERSON C.; 5050 Federal B Piego, CA 92102	lvd.	F APPLICABLE	1458 Brockham C Dellas, TX 7521 A SIGNATURE OF APPLICANT	7 -	TE SIGNED
* ACKNOWLEDGMENT OF A		chrowledge an applicant that the proposed disp 3.76 of the Health and Safeta Gode, and was author			Deblie Well	lean 101/1	15/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN HIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00	01/16/2001	SUED OC. SIGNATURE OF LA	210095	
	Vital Recor	EGISTRAR OF DISTRICT OF DEAT DIN CALEDRA Cds; P.U. Box 8522 Diego, CA 92186-	2		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUR	ORNIA	*
IN MUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COL	RONER'S USE ONL	Y
B. CREMATION		AINS OTHER [F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	FINIA	I. DISPOSITION (Name and)	PENDING—REMAINS LI Address)	DCATED AT
BURIAL	Mt. Hope C	opress of California Cemete Ametery; 3751 Mar San Diego, CA		11B. DATE BURIED	11C SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATED	12C. SIGNATURE OF PER	SON'N CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B, DATE RECEIVE	D 13C, SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA <u>DISTR</u>	THER DESCRIPTION SUF- ICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREA	MUMBER MATED RE- DISPOSER PLICABLE



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

or todd Jordan	Edwards	2001
in a	Funeral, date, time Thurs,	Jan 18- 1:00
Church Chapel Graveside	S.D. Memo	RIZL Chapemonuary.
All Funeral cars must arrive before 3:90 p.r	n. of regular work day or an extra c	charge of \$ 150-00
will be applied and billed to undersigned.	Xevelyn. Amos	
Lot 809 Grave Row	Section	sion/Block 9
Grave space & Care Fund		1000
Additional spaces and care fund	PAID	
Opening/Closing & Setup		125 5
Opening/Closing & Setup Burial Container	MM 17 71111	
Handling Fees	MT HOPE CEMETARY	
Flower vases - Marker setting fee	CITY OF SAN DIEGO, G	T
Recording and filing fee		450
Sales taxes		
	Total Due	#2700
Pai	d receipt number $R-53.26$	6 #270
10	Balan	ce due
and this is your authority to make disposite that I have the right to make this authorization any liability on account of said authorization	on and Lagree to hold Mr. Hope Ce	bove named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot I hold under deed.	Guelyn Ar	nod
	14432 1111NO	A CONTRACTOR OF THE PARTY OF TH
Signature of recorded holder of deed	15 AN DIEGO, C	To Com-
	Unioprison	
E 1/122	Invoice #	
Work Order # Furtile 3	Acct. #	
REA-104 (7-96) This inform	nation is available in alternative fo	ormats upon request

& Printed on recycled paper

Semen for well be having marker working marker working the top oo

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

		Date				
You are hereby authorized and instr	ucted, subje	ct to your rules and	regulations, to inter the remains			
of		Meson Terror and the Control				
In a Type of Burial Container	Fun	eral, date, time				
Church, Chapel, Graveside						
All Funeral cars must arrive before 3	30 p.m. of r	egular work day or	an extra charge of \$			
will be applied and billed to undersig	ned					
Lot Grave I	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 rece	eipt number				
			Balance due			
I hereby certify I am the and this is your authority to make d that I have the right to make this aut any liability on account of said authority.	horization an	d I agree to hold M				
I hereby authorize the interment in le hold under deed.	ot I	Sgrufure				
		Address				
Signature at recorded holder of deed	77 14	City	Zip Code			
		Tejephone				
- 40400		Invoice #				
Work Order # E 16133		Acct. #				

MT HOPE CEMETERY E 16133'

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.

No.			
	Todd.	ABOT RIOS PIDEDA	
	JEDWA	es.	
Angela Robins	-	Martinez SQ-	
Interment space for:	Todd Joe	dan Edwo	rds
Interment Date:		Time:	
Lot: 809 Grave:	Row:	Sect: <u>+</u>	_ Div: 9
Grave Laid out by:_			
Agrees with Legal C	ard: Yes	J No (F	Tag Brave
Agrees with Map:	J Yes 🗆	No \	(grave
Blind Check & Verif	ied By:		ate:

E16133

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-MAKE	E NO EHASUH	ES, WHITEOUTS ON	JIHEH A	LIERATIONS	2001	
A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE JORDAN	IC. LAST (FAMILY) EDWARDS		3-1	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SAN DIEG	0	VARIATION OF THE				ME RELATIONS IP, FULL MAILING ADDRESS AND ZIP CODE NEORMANT AMOS - MOTHER		
SAN DIEG		R.	ACTING AS SUCH	78 CALIF LICENSE NUMBER —IF APPLICABLE FD-1575	4124 SAN D	TEXAS ST.#6 DIEGO, CA 92	4 #14	E SIGNED
ACKNOWLEDGMENT OF A	minery I hereby	ecknowledge as applicant that the proposed disp 1976 of the Health and Safety Code, and was eather	usition started herein is round pursuant to Section	one of the dispositions authorized by 7100 of the Hunth and Safety Gods.	1	gruppin	ron 01/1	16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED BY ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED BY MONT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98 DATE PERM 01/18/2 J. JOH		DE SIGNATURE OF LO	ICAL REGISTRAR ISSUI	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PHANC RE	EDISTRAN OF DISTRICT OF DEATH CORDS: P.O. BOX 852 0., CA 92186-5222		9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC			BNIA	
B. CREMATION	Œ		F. DISINTERM G. SHEP IN TO H. TRANSIT T			(Name and A	PENDING REMAINS L iddress)	
BURIAL	THE CANADA STREET, CA	emetery 3751 marks , CA 92102	T ST.	1-18-	01	King +	- lemen	
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128 DATE CREM	ATED 120	SIGNATURE OF PER	SON IN CHARGE OF CE	
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REN	IAINS 138. DATE RECE	EIVED 130	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
- TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		RE 148 DATE SHIP	PED 140	OF PLACING WITH T	ATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O'D ENTIFY FINAL PLACE AND CA DISTR				SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CITE	NUMBER MATED RE- DISPOSER PLICABLE

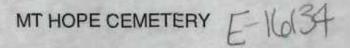
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

You are hereby authorized and instructed, sult of Mabelle	And the second s	inter the remains
in a ASH Vault F		D.
Type of Bural Container Church, Chapel, Graveside MERK	4-mHCHELL	Mortuary.
All Funeral cars must arrive before 3.00 p.m.	of regular work day or an extra charg	je of \$ 150,00
will be applied and billed to undersigned	NIA	
Lot Grave Row		
Grave space & Care Fund		ud D
Additional spaces and care fund		INC 00
Opening/Closing & Setup		00
Burial Container		55,
Handling Fees	JAN 17 2001	60.
Flower vases - Marker setting fee		
Recording and filing feeCITY	OF SAN DIEGO CA	45,00
Sales taxes	or or brook, or	4,12
	_Total Due	269,13
Paid n	eceipt number $K-5326$	52691
	Balance d	ue D
I hereby certify I am the ARIENCE and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemet	e named decedent riffy and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Separture 3336 RU	SSELL ST.
Signature of racorded holder of dept	X 500 DIEGO X (6/9) 272-	3 405 20 Code
Work Order # E 16134	Acct. #	



GRAVE BLIND CHECK FORM

Write in th	ne name o	f the dece	eased for v	which the	grave is f	or in the
block mar existing m the burial	ked with " arker's in	X". Place	the name	e's, lot # a	ind grave	# of all
		Irene Neville				
		Newton		NAME OF TAXABLE PARTY.	7	- (1)
5	4	3	2		4	- Abb
Bohnson Soume BRYEN	NITA FITST	Epen	Malache	O COM		Euron
Course Dispos	AMERICA:		11900		11	menn
				Les	Grevill	THE REAL PROPERTY.
				on	Grevill	oc pro-
Interment :	space for: _	Mab	elle f	26e	X	
Interment	Date:		т	ime:		
Lot: 1	_ Grave:	2	Row:	Sect: _	4 D	iv: 6
Grave Laid	d out by:				-	7
Agrees wit	th Legal Ca	rd: 🗆 Ye	s C	J No	Klock	· Ne

O No

Date:

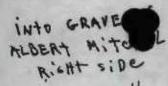
Agrees with Map: Yes

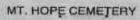
Blind Check & Verified By:

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)		2 DATE OF BIRTH		
MAE		BELL	PAGE		127677190	5 11736/2005	F
SA CITY OF DEATH			ENTER OTATE	ENTER STATE SAN DIEGO		L MAILING ADDRESS AND	ZIP CODE
NATIONAL CITY			30			MATTHEW HERMAN - ATTY	
7A. TYPED NAME AND AT		A-FUNERAL DIRECTOR OR PERS		ALIF. LICENSE NUMBER	TO 1000 TO 9100 (1000 TO 1000	E. STE. #800	
MERKLEY-MITC	A 92103	ARY, 3655 FIFTH	AVE.,	0-119	SAN DIEGO, CA		TE GIGNED
ACKNOWLEDGMENT OF A	manager I harpby t	odenowledge as applicant that the proposed	f deposition stated herein is one of the	ne depositions authorized by	A. SIBMATURE OF REFERENCE		5/2000
	Section 11	376 of the Health and Salety Code, and was JED IN ACCORDANCE WITH PRIC		STREET, SQUARE, SQUARE	PROPERTY OF SIGNATURE OF	LOCAL REGISTRAR ISSU	AND DESCRIPTION OF THE PARTY OF
AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	ORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF D NORT OF DISPOSAL DUTSEE OF CALFOR	DOE HED	12/05/20 TC MITCHE	00 2019664 LL >	LOUAL REGISTRAN 1950	INA LEBINA
TION BROLIBES A NEW	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DI D IN CALIFORNIA 5222, SAN DIEGO,			OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL		
TO AUTHORIZED DISPI		PPLICABLE ITEMS			FOR CO	ORONER'S USE ONL	Y
A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION			E. TEMPORARY ENV			I DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		AINS OTHER	G SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA			
BURIAL	The second secon	DRESS OF CALLEDRING CEME CEMETERY, 3751 , CA 92102	MARKET ST.,	118. DATE BURIE	D , IIC. SIGNATURE OF P	PERSON IN CHARGE OF E	BURIAL
CREMATION	PACIFIC CREMATORIUM, 601-D CRANE ST., LAKE ELSINURE, CA 92530				TED 12C. SIGNATURE OF P	EBSON IN CHARGE OF CI	REMATION
SCIENTIFIC USE	ISA NAME AND AL	DRESS OF GALIFORNIA FACIL	LITY RECEIVING REMAINS	138. DATE RECEI	VED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPP	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			ISB. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISP	POSITION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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





INTERMENT ORDER

Family withers"

City of San Diego

Date 1-16-01

In Lomer.	Date	
You are hereby authorized and instructed, subject of MARY FLETCH	ect to your rules and regulations, t	to inter the remains
	neral, date, time Fei Jan	26 1:00 p
Church, Chapel, Graveside W Hyllus On	OF THE PROPERTY OF THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TO P	CONTRACTOR OF THE PARTY OF THE
All Funeral cars must arrive before 3:00 p.m./o	regular work day or an extra char	ge of \$ 1501
will be applied and billed to undersigned.	×	
Lot 46 Grave 10 Row	Section MAS Division	VBlock_5
Grave space & Care fund	-NEED	_
Opening/Closing & Sour 001	70 14	105.00
IAN ,	1 W/1 K	55.00
tandling ProHOPE CEMETARY	TALLA	60.00
landling ProMOPE CENTERO, CA	(C) T	204 80
lower das Marker setting fee	36)	1000
Recording and filing fee		43.00
ales taxes		A 0 F 92
e nitchel	Total Due	495.0
Paid rec	ceipt number 53271	_ 495,0
4 - 1	Balance (due 2
hereby certify I am the SON	of the abov	e named decedent
and this is your authority to make disposition on that I have the right to make this authorization a	nd I agree to hold Mt. Hope Ceme	etery harmless from
any liability on account of said authorization and	d interment. Joseph A.	MHCheL
hereby authorize the interment in lot I	> Joseph a. 7	nitchel
nold under deed.	× 8361 Bessen Hor	ge Rd #/30
ignature of recorded holder of deed	* Souter Ca	92071
-	(619) 596-9	621 Zp Code
- 16195	Invoice #	
Work Order # E 16135	Acet #	

DISPOSITION OF OLD GRAVE MARKER

Effective January 18, 2001, I Joseph Mitchel, the son of Albert Mitchel and Mary Fletcher, do authorize Mt. Hope Cemetery to "destroy" or dispose of previous "single-name marker" "ALBERT MITCHEL" enabling for a "new double-name marker" to be installed. Clemens Granite Works is the monument Company to deliver the new marker (36 x 10 x 16) or (12 x 36) SIDE-BY-SIDE GRAVE MARKER.

Name

Joseph Mitchel

Witness

Denise Culverson

Date /

Date- 1/19/01

Clemens Cilyer 36h yer Dai Name MT HO

MT HOPE CEMETERY

162.00

GRAVE BLIND CHECK FORM

	1 4					
			10	14	12	17
			Albust M.	open	Wary Wary	James S.
	Man	Ma	9	8	7	6
	Explain the	Harristy)	Janette Hanlen	Hanler	John Custis Goone	Bentha Behrend
Interment	space for: _	Mar	RY FI	etcher	~ ×	
Interment	Date:		T	ime:		
Lot: 46	_ Grave	10	Row:	Sect: _	MAS D	iv: J
Grave Lai	d out by: _	miles.	1488		/	
Agrees wi	ith Legal Ca	ard: 🗆 Ye	es C	J No	Floo	M. M
Agrees w	ith Map:) Yes		No	alle	in Can
Blind Che	ck & Veril	ied By:			_ Date:	

E-16135

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	us	SE BLACK INK ONLY-	MAKE NO ERASURES,	WHITEOUTS OR O'	THER ALT	TERATIONS	7	84	
IA. NAME OF DECEDE MARY	INT-FIRST (GIVEN)	1B. MIDDLE	THE PROPERTY OF STREET	1G. LAST (FAMILY) FLETCHER		DATE OF BIRTH IONTH DAY, YEAR 17/25/1916	MONTH, D	OF DEATH DAY, YEAR /2001	4 SEX
SANTEE			6B. COUNTY OF DE ENTER STATE	SAN DIEGO	OF INFO	ELATIONSHIP, FULL M RMANT LITCHEL—SON		ESS AND ZI	P CODE
EL CAJON	MORTUARY	IA—FUNERAL DIRECTOR OR PE		IF APPLICABLE	SAN D	LAKE BACA DIEGO, CA 9	2119		
ACHNOWLEDGMENT OF A	marana 1 hereby a	EL CAJON, CA 92 chundedge as applicant that the propor 376 of the Health and Sahely Code, and w	sed dispusition stated hormon to one of		DA SIGNAT	URE OF APPLICANT	Person taking peri		9/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIS IN THIS PERMIT. HOTE: THIS PERMIT GIVES IN	JED IN ACCORDANCE WITH PROPRIED HEALTH AND SAFETY OF FOR THE DISPOSITION SPECION OF CALF	PORMA. \$7.00	01/19/20 JACKIE KO	OZICA >	2101260	ICAL REGIST	TRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DIN 85222 LEGO, CA 92186-		ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU			RNIA		
8. CREMATION	COPPL CHOOLS	AINS OTHER	E TEMPORARY EN			(Name and A		REMAINS LO	OCATED AT
BURIAL	MOUNT HOE	DORESS OF CALIFORNIA CE PE CEMETERY KET ST/SAN DIEG		118 DATE BURBE	10000	SIGNATURE OF PER	SON IN CHA	VAGE OF BL	JRIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMAT	TED 120.	SIGNATURE OF PERS	SON IN CHAI	ROE OF CH	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138, DATE RECEI	VED 13C.	SIGNATURE OF PER	SON IN CHA	ARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER- CHARGE OF DISPOS		OF CREM MAINS D	ATED RE-

E-16135

FIRST CODICIL TO THE WILL

OF

MARY WILMA FLETCHER

I, MARY WILMA FLETCHER, a resident of San Diego County, California, declare this to be the First Codicil to my Will, dated November 5, 1990.

Except as expressly modified by this codicil, this codicil republishes and reaffirms the terms of that Will.

Paragraph 3 on page 1 of the aforesaid Will is hereby revoked and the following is substituted in its place.

"3. I nominate JOSEPH ALOIS MITCHEL as Executor of this Will. If he shall for any reason fail to qualify or cease to act as Executor, I nominate JOSEPH ALAN MITCHEL as Executor of this Will.

The term "my Executor" as used in this Will shall include any personal representative of my estate.

I request that no bond shall be required of any person named in this Will as Executor."

I subscribe my name to this First Codicil to my Will dated November 5, 1990, this 13 day of

February 1998.

MARY WILMA FLETCHER

On the date last above written MARY WILMA FLETCHER declared to us, the undersigned, that

150 Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

or _ ERNEST	Collins
	Funeral, date, time Mom. Jan. 22 1:00p
Church Chapel Graveside	Ragsdale Mortuary.
All Funeral cars must arrive before 3:60 p.m	n. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned. \geq	
	— Section 16 Division Black 7
Grave space & Care Fund	Need Lot & Trust Paud 8
Additional spaces and care fund	N
Opening/Closing & Setup	<u>&</u>
Burial Container	<u>&</u>
Handling Fees	_8_
Flower vases - Marker setting fee	<u></u>
Recording and filing fee	
Sales taxes	<u>&</u>
	Total Due
Paid	d receipt number
	Balance due
that I have the right to make this authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment. Rose Lee Bennett
I hereby authorize the interment in lot I	X
hold under deed.	X 346 So. 48th St
Signature of recorded holder of deed	San Diego, CA 92113
	Cey (6)9) Telephone
E 16136	Invoice #
Work Order # E 10130	Acct. #

E-16/36

GRAVE BLIND CHECK FORM

				1 3 10	3	
3	4	5	6			
	Patterson	ELIZA WILKES	X			
Interment	space for: _	ER	nest	Col	linis	
Interment	Date:		т	'ime:		
	_ Grave				16 D	iv: 7_
Grave La	id out by: _	Non	ion a	En		100
Agrees w	ith Legal Ca	rd: 🗆 Ye	s C	J No	Flag	
	ith Map;			1	Gra	ve/
Blind Che	eck & Verif	ied By: 1	rante E		Date:	1-18-01

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

IA NAME OF DECED	DECEDENT—FIRST (GIVEN) 18 MIDDLE 10						2 DATE OF BIRTH 3. DATE OF DEATH 4 SEX 06/25/1919 01/16/2001 M			
San Die	igo			6B. COUNTY OF DEA ENTER STATE San Dies	TH-OUTSIDE CALIF	OF INF	BELATIONSHIP, FULL MORMANT Bennett, Si		ESS AND ZIP CODE	
Anderson	ADDRESS OF CALFORN I—Ragedale	fort.; 5050 San Dieg	Federal	Blvd.	ALIF LICENSE NUMBER IF APPLICABLE 11329	San	S. 48th St. Diego, CA 92 ATURE OF APPLICANT—A		B. DATE SIGNED	
. ACKNOWLEDGMENT OF		schrowledge as applicant that t 376 of the Health and Safety Co			the Bleetth and Collete Code	Me	the are	un-	01/22/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE TORMA HEALTH AND SITE FOR THE DISPOSITION OF MARKET OF REPOSAL OUTSIDE	N SPECIFIED	\$7.00	Church	OI SOUED	9C. SIGNATURE OF LO	CAL REGIST	FAR ISSUING PERMIT	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW REPART TO SHOW FINAL PEROSITION.	Vital Recor	EGISTRAR OF DISTRIC D. IN CALSTONNIA Cds; P.O. Bo In Diego. CA	× 85222		DORESS OF REGISTRAF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CAUFOR	NIA		
10. AUTHORIZED DISP	POSITION(S) CHECK A	The second secon					FOR COR	ONER'S U	SE ONLY	
B. CREMATION	JSE	AINS OTHER	NA GEMETERY		State of the state		I. DISPOSITION I	(dress)	RIGE OF BURNAL	
6URIAL	Nt. Hope	San Diego			1-22-0		Kura F.	- 6	erse_	
CREMATION	12A. NAME AND A	ODRESS OF CALIFORN	NIA CREMATOR	RY	129. DATE CREMA	TED 120	SIGNATURE OF PERS	OH IN CHAR	GE OF CREMATION	
SCIENTIFIC	1SA. NAME AND A	DDRESS OF CALIFORN	NIA FACILITY I	RECEIVING REMAINS	13B. DATE RECE	IVED 130	SIGNATURE OF PERS	ON IN CHA	RGE OF FACILITY	
TRANSIT	14A. NAME AND AL REMAINS OR	DORESS IN RECEIVING CREMATED REMAINS	STATE OR C	OUNTRY WHERE HIPPED	148. DATE SHIPF	PED 140	ADDRESS AND SIGNA OF PLACING WITH TH			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDI	REST POINT ON SHORE ENTIFY FINAL PLACE A	eline, or othe ND CA <u>DISTRIC</u>	ER DESCRIPTION SUF- T OF DISPOSITION	158. DATE OF DISPOSITIO		SIGNATURE OF PERS CHARGE OF DISPOSI		SD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —# APPLICABLE	

INTERMENT ORDER

City of San Diego

00	Only of
Wireinson	Rt Middle

Virginia & Rt Midal	e Date 1 10	
You are hereby authorized and instructed, s	subject to your rules and regulations, to	inter the remains
	A HT;	
in a ASH VAULT	Funeral, date, time MON 1-2	9 2:00
Church, Chapel, Graveside	:Caring Crema+	on Smortuary
All Funeral cars must arrive before 3:80 p.m	of regular work day or an extra charge	of \$ 1500
will be applied and billed to undersigned. X	MAD A V	48
Lot 8 Grave 3 Row	Section Division	Hock 5
Grave space & Care Fund	're-need D-8845	-0-
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container		55.00
Handling Fees	JAN 1-9 2001	10 00
Flower vases - Marker setting feeM	T. HOPE CEMETARY	_
Recording and filling lee		45.00
		4.13
	Total Due	269.13
	receipt number R-53276	269 1
Palo		A
X	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certi	
I hereby authorize the interment in lot I hold under deed.	+ Stylen B.	7
Signature of recorded holder of deed	7 Scan Delege C	546
Work Order # E 16137	Invoice #	

Head of grant

"你你是去到了。

PAR

BUTTER DURE

GRAVE BLIND CHECK FORM

	2	3			
	Edwin Isaac Butler	cecelia X Butler			
	LESS OF AUTOR				
	MAUDE Louise Miller	SMITH Politic	Henry Edmund mills	EMMA SPRAGHE MILLS	
Interment space for: .	VII	RGINIA	SM	ith &	<u> </u>
Interment Date:		т	ime:		
Lot: 8 Grave	.3	Row:	Sect:	4 Di	v: <u>5</u>
Grave Laid out by: _	Danie	H.			
Agrees with Legal Co	ard: 🗆 Y	es C	J No	Fla	g
Agrees with Map:	J Yes	DI	No	G	rave kalphy
Blind Check & Verif	ied By:	former		_ Date: _	
	//	/			

(26° 87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 2/927-03

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

IA NAME OF DECEDE	NT—PIRST (GIVEN) 18 N	MODE	1C. LAST (FAMILY)		2. DATE OF BIRTH		4. SEX
VIRGINIA	B	UTLER	SMITH		1872171913		F
SA CITY OF DEATH			SB. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL OF INFORMANT		CODE
SAN DIEGO	Contract of the Contract of th	-	SAN	- Contract C	STEPHEN B SMIT		
TAL TYPED NAME AND AD	DRESS OF CALIFORNIA FUN	LERAL DIRECTOR OR PER	SON ACTING AS SUCH TR. CALL	APPLICABLE	4423 COLLWOOD		
CARING CR	EMATION SERVIC	ES		- Inches	SAN DIEGO CA 9	And the second second	
THE RESIDENCE OF THE PARTY OF T	11036 SAN DIEG	O CA 92171-9	9972 + FD- d deposition stated hereon is one of the		SIGNATURE OF APPLICANT		A PRODUCTION
ACKNOWLEDCMENT OF AT	Section 10376 of the	e Health and Safety Code, and was	sufficient pursuant to Section 7100 of the	Health and SaSety Code.	1000 X1	Joure 01/16	
PERMIT	THIS PERMIT IS ISSUED IN SIONS OF THE GALIFORNIA	HEALTH AND SAFETY GO	ODE	** 19 17 1 77 200	SUED SO SUCHATURE OF L	OCAL REGISTRAN ISSUING	PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR IN THIS PERMIT.	The second second second	100	The second of the second	The second		
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO MICHEL TO ADDRESS OF REGISTRE	The second secon	the section is a second section of the second secon	ROSA NAVA	DISTRICT OF DISPOSITION		
ANY CHANGE IN DISPOSI-	IF DEATH OCCURRED IN C	ALIFORNIA			N ANOTHER DISTRICT IN CAUF		
PERMIT TO SHOW FINAL DISPOSITION	P.O.BOX 8522	CE COLOR DE					
	SAN DIEGO CA DISTION(S) CHECK APPLICA				FOR CO.	RONER'S USE ONLY	-
The state of the s		BLE ITEMS		ON BLACKS			
X A. BURIAL UNCL	IDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	L DISPOSITION	N PENDING REMAINS LOG Address)	CATED A
B. CREMATION	OF CREMATED REMAINS C	OTHER	F. DISINTERMENT	100			
THAN IN A CI	METERY		G. SHIP IN TO CALIFO				
D. SCIENTIFIC U	SE .		H. TRANSIT TO OUTS	IDE OF CALIFORNIA		-	
	TIA. NAME AND ADDRES		METERY	1 118, DATE BURIED	11C. SIGNATURE OF PE	FAGON IN CHARGE OF BUI	HIAL
BURIAL	MT HOPE CEMET		A. A. A.	1 1 79 11	Last L		
40	3751 MARKET S			11-27-00	1 MIL. 1.	janger	
3	12A, NAME AND ADDRES	S OF CALIFORNIA CRE	MATORY	120. DATE CREMATED	12G. SIGNATURE OF PE	HEART IN CHARGE OF CRE	MATION
2							
CREMATION	PACIFIC CREMA			1-18-01	: du de		
CREMATION	601-D CRANE S	ST LAKE ELSI	NORE CA 92530	1-18-01	1		
CREMATION	601-D CRANE S	ST LAKE ELSI	NORE CA 92530	1-18-01	D 19C SIGNATURE OF PE	PASON IN CHARGE OF FA	CILITY
CREMATION SCIENTIFIC USE	601-D CRANE S	ST LAKE ELSI	The second secon	1-18-01	1	PRISON IN CHARGE OF FA	CLITY
SCIENTIFIC	601-D CRANE S	ST LAKE ELSII SS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS		D 19C. SIGNATURE OF PE		
SCIENTIFIC USE	601-D CRANE S	ST LAKE ELSII SS OF CALIFORNIA FAC	CRITY RECEIVING REMAINS FOR COUNTRY WHERE	138. DATE RECEIVED	D 19C. SIGNATURE OF PE	SNATURE OF PERSON IN (
SCIENTIFIC USE	601-D CRANE S	ST LAKE ELSII SS OF CALIFORNIA FAC	CRITY RECEIVING REMAINS FOR COUNTRY WHERE		0 13C. SIGNATURE OF PE	SNATURE OF PERSON IN (
SCIENTIFIC USE TRANSIT	601-D CRANE S 13A. NAME AND ADDRES 14A. NAME AND ADDRES REMAINS OR CREM	ST LAKE ELSTI SS OF CALIFORNIA FAC SS IN RECEIVING STATE LATED REMAINS ARE TO	E OR COUNTRY WHERE	14B. DATE SIEPPED	D 13C SIGNATURE OF PE	SNATURE OF PERSON IN (THE CARRIER	CHARGE
SCIENTIFIC USE	13A. NAME AND ADDRESS 14A. NAME AND ADDRESS REMAINS OR CREM. 15A. ADDRESS, NEAREST	ST LAKE ELSII SS OF CALIFORNIA FAC SS IN RECEIVING STATE ATED REMAINS ARE TO POINT ON SHORELINE, O	CRITY RECEIVING REMAINS FOR COUNTRY WHERE		0 13C. SIGNATURE OF PE	SNATURE OF PERSON IN C THE CARRIER ERSON IN 150, LICENSE I DOTTON 1 OF CREM	CHARGE NUMBER ATED RE-
SCIENTIFIC USE TRANSIT SCATTERING AT SEA	13A. NAME AND ADDRESS 14A. NAME AND ADDRESS REMAINS OR CREM. 15A. ADDRESS, NEAREST	ST LAKE ELSII SS OF CALIFORNIA FAC SS IN RECEIVING STATE ATED REMAINS ARE TO POINT ON SHORELINE, O	OR COUNTRY WHERE DIE SHIPPED OR OTHER DESCRIPTION SUF-	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH	SNATURE OF PERSON IN (THE CARRIER ERSON IN 150, pcense i	CHARGE NUMBER ATED RE-

INTERMENT ORDER

City of San Diego

Date_ 1-17-0

You are hereby authorized and instructed, of TAMES	subject to your rules and regulations, to inter the remains Howard STEINEL
in a LINER	Funeral, date, time FRI 1-19 200
Church, Chapel Graveside	: MAYER Mortuary.
All Funeral cars must arrive before 3.80 p.	m. of regular work day or an extra charge of \$ 150
will be applied and billed to undersigned	(P)
Lot 149 Grave 6 Row_	00500
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	PAID 1900
Burial Container	140
Handling Fees	TAN 17 2001 145
Flower vases - Marker setting fee	UAN 17 ZUIII
Recording and filing fee	MT. HOPE CEMETARY 45
Sales taxes	CITY OF SAN DIEGO 4 14.25
	Total Due 416642
Pa	id receipt number 28-53263 1664.3
	Balance due O
	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X 4320 MENTONE ST #7
Signature of recorded holder of deed	X SAN DIEGO, CA 92107 Sury 619 226-3360 Pip Code Xialestrone
Work Order # E 16138	Invoice #
REA-104 (7-96) This infor	mation is available in alternative formats upon request.

© Printed in recycled paper

E-16138

GRAVE BLIND CHECK FORM

	1			The state of the s		
	CALACE	Ducin				
	L CARTER	MUST	1			
	Phink		TAMES			
	Pathon	d	Δ			
		1				
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-		1	1	_		
Intermer	nt space for:	JAM	35 5	EIN	EL	
100					14	
Intermer	nt Date: O	1-17-0	T T	'ime:	-	
In. 14	9 Grave	. 6	Down	Sante	2 0	12
		2500	1000			1V. 103
Grave L	aid out by: _	Kom	Flow	nen	11/10	1 200
Agrees	with Legal C	ard: X	es [J No		
. min on mark mark		1				
Agrees	with Map: §	d ves	01	Vo.		
Agrees	with Map. 5	4 100				1
Blind Cl	heck & Veri	fied By: _	Vi Wie	liams	_ Date:	111/01
	remarks they best	NOT SECTION AND DESCRIPTION OF THE PERSON OF		100000000000000000000000000000000000000		

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	Howard	1C. LAST (FAMILY)	Land Color		2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH !	OF DEATH	4. SEX
James		House	ard	Stains	1		08/20/1932	01/16	72001	245
SA. CITY OF DEATH	Lalo	la		SB. COUNTY OF DEATH	an Diego	OF INF	RELATIONSHP, FULL MORMANT		0.50	PCODE
TAL TYPED NAME AND AD	ODRESS OF CALIFORNI	A-FUNERAL DIF	ECTOR OR PERSON /	CTING AS SUCH 7B. CAL	IF. LICENSE NUMBER	432	0 Mentone St	#7	girbon.	
Mayer Mori	tuary s Avenue, S	an Diego	, CA 9211	16	F01424	THE RESERVE AND ADDRESS OF THE PARTY.	Diego, CA ATURE OF APPLICANT—N	92107	COLUMN TO STATE OF THE PARTY OF	
ACKNOWLEDGMENT OF AP	DESCRIPTION OF THE PERSON OF	dinowledge an applica	all that the proposed disput	pillon stated hereon's one of the cert pursuant to Section 7100 of th		► 80H	Em May	1	01/1	17/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUEDING OF THE CALLY AND IS THE AUTHORIT IN THIS PERMIT. HOTE: THE PERMIT GIVES N	Y FOR THE DISP	AND SAFETY CODE OSITION SPECIFIED	9A. AMOUNT OF FEE P	01/18/20 John Mas	001	2101205	CAL REGIST	TRAR ISSUIN	G PERMIT
	P.O. Box San Diego	85222			DRESS OF REGISTRAR	OF DISTR	BICT OF DISPOSITION— THER DISTRICT IN CAUPOR	INIA		
IU AUTHORIZED DISPO	OSITION(S) CHECK A					TOWN.	FOR COR	ONER'S	USE ONLY	1
B. CREMATION		WHS OTHER	+	E. TEMPORARY ERVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DANIA		DISPOSITION (Name and Ac		REMAINS LO	OCATED AT
BURIAL	Mt. Hope	Cemetery	LIFORNIA CEMETER San Diego,		118 DATE BURIE	1 110	SIGNATURE OF PERS	SON IN CH	ARGE OF BU	JRIAL
CREMATION		The second second second	LIFORNIA CREMATO	THE RESERVE TO SERVE THE PARTY OF THE PARTY	128. DATE CREMAT	ED 120	SIGNATURE OF PERS	ON INTAKA	AGE OF CRE	EMATION
SCIENTIFIC	13A. NAME AND AC	DRESS OF CA	LIFORNIA FACILITY	RECEIVING REMAINS	ISB. DATE RECEI	VED 130	. SIGNATURE OF PERS	SON IN CH	ARGE OF FA	ACILITY
TRANSIT	14A. NAME AND AD REMAINS OR (EIVING STATE OR I		148 DATE SHIPPS	ED 14G	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			SHORELINE, OR OTH ACE AND CA DISTRIC	IER DESCRIPTION SUF- CT OF DISPOSITION	158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM MAINS D —IF APPI	ATED RE-



INTERMENT ORDER

City of San Diego

Date Jan. 17, 2001

	subject to your rules and regulations, to inter the remains
or	Aldridge
in a LINER	Funeral, date, time Mon. Jan. 22nd 11:00at
Church, Chapel, Graveside	; Anderson-Ragsdale Mortuary
All Funeral cars must arrive before 3:00 p.m	n. of regular work day or an extra charge of \$_150
will be applied and billed to undersigned.	_
Lot 36 Grave 8 Row -	Section 2 Division and 11
Grave space & Care Fund	e-Need Lot & TRUST
Additional spaces and care fund	paid-in-Full &
Opening/Closing & Setup	15520
Burial Container.	2
Handling Fees	<u> </u>
F'cwer vases - Marker setting fee	<u> </u>
Recording and filing fee	<u> </u>
Sales taxes	2
	Total Due
Paid	f receipt number
	Balance due
I hereby certify I am the X SON	of the above named decedent
that I have the right to make this authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment. ROLLAND ALDRIDGE
I hereby authorize the interment in lot I	X
hold under deed.	× 1903 Madera Street
	Lemon Grove, CA 91945
Signature of recorded holder of dead	(619) 466-0679 Zep Code
F 16139	Invoice #
Work Order # E 10133	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

& Printed an recycled paper

E-16139

16139

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4 SEX
Isaia	h	H.	Aldridge		10/25/1912	01/16/2001	M
SA CITY OF DEATH	ajon		58. COUNTY OF DEA ENTER STATE San Dies		S NAME, RELATIONSHIP, FULL OF INFORMANT ROlland Aldrids		IP CODE
	agsdale Mor	-funeral Director on Pe t.; 5050 Feder ago, CA 92102	RSON ACTING AS SUCH 78. C	ALIF LICENSE NUMBER IF APPLICABLE	1903 Madera St. Lemon Grove, Ca BA SIGNATURE OF APPLICANT-	91945	TE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I heroby or Section III	throwledge as applicant that the propo 176 of the Health and Safety Code, and w	ned disposition stated become none of one authorized pursuant to Section 7100 of	the dispositions authorized by if the Health and Safety Code.	Debluc Wil	lea_ 01/18	/2901
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC) MENT OF DEPOSAL OUTSIDE OF CALLS	OODE ST.00	PAID OB DATE PERMIT 01/19/200	ISSUED SC. SIGNATURE OF LI		210128
THE RESERVE OF THE PARTY OF THE	Vital Recor	ds; P.O. Box 8	5222		OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CAUF		
IO. AUTHORIZED DISPO					FOR COL	RONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMA EMETERY SE				(Name and		
BURIAL		emetery; 3751 San Diega, CA	Market St.	118. DATE BURIES	1/	RSON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CF	REMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PER	SOUTH CHARGE OF CE	REMATION
SCIENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEIV	ED 19C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		148. DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	168. DATE OF DISPOSITION	16C. SIGNATURE OF PEI CHARGE OF DISPO	SITION OF CHE	NUMBER MATED RE- DISPOSER PLICABLE

INTERM	ENT ORDER	
City City	of San Diego	
× 1-10 1/2 04	- Loc. Upper RIG	18-01
*Ash Vault		
You are nereby authorized and instructed, sul	• *	inter the remains
of JOKIS HAM FE	erris	3 3 15100
in a HSN VQUIT	Funeral, date, time We Jav	130 10:00x
Church, Chaper, Graveside	Family Deli	Jery Mortuary.
All Funeral cars must arrive before 3:00 p.m.(of regular prores day or an extra charge	018/150
will be applied and billed to undersigned. X	ACC	
13 10	0	.0
Lot 63 Grave 10 Row_	Section Division/B	12 12 12 12 12 12 12 12 12 12 12 12 12 1
Grave space & Care Fund	UGED — E-10222	-0_
Additional spaces and care fund	AID	
Opening/Closing & Setup	0.000	10500
Burial Container JAN	1 2 3 2001	55.00
Handling Fees	PE CEMETARY	60.00
Flower vases - Marker setting fee SITY OF	SAN DIEGO, C,	12500
Recording and filing fee		45.00
Sales taxes		4.13
	Total Due	394.13
Paid	eceipt number R-53282	394.13
	Balance due	· _ -
I hereby certify I am the X FATH	FRof the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	and I agree to hold MI. Hope Cemeter	ry harmless from
any liability on account of said authorization a	nd interment	
I hereby authorize the interment in lot I hold under deed.	Signature Junes wer	NO _
noid under deed.	X 12625 MAPLE	EVIEWST #6
Signature of recorded holder of dead	X LAKESIDE	92040
	7 (619) 5761-2	260
	on 561-2	.650
F 16140	Invoice #	
Work Order # E 10140	Acct. #	

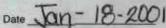
REA-104 (7-96)

This information is available in alternative formats upon request.

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)				OF DEATH 4. SEX
DORTS		ANN	FERRIS				5/2000 F
SA CITY OF DEATH			5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.	NAME, RELI OF INFORM	ATIONSHIP, FULL MAILING AD	DORESS AND ZIP CODE
ALPINE			SAN DIEGO		CONTRACTOR OF THE PROPERTY OF	. FERRIS SR.,	FATHER
		A-FUNERAL DIRECTOR OR PERS		LIF. LICENSE NUMBER		APLEVIEW ST. #6	
		S BURIAL CHAPEL	1			E. CA 92040	
3680 EL CAJ		SAN DIEGO, CA 92			BA, SIGNATURI	OF APPLICANT—Ferson taking I	mit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	cknowledge as applicant that the proposed 376 of the Health and Salety Code, and was a	uthorized pursuant to Seption 7100 of th	e Health and Safety Gode.	YOUN	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	01/17/2000
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY COI	DE	AID 98 DATE PERMIT	ISSUED, 9C. 5	IGNATURE OF LOCAL REG	STRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORI IN THIS PERMIT.	Y FOR THE DISPOSITION SPECIFIC	\$7.00	01/17/200	1	1	
LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CALIFORN		J. DEN LAR	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	2101127	
ANY CHANGE IN DISPOSI	IF DEATH OCCURRE		1 151	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			
UT TO SHOW FINAL	VITAL RECO	RDS-P.O. BOX 852	22				
	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	CA 92186-5222					
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			1	FOR CORONER'S	USE ONLY
A BURIAL ONCLE	IDES ENTOMEMENT)	7 4 "7	E TEMPORARY ENV	NULTMENT -	+		-REMAINS LOCATED AT
B. CREMATION	and the second	Sparre services	F. DISINTERMENT			(Name and Address)	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	ORNIA			
D SCIENTIFIC U			H. TRANSIT TO OUTS	SIDE OF CALIFORNIA			
	11A. NAME AND A	DDRESS OF CALIFORNIA CEME	TERY	118. DATE BURIER	11C SIG	NATURE OF PERSON IN C	HARGE OF BURIAL
BURIAL	MT. HOPE	CEMETERY 3751 MA	RKET ST.,	1	1	1/ 1-	1
	SAN DIEGO	, CA 92102]		V-30 01	10 1	0311 14	Emile.
S COEMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREW	MATORY	128. DATE CREMAT	ED 120. SIG	NATURE OF PERSON IN CI	HARGE OF CHEMATION
				1	1	11/	1
SCIENTIFIC	-			1			
Ď.	13A. NAME AND A	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEN	/ED 130. SIG	NATURE OF PERSON IN C	HARGE OF FACILITY
CONTRACT VALUE OF THE PARTY.	1000000						
USE	-			1	1		
×	14A. NAME AND A	DORESS IN RECEIVING STATE	OR COUNTRY WHERE	14B. DATE SHIPPE	D 14C ADI	DRESS AND SIGNATURE O	F PERSON IN CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO	BE SHIPPED	I the state of the	OF	PLACING WITH THE CARR	IER
awood Transact	-			1			
The state of the s	15A ADDRESS MEA	REST POINT ON SHORELINE, OR	OTHER DESCRIPTION SHE.	16B, DATE OF	150 800	NATURE OF PERSON IN	150. UCENSE NUMBER
SCATTERING AT SEA		ENTIFY FINAL PLACE AND CA DIS		DISPOSITION		ARGE OF DISPOSITION	OF CREMATED RE-
DISPOSITION OTHER THAN IN A CEMETERY	-			1	1.		S APPLICABLE
PERSONAL PROPERTY.			The second second	1	1		1

INTERMENT ORDER



City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. 130,131 Lot 132, 133 Grave

Grave space & Care Fund	7 914065	× 4
Additional spaces and care fund		-
Opening/Closing & Setup	PAID	
Burial Container		
Handling Fees	VAN 18 2001	-
Flower vases - Marker setting fee	MT. HOPE CEMETAR	
Recording and filing fee	CITY OF SAN DIEGO	61010
Sales taxes		
	Paid receipt number R-53270 Balance due	2200 2200
I hereby certify I am the and this is your authority to make dispithat I have the right to make this authorizany liability on account of said authorizany	of the above nar esition of remains as above indicated. I certify a ization and I agree to hold Mt. Hope Cemetery I ation and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded booter of deed	City	Ze Code
	Telephone	- 70
- 40444	Invoice #	
Work Order # E 16141	* Acct. #	

INTERMENT ORDER

City of San Diego

Date Jan. 18, 2001

You are hereby authorized and instructed, su		
or Infant: B	eni Pegani	1 10 5-20
in aType of Burisi Container	Funeral, date, time W	1- 0 0.50
Church, Chapel, Graveside	; (okeenu	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an ext	ra charge of \$ _\
will be applied and billed to undersigned. X	dul	
Lot 58 B Grave Aow	Section	Division/Block
Grave space & Care Fund		100.00
Additional spaces and care fund	- 71 12	125.00
Opening/Closing & Setup		
Burial Container	JAN 19 2001	
Handling Fees	MT. HOPE OF A PRO-	
Flower vases – Marker setting feeC	TY OF SAN DIEGO	18.00
Recording and filing fee		45.00
Sales taxes		
	Total Due	270,00
Paid	receipt number	270.00
	Ba	lance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicate n and I agree to hold Mt. Hope	ee above named decedent ed. I certify and represent a Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Jamal X Jamal X Address E-1	excepton Ade 15.
Signature of recorded holder of deed		CA 92019 Sp Cnoe
Work Order # E 16142	Invoice #	Market Committee
Work Order # E TOTTE	Acct. #	

GRAVE BLIND CHECK FORM

	2	ζ		
		,		
Interment space for: _	Baby:	Beni	Pecan	1
Interment Date:				. 0
Lot: Grave:_			:t:	Div:
Grave Laid out by:				
Agrees with Legal Car	d: Yes	☐ No		
Agrees with Map:	Yes	□ No		
Blind Check & Verific	ed By:		Date	:

3 days

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

NAME OF DECEDE BENT	NT-FIRST (GIVEN)	1B. MIDDLE	10.	PECANI			2. DATE OF BIRTH MONTH, DAY, YEAR 01/13/2001	01/16	DEATH Y YEAR 2001	4. SEX
SA CITY OF DEATH	OR			COUNTY OF DEATH- ENTER STATE SA	N DIEGO	OF INF	RELATIONSHIP, FULL A ORMANT R PECANI: FA		88 AND ZI	P CODE
	MORTUARY:	A-FUNERAL DIRECTOR I-805 & IMPE SAN DIEGO, (ERIAL AVEN	UE -F	D-843	EL C	OAKDALE AVI AJON, CA 920 DURE OF APPLICANT—	020		E SIGNED
ACKNOWLEDGMENT OF AP		chroeledge as applicant that the G76 of the Health and Salety Cod				> 02	relow V	nexu	01/19	2/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	JED IN ACCORDANCE W FORMS HEALTH AND SAI TY FOR THE DISPOSITION IN HIGHT OF DISPOSAL OUTSIDE I	SPECIFIED	\$7.00	01/19/20	10	9C SIGNATURE OF LC 2101254	CAL REGISTR	IAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRIC B IN CAUFORNIA B 5222 CA 92186-5					THER DISTRICT IN CALIFO	MNIA		
B CREMATION		AINS OTHER	F. D G. S	EMPORARY ENVAL HISINTERMENT HIP IN TO CALIFOR RANSIT TO GUTSE			I. DISPOSITION (Name and A		EMANG LO	CATED AT
BURIAL	MOUNT HOP	DORESS OF CALIFORN PE CEMETERY CET STREET, S	NO THEORY OF THE	CA 92102	1-19-0	110	SIGNATURE OF PER	SON IN CHAR	IGE OF BL	FIAL
CREMATION	12A, NAME AND A	ODRESS OF CALIFORN	IA CREMATORY		128, DATE CREMAT	ED 120	SIGNATURE OF PER	SCHOOL CHAR	SE OF CRE	MATION
SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORN	NA FACILITY RECEI	VING REMAINS	13B. DATE RECEN	VED 19C	SIGNATURE OF PER	SON IN CHAP	RGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS			14B: DATE SHIPPE	D 14C	OF PLACING WITH 1		ERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AN			15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS D —# APP	ATED RE-

INTERMENT ORDER

Jans

REA-104 (7-96)

City of San Diego

Date 01-18-01

in 8 Type of Burnel Conscious	Funeral, date, time Jan 20-2001 11:0
Church, Chapel Graveside	: <u>Greenwood</u> . Mortuary.
All Funeral cars must arrive before 3:90 p. will be applied and billed to undersigned.	m, of regular work day or an extra charge of \$ 150
Lot Row Row	SectionSolvision/Sieck
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	PAID 450.00
Burial Container	FAID
Handling Fees	JAN 18 2001
Flower vases - Marker setting fee	4 - 24
Recording and filing fee	MT. HOPE CEMETARY 45
Sales taxes	CITY OF SAN DIEGO, CA.
00.00 Bacocus	Total Due 507.00
00.00 R-53275 PA	id receipt number USER (and 50/00
10	Balance due
thereby certify I am the hard is post that I have the right to make this authorization and liability on account of said authorization.	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Spra Saler X Sona Saler X Son
Signature of recorded holder of deed	X San Diego 92126 X San Diego 92126 X Telephone (858) 693-1516
Work Order # E 16143	Invoice #

O Principl on recycled paper

This information is available in all-mative formats upon request.

AGE 17

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

IA. NAME OF DECED	ENT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
FATHER	EN -	BOROOMA	MD	06/10/1924 01/17/2001 F
SA. CITY OF DEATH		58 COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOI		S	AN DIEGO	SARA SABER: DAUGHTER
	DDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON		F LICENSE NUMBER	7005 EBORY COURT
GREENWOOL	MORTUARY: I-805 & IMPERIAL	AVENUE	APPLICABLE	PLANO, TX 75024
	SAN DIEGO, CA 92	102	FD-843 8A	SIGNATURE OF APPLICANT—Person trains parnit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 19376 of the Health and Safety Code, and was aut	honered pursuant to Section 7100 of the	Health and Safety Code	OLOTONE MOSE 01/19/2001
PERMIT	BRUNG OF THE GALLEGANIA HEALTH AND SAFETY CODE	ARTHUR STOCKED	VICTORIA M	RIED, 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	01/19/200	
LOCAL REGISTRAR	MOTE: THES PERMIT GIVES NO HIGHT OF DESPOSAL OUTSIDE OF CALFORNIA		1	
INY CHANGE IN DISPOSI-	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA	111		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA
PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX 85222	-		
	SAN DIEGO, CA 92186-5222			
THORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
A BURIAL ONCL	UDES ENTOMBMENT)	E. TEMPORARY ENVAL	JLTMENT T	L DISPOSITION PENDING REMAINS LOCATED A
B. CREMATION		F. DISINTERMENT		(Name and Address)
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFOR	RNIA	
D. SCIENTIFIC U		H. TRANSIT TO OUTSI	DE OF CALIFORNIA	
	11A NAME AND ADDRESS OF CALIFORNIA CEMETE	ERY	118 DATE BURGED	, 11G. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	MOUNT HOPE CEMETERY			1 4 00
	3751 MARKET STREET, SAN 1		I all I	1 N N N N N N N N N N N N N N N N N N N
2		DIEGO, CA 9210	2 01/20/01	IN The will Carlledon
5	12A NAME AND ADDRESS OF CALIFORNIA CREMA	Section 19	2 01/20/01 128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION		Section 19		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION		Section 19		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATED	
CREMATION		TORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
CREMATION SCIENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATED	
SCIENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA CREMA 13A NAME AND ADDRESS OF CALIFORNIA FACILIT	TORY Y RECEIVING REMAINS	12B. DATE CREMATED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMA	Y RECEIVING REMAINS	128. DATE CREMATED	
SCIENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA CREMA 13A NAME AND ADDRESS OF CALIFORNIA FACILIT 14A NAME AND ADDRESS IN RECEIVING STATE OF	Y RECEIVING REMAINS	12B. DATE CREMATED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA CREMA 13A NAME AND ADDRESS OF CALIFORNIA FACILIT 14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE	TORY TY RECEIVING REMAINS R COUNTRY WHERE E SHIPPED	128. DATE CREMATED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCIENTIFIC USE TRANSIT SCATTERING AT SEA	13A NAME AND ADDRESS OF CALIFORNIA CREMA 13A NAME AND ADDRESS OF CALIFORNIA FACILIT 14A NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE 15A ADDRESS, NEAREST POINT ON SHORELINE OR C	TORY Y RECEIVING REMAINS R COUNTRY WHERE E SHIPPED	12B. DATE CREMATED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER
SCIENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA CREMA 13A NAME AND ADDRESS OF CALIFORNIA FACILIT 14A NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DIST	TORY Y RECEIVING REMAINS R COUNTRY WHERE E SHIPPED	128. DATE CREMATED 138. DATE RECEIVED 148. DATE SHIPPED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER

31. 17 Lung INTERMENT ORDER Silver Son Si

Date Jan. 19, 2001

Vernon S.	Hollins
T.S. Vaul+	Funeral, date, time Weds, Jan. 24 1:00
Church, Chapel, Graveside	: Kagsdale Mortuary.
All Funeral cars must arrive before 3:80 p.m.	of regular work day or an extra charge of \$ 150,000
vill be applied and billed to undersigned.	(V.H
ot 419 Grave — Row -	10
ot Row	Section Division/Black 10
Grave space & Care Fund	1995,=
Additional spaces and care fund A.1.	Dar se
Opening/Closing & Set io	313,-
Jurial Contener , IAN 9 2-7	10000
landling Fees	100
lower vases - Marker seMit HOPE CEN lecording and filing fee CITY OF SAN DI	EGO, U. 1 - 00
Recording and filing fee	10 75
Sales taxes	181975
	R- 53279 1868,75
Paid	receipt number N 33 9 11 10 60 113
Son Son	Balance due
hat I have the right to make this authorization	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. VERNON S. Hollins JR-
hereby authorize the interment in lot I	X Vernon Haller JK.
old under deed.	SANDIESO CA,
ignature of recorded holder of deed	SOYI LAPAZ DR.
	(619) 264-5526 92113
	343410
	Invoice #

E-16149

GRAVE BLIND CHECK FORM

	911	418	1 417	420	491	
Paul John COSTRO	open	Open	YERMIN	TRYING HOLLINS	Ray	
		Va	enon	SH	allin	s Sp
Interment s				ime:	O LC II	5, 5/4
			Row:		D	iv: 10
Grave Laid	l out by: 🗵	on 1	DOR M	AN	1	~
Agrees wit	h Legal Ca	rd: 🗆 Y	es [J No (E130	on the
Agrees wit	The state of the s		01		6	n we of
Blind Chec	k & Verif	ied By: 🔾	DAKKE	<u>y</u>	_ Date:	1-25-01

USE BLACK INK ONLY-MAKE NO ERASURES WHITEOUTS OR OTHER ALTERATIONS Found 2. DATE OF BIRTH 4. SEX IA NAME OF DECEDENT-FIRST (GIVEN) S. DATE OF DEATH IC LAST (FAMILY) IB. MIDDLE MONTH, DAY, YEAR MONTH, DAY, YEAR Vernon Sylvester Halling /27/1950 01/15/2001 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... San Diego OF INFORMANT Ola Mae Hollins, Mother San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 7B. CALIF. LICENSE NUMBER 5041 La Paz Dr. -IF APPLICABLE Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA 92113 San Diego, CA 92102 FD1329 SA. SIGNATURE OF APPLICANT—Person taking permit, SB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition status herein is time of the dispositions authorized by 01/23/2001 ullian. ACKNOWLEDGMENT OF APPLICANT Section 10375 of the Health and Safety Code, and was authorized pursuant to Soction 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDE GAL AMOUNT OF FEE PAID SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2101469 PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THES PERMIT NOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTLIDE OF CALIFORNIA. LOCAL REGISTRAS 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records: P.O. Box 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMEMENT) (Name and Address) F. DISINTERMENT B. CREMATION C DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 114. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED LLC. SIGNATURE OF PERSON IN CHARGE OF BURNAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 ITEMS 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 129. DATE CREMATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B DATE RECEIVED 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE ALL 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED COMPLETE OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DESPOSER

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

IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-01

You are hereby authorized and it	instructed, subject to your rules and regulations, to	o inter the remains
OF EO RAE	GAY	
ina BELL LINES	R Funeral, date, time TUES 1	- 23 1:00
Church, Chapel Graveside	El Camino Memor	
All Funeral cars must arrive befo	ore 3: 0 p.m. of regular work day or an extra charg	ge of \$ 150.00
will be applied and billed to unde		
Lot 44 Grave	Row Section Division	(Block O
Grave space & Care Fund	PRE-NEED E-6377	-6
Additional spaces and care fund		=====
Opening/Closing & Setup		375.00
Burial Container	AID	190,00
Handling Fees JAN 2	2 2001	145.00
Recording and filing HOPE		45.00
EVERLY	Total Due	769.25
SCHAEFER	Paid receipt number R- 53-177	169 25
	Balance d	ue
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said at	te disposition of remains as above indicated. I ce	e named decedent nify and represent ery harmless from
I hereby authorize the interment hold under deed.	in lot I X Signature (1 &	Mayfer
Signature of reconsist holder of deed	7 3063 Old Ble V San Diegrand	16 4 9211
	Invoice #	
Work Order # E 161	45 Acct. #	MARINE I

GRAVE BLIND CHECK FORM

139 LEONHARD			7000	CAVIN		
NOT ETEA	MSMOSSEN	RASMOSSEN	M _A X			
Interment s	space for:	RAF	GA	4	00	
Interment I	Date: TVE	1-4	т	ime:	OF	
Lot: 49	Grave		Row:	_ Sect: -	Div	
Grave Laid						
Agrees wit	h Legal Ca	ard: 19 Ye	s C	J No	FLA	GRAV
Agrees wit					ON	CHAIN
Blind Chec	k & Veril	ied By: 4)ARKE	y	_ Date: 4	25-01

A68 88

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	
ESTHER		RAE	GAY		11/09/1913	01/18/2001 F
SAN DIEGO					MAILING ADDRESS AND ZIP CODE	
		ENTER STATE SA	N DIEGO	OF INFORMANT LEILAH DESCHA	MPS - DAUGHTER	
EL CAMINO	MEMORIAL .	A-FUNERAL DIRECTOR OR PER - PACIFIC BEACH IEGO CA 92109	CHAPEL FD-	APPLICABLE	2735 BURGENER SAN DIEGO, CA	The state of the s
ACKNOWLEDGMENT OF AP	ocarant 1 hereby a	denowledge as applicant that the propose	5 disposition stated horses it one of the authorized pursuent to Section 7100 of the	dopositions authorized by	L Cas	01/22/200
* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WITH PRICE OR THE DISPOSITION SPECIF OF CALFO	\$7.00	01/22/20 L. CASTRO	01 2101328	LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RE	GISTRAR OF DISTRICT OF D D IN CAUFORNIA CORDSPO BOX 0 CA 92186-5222			OF DISTRICT OF DISPOSITION V IN ANOTHER DISTRICT IN CAL	
THORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	DRONER'S USE ONLY
B. CREMATION		ANS OTHER	E. TEMPORARY ENVA	RINIA		ON PENDING—REMAINS LOCATED A
BURIAL	MT. HOPE	CEMETERY, 3/51 O, CA 92102	MARKET ST.	1-23-0	1 1/	ERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA CRE	MATORY	128, DATE CREMATE	D 12C SIGNATURE OF P	ERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AI	ODRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF P	ERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE	D 14C. ADDRESS AND S OF PLACING WITH	GNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O INTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISF	

INTERMENT ORDER

City of San Diego

Date Jan. 22, 2001

	bject to your rules and regulations, to inter the rema	ins
of Mildred C.	STalNaKER	
ina T.S. Vault	Funeral, date, time Weds Jan. 24 (11)	:00 A
	Featheringill Montue	
All Funeral cars must arrive before 3:50 p.m.	of regular work day or an extra charge of \$ _150	,00
will be applied and billed to undersigned.	az,s,	_
Lot Grave Row _/ Grave space & Care Fund	Pre-Need Lot & Trust 0	
Additional spaces and care fund		-
Opening/Closing & Selup.	(2)	
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 ON and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named deced of remains as above indicated. I certify and represent and I agree to hold Mr. Hope Cemetery harmless from and interment. Archie L. Staina	ent
I hereby authorize the interment in lot I hold under deed.	X Signature X1936 Lenrey Avenue	
Signature of recorded holder of deed	XEI Centro, CA 922 X (760) 352-4427	43 -
Work Order # E 16146	Invoice #	_

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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

IA. NAME OF DECED Hildred	ENT-FIRST (GIVEN)	18. MIDDLE Clara	Stalnaker			2. DATE OF BIRTH		OF DEATH	4. SEX
5A CITY OF DEATH Lemon Grove			58. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND OF INFORMANT Archie L. Stelnaker, son			MARKA MARKET	UP CODE		
Featherin	ngill Mortu	The same of the sa	ACTING AS SUCH	78. CALIF LICENSE NAME —IF APPLICABLE FD 1083	1936 E1 (Lenrey Ave	2243		- contra
ACKNOWLEDGMENT OF	I hereby a	cknowledge as applicant that the proposed disposed 526 of the Health and Safety Code, and was author	shor stated become in a	ne of the depositions authorized	27 1	the Jun	Latate pend be	01/z	2/2 WUI
* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MENT OF DISPOSAL OUTSIDE OF CALEBRINA.	9A. AMOUNT OF	01/22	/2001	9C. SIGNATURE OF LO 2101364	OCAL REGIS	TRAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PSEMIT TO SHOW FINAL VSPOSITION.	POABOT 8	EGISTRAR OF DISTRICT OF DEATH D.J. CAUFORNIA Disego, Ca 36-5222		PE ADDRESS OF REGIST # DISPOSITION IS TO		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFO	AIMR		
B. CREMATION		E	F, DISINTERME		RNIA.	FOR COR	PENDING	USE ONLY	
BURIAL	3000000 L 100000 L 100	DORESS OF CALIFORNIA CEMETER Cemetery see St., San Diego,		118 DATE BI	URIED 110	C. SIGNATURE OF PER	- /	ARGE OF BL	IRIAL
CREMATION	12A, NAME AND AC	DORESS OF CALIFORNIA CREMATO	DRY	128, DATE CRI	EMATED 12	C. SIGNATURE OF PER			EMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMA	AINS 13B, DATE RI	ECEIVED 13	C. SIGNATURE OF PER	ISON IN CH	ARGE OF FA	ICILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE S	HIPPED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OR OTH INTIFY FINAL PLACE AND CA DISTRIC	ER DESCRIPTION	SUF- 15B DATE OF DISPOSE		C. SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS D —IF APP	ATED RE-

	Seaman-Poe Monument Company				
	3893 Imperial Avenue • San Diego, California 92113 Cell # 760 427-8678				
	www.seaman-poe.com				
	sold to GORDON STRIMIKER Phone 760 356 5355				
	Address 2057 ANDESIFICET RA CHYSTOTERZIP HOLT VILLE CA				
	Price \$				
	1/ 17 50 given below, in 197 10 PF Cemerery, nor later				
	thanunless unforeseen causes prevent. The purchaser on his part				
	T, 4 \$1 U 3.13 agrees, on the completion of sold work, to pay the Seaman-Poe Monument Company as follows: Terms: Pa D Full CA 4 2 4 C 6				
	More: An interest charge of% will be made on unpaid balance commencing 30 days after erection. This stone is to remain the property of the Seamon-Poe Monument Company until paid for as per above agreement, and in event above work is not paid for as per contract, I hereby authorize Superintendent of Cemetery to permit the				
	Seaman-Poe Monument Company to remove sold monument				
200	This order is not subject to concellation after acceptance. Price does not include final inscription.				
- British	Alanie & Tulinak Seaman-Poe Manument Company_				
	Purchoser / Accepted				
	Date Ordered 9/10/0 = Delivery Date Letters Cernetery MT HoPE				
	Marerial GREY Size 1-6 y 0.6 x 2-0 Finish Current Francis (Ruses)				
	on Distance Stone				
	Memory Prompte				
6,	- Languary (only				
	MILDLED CLARA				
7					
-	STALNAKER .				
. X					
スペンメンス	JA.U. 6, 1907				
	JAN. 14, 2001				
70					
2540	THE RESIDENCE OF THE PARTY OF T				
4					
1	No 4332 Approved X Otto A. Historial Purchaser				
	Nº 4333				

INTERMENT ORDER

City of San Diego

Date 1-22-01

You are hereby authorized and instructed, subject to your rules and regula	williage to introven economics
of BARBARA ELLEN BOWDEN TUE	1-30-00
ina T. S. VAULT Funeral, date, time TWE	01-30 11:0
Church, Chapel, Graveside Delivery Only; GREEN	WOOD Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an ext	ra charge of \$
will be applied and billed to undersigned.	
8 71 1 7 8	Division/Block 7
Grave space & Care Fund Ne-Nea E-5	011
Additional spaces and care fund	275.00
Opening/Closing & Setup	3/3.00
Burial Container	250.00
Handling Fees	182.00
Flower vases - Marker Selling 120 6 2001	12.00
Recording and filing fee	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, GA	10.15
Jotal Due	813.13
Paid receipt number 1/- 334	90 813.13
Ba	dance due
I hereby certify I am the of the and this is your authority to make disposition of remains as above indicate that I have the right to make this authorization and I agree to hold Mt. Hope any liability on account of said authorization and interment.	e apove named decedent ed. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	
Signature of recorded holder of gave! City Telephone	Zip Code
Work Order # E 16147 Invoice #	

REA-104 (7-96)

Ethelee Brys in morling to be downed in

DIAG

THE STATE OF

SHATSMED BOOK TAI WHAT KAR 90 YED

MT HOPE CEMETERY

E-16/47

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 2						
			ES COTO			
	The second second		100000000000000000000000000000000000000	RODA GUEZ	Ross	FINLEY
KARY"	tary's	KARY	LEAKES	7		
Interment	Date: My	N \-	29 7	BOWDE	1.00	
Lot: 98	_ Grave	5	Row:	Sect:	<u>d</u> D	iv:
Grave Lai	d out by: _					- 3
Agrees wi	th Legal C	ard: 🗆 Y	es [J No	FLA	Gruse 15
Agrees wi	th Map:	J Yes		No		5'
Blind Che	ek & Veri	fied By:	7		_ Date: .	



THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

	TO: GERALDINE	GREENWOOD
*	PHONE/FAX#	
<i>''</i>	FROM: SUE	
	DATE: 1-26-01	
// ///	PAGES incl this page	- j
		AX # 527-3403
	MT HOPE CEM	IETERY

THE INTERMENT DATE HAS BEEN EHANGED to

TUESDAY 1-30 11.00 FOR

BARBARA BOWDEN

PLEASE SIGN INTERMENT ORDER FOR FAMILY
If all pages are not received, please call (619) 527-3400.



- DIVERSITY
BRINGS US ALL TOGETHER

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)	IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. S		
BARBARA		ELLEN	BOWDER			09/14/1947	01/18/2001	F
LA MESA			5B. COUNTY OF DEATH ENTER STATE	N DIEGO	OF INF	ORMANT	AAILING ADDRESS AND BROTHER	
GREENWOOD	MORTUARY -	I-805 & IMPERIAL SAN DIEGO, CA 92	AVENUE -	APPLICABLE	BIG	BOX 69 TIMBER MT	59011 Penny taking permet, 88. DA	ITE SIGNED
· ADUNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposed dis 17th of the Health and Salety Gode, and was not	position stated becomes one of the surrend parsoant to Section 7100 of the	dispositions authorized by Health and Safety Creix.	·U	ceter n	192 01/	25/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DIRIGHT OF DISPOSAL ORTHER OF CALFORNIA.	THE RESERVE OF THE PARTY OF THE	VICTORIA 01/26/20	MEZA	2101703	OCAL REGISTRAR ISSU	ING PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			PRESS OF REGISTRAR (
THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	100 100			FOR COR	ONER'S USE ON	Y
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	TIA. NAME AND AI	DODRESS OF CALIFORNIA CEMETI PE CEMETERY		DE OF CALIFORNIA	1	SIGNATURE OF PER	Address)	BURIAL
8		KET STREET, SAN D		12B. DATE CREMATE		SIGNATURE OF PER	BON IN CHARGE OF C	REMATION
CREMATION	The state of					1		
SCIENTIFIC	13A NAME AND A	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138, DATE RECEIV	ED 190	. SIGNATURE OF PER	ISON IN CHARGE OF	FACILITY
SCIENTIFIC USE TRANSIT	14A. NAME AND AI	DDRESS OF CALIFORNIA FACILIT DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	COUNTRY WHERE	138. DATE RECEIV	-		ATURE OF PERSON I	

COPY 2

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

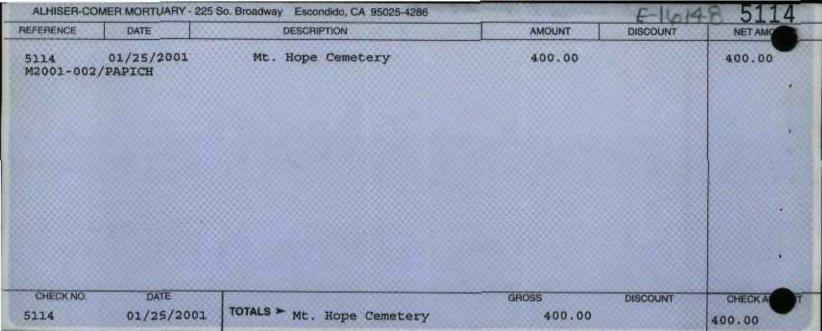
MT. HOPE CEMSTERY

INTERMENT ORDER

DISINTERMENT City of San Diego

Date 1 - 22 - 01

of CANTHIA C	· PAPICH	MAGN
in a	_ Funeral, date, time THUR 1-2	.5
Church, Chapel, Graveside	ALHISER - COM	ER Mortuary.
All Funeral cars must arrive before 3:30 p.	M. of regular work day or an extra charge	act &
will be applied and billed to undersigned.		and wife
Lot 8 Grave 96 Row_	Section MAS Division/E	Hock Y
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees DISINTERMI	ent feed D	400.00
Flower vases - Marker setting fee	a	
Recording and filing fee	JAN 26 ZUUI	
Sales taxes	CEMETARY	
MORT UNEY to / Roceived !	MT. HUPE SAMEDIEGO, CA	400.00
RIND CHCCK N.S. Mar	MT. HOPE CEMETARY CITY OF SAMEDIESO, CA city of R-53291	400.00
THUR.	Balance du	<u>8</u>
I hereby certify I am the	of the above	named decedent
and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	ion of remains as above indicated. I certi- ion and I agree to hold Mt. Hope Cemeter	fy and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
Hold tilder deed.	ASSUME SEE	
Signature of recorded holder of deed	on stacked	Zio Code
		7.gr code
	Taleghone	
E 16148	Invoice #	
Work Order # E 10190	Acet. #	



Athiser-Comer Mortuary

225 S. Broadway Escopias CA 9254 Photo (100) 345 2162 FAC (750) T45 5009 Funds (America) 4 247

FACSIMILE COVER LETTER

DATE JAN 22 2001

TO MI HOTE CENTERS

ATTENTION: SILE

SUBJECT: TAPICS

FROM RASE DIVINE

SENTINENA PLANT SITE THOS

NUMBER OF PAGES

IN LUBENG THIS COVER SHEET

If all pages are set may wed. Please coll (760) 745-2162

COURS COMMENTS THANK YOU - PLEASE CONFIRM A DATE

THE INFORMATION CONTAINED IN THIS FACSIMILE MISSAGE MAY BE CONFIDENTIAL AND OR LEGALLY PRIVILEGED INFORMATION INTENDED UNITY FOR THE USE OF THE ENDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MISSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY SOTHERD THAT ANY COPYING, DISSEMBNATION, OR DISTRIBUTION OF CONFIDENTIAL OR PRIVILEGED INFORMATION IS STRICTLY PROBLEM THE FOR HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE DESIGNATION NOTIFY AS BY TELEPHONE, AND WE WILL ORRANGE FOR THE RELEGIOUS THE FACSIMILE. THANK YOU

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Mail					-	Market Land		-
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KAO								

1-9-01



THE CITY DE

SAN DIEGO

MT. HOPE CAMETERS * STATEMARKS VATRAGES * SAN DERGO, CACARONNA NOTES Repl Talant Ameri Department

6/3 - 227/2400

Benning through France from the company to the company

AUTHORITY TO DISINTER, REMOVE OR REINITE

MONTH YEAR

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

from Lot 8	Grave 96 Section		Block
Givision Y		same to and :	
	ave 3 Section		9166k
Division O		CANTER!	
legal custodian authorization, indicated below Constany haral	and that they are. The undersigned	and have the re related t further agre substity on	right to make this to the decadent as a to hold Mount Hope account of said
BAR.	2 corner		THE COM THE WANTED TO STREET
Signature	Relation to		Address
T beceby author			

E-16148

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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	Doc -Phil Shoe A. MODZ					
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	randiar Escendido, 04 92		70 257		And CA Parants	
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	THE OF SEPONS 200					

MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT City of San Diego

Date 1 - 2 2 - 0 1

or CANTHIA C	Funeral, date, time THUR 1-2	5 MORNI
Church, Chapel, Graveside	ALHISER - COM	ER Mortuary
R	OGER 160 145-2162	
All Funeral cars must arrive before 3:30 p.m	n, of regular work day or an extra charge	or \$
will be applied and billed to undersigned		
Lot 8 Grave 96 Row	Section MAS Division/B	V.
Lot Grave To Row	Section Division/Bi	ock —
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	***************************************	
Burial Container		
Handling Fees DisiNTERME	N+ FREID	400.00
The state of the s	SOURCE STATE OF THE PROPERTY O	
Flower vases – Marker setting fee Recording and tiling fee	100 2 6 2001	
Sales taxes	JAN CEMETARY	
Sales taxes	MT. HOPE CEMESO, C+	YOD.DO
Received Mail	MT. HOPE CEMETARY CITY OF SAMEDIEGO, Co- d receipt number R-53291	400.00
THE PAIN	d receipt number 11 33 471	X
Mi-W	Balance due	
I hereby certify I am the and this is your authority to make disposition		amed decedent
that I have the right to make this authorization	on and I agree to hold Mt. Hope Cemeter	
t hereby authorize the interment in lot the hold under deed.	Signature	
	Accordes 100	
Signature of recorded hooter of deed	con Stacked	Zip Code
	Tprephunu	
		#
E 16148	Invoice #	
Wark Order # E 10110	Acct. #	
REA-104 (7-96) This infon	mation is available in alternative format	s upon request.
	Proceed up recorded paper	

Alhiser-Comer Mortuary

Cash Advance Account 225 South Broadway Escondido, CA 92025-4286 (760) 745-2162



6 ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER . CALIFORNIA BANK TRUST San Diego, CA 92128

90-3210/1222

DATE

CHECK AMOUNT 5114 \$400.00

Four Hundred & 00/100 Dollars*

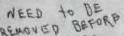
Mt. Hope Cemetery

01/25/2001

M2001-002/PARTONE SIDE OF THIS DOCUMENT INCLUDES AN ABTIFICIAL WATERWARK. HOLD AT AN ANGLE TO VIEW

MT. HOPE CEMETERY

INTERMENT ORDER



CHONG NOK YI	HMENI ORDER	the way
Jess La RE	City of San Diego	01
GENONED BEFORE	Date_1-22.	- 1
ROKING		
DAVIC HO	ed, subject to your rules and regulations, to in	ter the remains
of NANG TO	1 0007	E III.N
in a T.S. VAVL	Funeral, date, time THVR -	3 74.00
Church, Chape Graveside	: CLA I REMONT	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned		
Lot 4783 Grave Row	Section Division/Ble	10
Grave space & Care Fund	Qu-Need E-2199	0
Opening/Closing & Setup		375-00
Burial Container	PAID	250.00
Handling Fees		185.00
Flower vases - Marker setting fee	JAN 2 3 2001	
Recording and filing fee	JAN C.	45.00
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	18.75
	CITY OF SAN LAEGO,	873.75
	Paid receipt number R-53281	873.75
	Balance due	0
I hereby certify I am the	of the above na	amed decedent
and this is your authority to make dispo	sition of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery	and represent
Chae Sons Yi	x 10/ 1	/
I hereby authorize the interment in lot I hold under deed.	Segriffing College of	2
	X 3264 Jemes C	00. 7
Signature of recorded holder of deed	San Viese, Ca	Zip Code
	(SSS) 270-010	3
- 40440	Invoice #	
Work Order # E 16149	Acct. #	

MT HOPE CEMETERY [16/49

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.

			both vos		
	Russell	HO, KANG	4183X	Yamaguchi	
			HUTCH INS	or	
Lot:	Date: THU Grave id out by:	R 1-3	S T	*ime: \	
	ith Legal C	ard: 🗆 Y	es C	J No All	1 Charles
Agrees w	ith Map:	J Yes		No	
Blind Che	eck & Veril	fied By:	P. L. B.	Date	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	C. LAST (FAMILY	9	2. DATE OF MONTH, DAY		
	KANG		НО	YI		12/28/	930 01/21/	2001 H
5/	CITY OF DEATH			56. COUNTY OF DE	EATH-OUTSIDE CALIF., fl.	NAME, RELATIONSHIP OF INFORMANT	, FULL MAILING ADDRES	S AND ZIP CODE
	SAN DI	EGO		-T00/-T00/-000/-000/-000/	SAN DIEGO	CHAE YI: SE	M	
7A				OR PERSON ACTING AS SUCH 78. BERNATHY AVE	CALIF LICENSE NUMBER —IF APPLICABLE	3264 JEMEZ SAN DIEGO,		
			SAN DIEGO,	CA 92117	FD-1126 8	A. SIGNATURE OF APP	LICANT-Ferson taking permit	88. DATE SIGNED
	ACKNOWLEDSMENT OF A	YLICARI Section 10.	176 of the Hewith and Safety Co.	he Proposed disposition stated herein is one of the and was numberared gursuant to Section 7100	of the Health and Safeta Code	Victory	men	01/24/2001
	PERMIT IJTHORIZATION OF	SIONS OF THE CALIF	IED IN ACCORDANCE V ORNIA HEALTH AND SA Y FOR THE DISPOSITION	WITH PROVI- FETY CODE N SPECIFIED \$7.00	VICTORIA ME	ZA 210157		R ISSUING PERMIT
	OCAL REGISTRAR	NOTE: THIS PERMIT GIVES IN	O RECHT OF DISPOSAL OUTSIDE	OF CALIFORNIA.	01/24/2001			
	RY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FIRMAL DISPOSITION	P.O. BOX	35222		ADDRESS OF REGISTRAR OF DISPOSITION IS TO GCCUR			
8	WITHODIZED DIPP	SAN DIEGO, DSITION(S) CHECK AF	CA 92186-5	2222		1 50	R CORONER'S US	E ONLY
1	A STATE OF THE PARTY OF THE PARTY OF	Commenter of the second second	PLICABLE HEMO					
1	A BURIAL UNCLU	IDES ENTOMBMENT)		E TEMPORARY E	NVAULTMENT		OSITION PENDING—REI	MAINS LOCATED AT
	D. SCIENTIFIC US		AINS OTHER	G. SHIP IN TO CAL	LIFORNIA UTSIDE OF CALIFORNIA			
	BURIAL	HOURT HOP	DET STREET,	SAN DIEGO, CA 921	118. DATE BURIED 02 /-25-0/	11C. SIGNATURE	OF PERSON IN CHARG	BE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AC	ODRESS OF CALIFORN	NIA GREMATORY	12B. DATE CREMATE	12G. SIGNATURE	OF PERSONAN CHARG	OF CREMATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORN	NIA FACILITY RECEIVING REMAIN	S 138. DATE RECEIVE	13C. SIGNATURE	OF PERSON IN CHARG	E OF FACILITY
MPLETE AL	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPED		ND SIGNATURE OF PER WITH THE CARRIER	RSON IN CHARGE
30	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ELINE, OR OTHER DESCRIPTION SUID CA DISTRICT OF DISPOSITION	F- ISB DATE OF DISPOSITION	15C. SIGNATURE CHARGE OF	OF PERSON IN 150	LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER

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

MT. HEPE CMETERY

INTERMENT ORDER

City of San Diego

Date 1- 22-01

or ETTA LEE	Funeral, date, time THUR 1-25	11:0
Church, Chapel, Graveside DELIVER	remaining the transfer of the second	Mortuary.
All Funeral cars must arrive before 3:30 p.m.		morraney.
will be applied and billed to undersigned.		
Lot 7 a Grave \ Aow_	Section Division/Bleck	13
Grave space & Care Fund PRE	Section Division/Bleck	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		4
	Total Due	95
Paid	receipt number	
./	Balance due	-
I hereby certify I am the Vand this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n and I agree to hold Mt. Hope Cemetery harr	represent
I hereby authorize the interment in lot I hold under deed.	Signature Address	
Signature of recorded holder of deed.	Telephone	Zip Cods
Work Order # E 16150	Invoice #	

C-16150

MT HOPE CEMETERY

E16150

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.

	T					
	MARLER	CARROLD	18 X I	WILLOW	opeN 3	STILES
			HERMAN	BRIDGER	DPEN	Hom
Intermen	t space for: t Date: THV Grave aid out by:	R 1-3	Row:	ime: W	_ D	
	vith Legal C) No	rup	grand m
Agrees v	vith Map: [J Yes	91	No		
Blind Ch	eck & Veri	fied By:	Sur 1	lows	_ Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC LAST (FAMI	1.43		2. DATE OF BIRTH	3. DATE 0		4. SEX
SA. CITY OF DEATH			5B. COUNTY OF	DEATH-OUTSIDE CALF., San Diego	8. NAME, OF INF	RELATIONSHIP, FULL MORIMANT			P CODE
Mayer Mort		A-FUNERAL DIRECTOR OR PERSON A Diego, CA 92116	CTING AS SUCH 71	CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	5201 San	-A Ruffin R	92123		
TIDIONOWLEDGMENT OF A	PPLICANT I hersby a Section 10	chnowledge as applicant that the proposed dispo- 376 of the Health and Safety Cody, and was author	ution stated Service is one ced pursuant to Section 71	of the dispositions authorized by 00 of the Health and Safety Code	> 0	ybu Mar	111	01/2	2/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN BORT OF DISPOSAL OUTSIDE OF CALFORNIA.	7.00	01/22/20 John May	01	2101392	CAL REGIST	RAR ISSUIN	G PERIMIT
-	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH ID IN CAUFORNIA 85222 , CA 92186-5222	9	E ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			RNIA		
JITHORIZED DISPO	OSITION(S) CHECK A			Marine L		FOR COR	ONER'S U	SE ONLY	0
B. CREMATION	SE		Branch March March 2007	T ALIFORNIA OUTSIDE OF CALIFORNIA		Olame and A	ddreas)		
BURIAL	Mt. Hope	Constary Censtary tet Street, San Die		102 /-25-0		SIGNATURE OF PERI	SON IN CHA	AGE OF BU	JRIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C	SIGNATURE OF PERS	SON IN CHAP	AGE OF CRE	EMATION
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMA	NS 138. DATE RECE	IVED 13C	SIGNATURE OF PER	SON IN CHA	RGE OF FA	ACILITY
THANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPI	ED 140	ADDRESS AND SIGN OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA <u>DISTRIC</u>				SIGNATURE OF PERI CHARGE OF DISPOS		OF CREM MAINS D —# APPI	KSPOSER

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 Jan. 23, 2001

You are hereby authorized and instructe	ed, subject to your rules and regulations, to inter the remains
or Jacquette	L. Hutt
in a T.S. Vault	Funeral, date, time Fri Jan 26 11:00
Church, Chapel Graveside	: Anderson-Ragsdizlemonuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	X X KPA
Lot _69 Grave _10 _ Row	Section Division/Block 12
Grave space & Care Fund	PAID 895.00
Additional spaces and care fund	7
Opening/Closing & Setup	JAN 26 2001 375.00
Burial Container	MT. HOPE CEMETARY 250
Handling Fees	CITY OF SAN DIEGO, CA 185
Flower vases Marker setting fee	Tat 12 × 24 125.00
Recording and filing fee	// / 0.5
Sales taxes	18.75
MORTUARY to	Total Due
BRING CHECK	Paid receipt number 4-53288 1,893
	Balance due
I hereby certily I am the Motand this is your authority to make disport that I have the right to make this authorizany liability on account of said authoriza	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X alle & Dudson X alle & Palm Ave
Signature of recorded holder of deed	X TUCCA VALLEY, CAL 9217 X (760) 338- 1944 DECOME
F 16151	Invoice #
Work Order # E 10101	Acct. #

MT HOPE CEMETERY [-1615]

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	1	5		
	Elizabeth Hall	Jacquelle Huff	open	George Luster Davis	Sold		
	open.	8 open	JoAnn Campell	10 Robert Campbell	open		
Interment space for:				ff 11:00			
Lot:_ 69 Grav	e:	Row:		100000	oiv: 12		
Grave Laid out by: .	NOLM	* KON			2 1 2		
Agrees with Legal Card: Tyes INO Flag							
Agrees with Map: [☐ Yes	101	No		64		
Blind Check & Ver	rified By: 4	wy for	W	te:			

E16151

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	E BLACK INK ONLY-MAN	KE NO ERASURES, V	VHITEOUTS OR OT	HER A	LTERATIONS		21	
IA NAME OF DECEDE	man and a series of the series of	1B. MIDDLE La Marr	IC. LAST (FAMILY)			2. DATE OF BIRTH	S DATE	OF DEATH	4. SEX
SA. CITY OF DEATH	Diego		58. COUNTY OF DEAT ENTER STATE San Diego	TH-OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL MORMANT	AILING ADI	DRESS AND Z	OP CODE
	agsdåle Mor	t.; 5050 Federal ego, CA 92102	Blvd.	F APPLICABLE	Yuce	2 Palm Ave. ca Valley, C			TE SIGNED
ACKNOWLEDGMENT OF A	SPECANT I hereby as	Anowether an applicant that the proposed di 176 of the Health and Safety Code, and was not	apposition stated herein is one of the freezend personnel to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	Me	ober Well	can	01/2	5/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CAUSTAND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO.	ED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIES O MINIT OF DEPOSAL OUTSING OF CALFORNIA	\$7.00	Markelia	mi	9C. SIGNATURE OF LO	CAL REGI	STRAR ISSUIT	1684
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	ATERIA MERRE	RISTRAR OF DISTRICT OF DEA RISTRICT OF BOX 852 an Diego, CA 9218	222	DISPOSITION IS TO OCCU			ENIA		
THORIZED DISP	OSITION(S) CHECK AF		1	7	57.5	FOR COR	ONER'S	USE ONL	Y
B. CREMATION		uns other	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUT			I. DISPOSITION (Name and A		-REMAINS L	OCATED AT
BURIAL	Mr. Hope	San Diego, CA		118. DATE BURIED	16	SIGNATURE OF PER	SON IN CI	HARGE OF B	URIAL
CREMATION	12A. NAME AND AD	IDRESS OF CALIFORNIA CREMA	NTORY	128 DATE CREMATI	ED 120	SIGNATURE OF PER	SOM WI CH	ASSE OF CR	REMATION
SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEIV	/ED 130	SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPPE	D 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR (NTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION	15C	SIGNATURE OF PER CHARGE OF DISPOS		I MAINS	NUMBER MATED RE- DISPOSER PLICABLE

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

moture gir his pick up marker

MT. HOPE CEMETERY

INTERMENT UNDER

DISINTERMENT

REA-104 (7-96)

City of San Diego

1310121-11-1	Date 1-22-01
You are hereby authorized and instructed, s	subject to your rules and regularion, to inter the remains
n a Type of Burnar Comminer Church, Chapel, Graveside	Funeral, date, time + UES 1-30 Paristrulerile Mortuary.
All Funeral cars must arrive before 3:30 p.m.	n, of regular work day or an extra charge of \$
ot 508 Grave Row	Section 2 Division/Black 8
irave space & Care Fund	
dditional spaces and care fund	
lunal Container DISINTERMI	ENT PEE 460.00
lower vases - Marker pingee	
JAN 2 2 2001	7010 Due
MT. HOPE CEMETAL	RY Graph number R-53278 400.00
CITTOF SAN DIEGO.	Balance due
hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from a and interment.
hereby authorize the interment in lot I old under deed.	Signature Hongaren X Addissay W. Chase Du
gnature of recorded holder of deed	X El Carin Ca 92020 telephone 9 444-3579 Code
Vork Order # E 16152	Acct. #

This information is available in alternative formats upon request.

& Frincial on recycled graphs

MT HOPE CEMETERY E-16152

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.

PADFIELD	NI CAN	Sur I Fu	308	600	REGISTER	DAVIS
AND EVERY	MILZOW	0019 ++1	X	ORR	Weester	VAVI
				1 3		
DIS Interment s	pace for:	MicHA	EL HOI	NCZA	RENKO	
Interment D	Date: TVE	5 1-3	T	ime:		
Lot: 508	Grave		Row:	Sect	: Di	v:_8_
Grave Laid	out by: _					-
Agrees with	h Legal C	ard: 🗆 Yo	es C	J No	FUN	RAVE SIE
Agrees with	h Map:	J Yes	01	Vo		500
Blind Chec	k & Veri	fied By:			Date: _	

E16152

APPLICATION AND PERMIT FOR DEPOSITION OF HUMAN REMAINS

WAS IN THE PARTY OF COMPANY OF TAXABLE TO STREET, BUT ON THE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.

			A NAME AND POST OF THE OWNER, BY	
			Jon of Hourzercoku, h	STUGI >
	The Armyan, El Capon			
	The second secon			
			101 Z101467	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		57.00		
	O. Cox B5322 In Diego, CA 92186-53			7. 50
Woodles Shirt				
De Arte Section				
Te chimine				
				1986
			A STATE OF THE PARTY OF THE PAR	
DOENING.	I JUNE 180 HOSELL OF COLUMN			
2007			1	
	IL HARE AND RECEIPED IN SECTION 2		THE RESIDENCE OF THE PARTY OF	
	STANDARD OF PROPERTY MANAGEMENT			
			2	
	THE RESERVE AND DESIGNATION OF THE PERSON.			
				-
				A PRO SING

PART OF CHARLES SHARPING OF STREET, ST



THE CITY OF

SAN DIEGO

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

Real Estate Assets Department

Business hours 8 a.m. to 4 p.m.

527-3400

Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

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

MONTH YEAR

regulations, to disinter the remains of: from Lot 5 0 8 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 Carin 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. encest Hon are Relation to deceased 834 W. Chase Ave.

Relation to deceased & Address & 92020 I hereby authorize the above disinterment: (Lot owner must sign if not legal custodian) \\ \begin{align*} \lambda = 22-0 \\ \end{align*}





THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF MICHAEL PAUL HONCZARENKO

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Michael Paul Honczarenko and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of Michael Paul Honczarenko and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

Section

Division

The burial site for Michael Paul Honczarenko is identified as:

WITNESSED BY

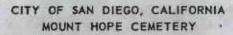
Lot

Grave

508	2	0	
We acknowledge that we have b Honczarenko may not be presen			of Michael Paul
		mot	
SIGNATURE(S)	nento.	RELATION	TO DECEASED
11111			



Mt. Hope Cemetery





DEED

5/15/1961

OWNERSHIP AND INTERMENT PRIVILEGES

To Tony Honczarenko	_ for the sum of \$	40.00	(DOLLARS)
LEGAL DESCRIPTION Lot 508 Section	2 Division 8		
AS DESCRIBED ON PURCHASE ORDER NUMBER	B-7071		
According to a map of said Cemetery filed in the held for burial privileges only with endowed care, hereafter be adopted, including the right to ingres. Cemetery. The rights hereby conveyed for intermed of the Cemetery Authority in each and every case a	Subject to all rules s and egress with ess nt privileges shall not	and regulations no entials for care and be relinquished wi	ow in force or may d operation of the thout the consent
It is expressly understood however, that said Cerepairs to any monument, head stone, vaults or other after be erected or placed on said lot or plot. Cost of plot. In no case will the Cemetery Division be natural causes of deterioration, but reserves the riment of the Cemetery. The following type of memorial	er improvements of like of same shall be assum responsible for damag ight to remove any obj	nature that is alre- ed by legal owner of e, malicious mischi	ady, or may here- or representatives lef, vandalism ap
10"X20" Flu	sh Marker Only		
Raymond W. Delne Centery Manager		4 Ean	ust
Centery Manager	I	ark and Recreation	Director
FORM PR-584			

		400			40 777	7071
Name HONC!	ZARENKO	. Mi	chael	Pau	41	
	Last	First		Midd	le	Ashes
Buried	508		***********	2		8
	Lot	Grave	Row	Section	Blk.	Div.
3/6/196	L	3/8	3/1961	AgeF	ours	Married Vices
Date of Deat	th -	Date o	l Burial	Y	rs. Mos.	Days
La Mesa	Calif			W	M	ies.
PL	ace of Death		******	Race	5	iex
Removed						
Remarks	Anton	Honez	arenk	0		
FORM 972		(1			

Lot 505 thru 516 SEC 2 DIV 8

	DECEASED	OWNER ,	DATE & AM	OUNT	O
505	PADFIELD, Deron W.	PADFIELD, David	2/5/1959	30.00	2/9/1
506	WILSON, Patrick Alan	WILSON, Jack D.	12/26/1959	40.00	12/29
507	QUIGLEY, Michael P.	QWIGLEY, Robert C.	11/5/1962	40.00	11/6/
508	HONCZARENKO, Michael P.	HONCZARENKO, Tony	3/7/1961	40.00	3/8/
509	ORR, Linda Sue	ORR, James D.	9/22/1962	40.00	9/24
510	REGISTER, Mark S.	REGISTER, Rayford	2/5/1963	40.00	2/6/
511	DAVIS, Ronnie LeRoy	ROSENBERGER, Frank J.	4/3/1961	40.00	4/6/1
512	JACKSON, TINA L.	JACKSON, Larry L.	7/23/1962	40.00	7/25,
513	CAWTHON, Christina M.	CAWTHON, Nathan A.	10/25/1964	40.00	10/27/
514	BEICK, Melvin Ralph	BEICK, Melvin R.	2/7/1966	40.00	2/8/
515	KENNEY, Daniel H.	KENNEY, Daniel S.	4/12/1966	40.00	4/13/1
-	CARR. Thomas M.	CARR. John	4/25/1966	40.00	4/26/

TAYLOR SYSTEM OF CEMETERY RECORDING

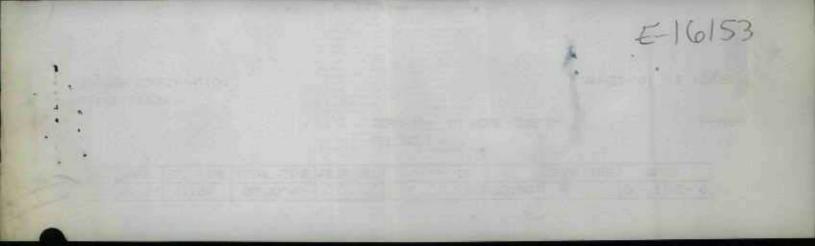
MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 23, 2001

	bject to your rules and regulations, to inter the remains
of Maysee B.	Wilder
in a DBL CRYPT I	Funeral, date, time Frui Jan 26 12:00
Church Chapel Graveside	: Hnderson-Kagsdale Monuary.
All Funeral cars must arrive before 3:60 p.m.	of regular work day or an extra charge of \$ 150,00
will be applied and billed to undersigned.	ce
Lot 45 Grave 6 Row -	Section 2 Division/Black 12
Grave space & Care Fund	PAID 895.50
Additional spaces and care fund	
Opening/Closing & Setup.	JAN 26 2001 375.
Burial Container DBL CRYPT	T HOPE CEMETAR
Handling FeesGF	TY OF SAN DIEGO 320.
Flower vases - Marker setting fee TRION	
Recording and filing fee	45.00
Sales taxes	28,50
MORTUARY TO	Total Due
RING CHECK Paid	aceipt number R-53287 2,215.38
	Balance due
I hereby certify I am the DauGHT and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cematery harmless from
I hereby authorize the interment in lot I hold under deed.	XCorine & College Signature & Syst out 122
Signature of recorded holder of deed	XSAN Viego @ 14 92115 (Cel9) 287-2321
10180	Invoice #
Work Order # E 16153	Acct. N



MT HOPE CEMETERY

E-16153

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.

3	4	5	6			
open	open	John Johnson	Maysee worlder			
			isee		LECT THE PARTY OF	er
Interment	Date: 12	i.Jan.	26 T	ime:	11:00	
Lot: 45	_ Grave	. 6	Row: _	_ Sect:	20	iv: 12
		all and the	nan			
Agrees wit	th Legal C	ard: 🗆 Yo	es C	J No	F139	
Agrees wit		100	01			rave
Blind Chec	ck & Veri	fied By:	ARREY	-	Dates	1-25-01

E-16153

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONL	Y-MAKE NO ERASURES,	WHITEOUTS OR O	THER A	LTERATIONS	do	
A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Maybee B.			IC LAST FAMILY Wilder)	The same		TE OF DEATH 4 SE	EX
5A CITY OF DEATH San Diego			San Die		6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Corine Collins, Daughter			
Anderson-R	oress of Californ	rt.; 5050 Fee	R PERSON ACTING AS SUCH 7B.	CALIF LICENSE NUMBER —IF APPLICABLE FD1329	San	Diego, CA 9211	5	
ACKNOWLEDGMENT DE A	PLICANT I hereby a	proposed disposition stated herein is one of	soulian stated herein is one of the dispositions authorized by sound pursuant to Section 7100 of the Health and Safety Code		BA. SIGNATURE OF APPLICANT—Peron thing permi, 88. DATE SIGNED **SIGNATURE OF APPLICANT—Peron thing permi, 88. DATE SIGNED **O1/23/2001			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW INAL	THIS PERMIT IS ISSUED OF THE CALLED AND IS THE AUTHORITED THIS PERMIT WITH THIS PERMIT WITH THE PERMIT WITH TH	JED IN ACCORDANCE WI ORNIA HEALTH AND SAF TY FOR THE DISPOSITION O BRIT OF DEPOSIL ONTSIC O EGISTRAR OF DISTRICT D IN CAUGENIA D IN CAUGENIA BOOK	TH PROVI- ETY CODE SPECIFIED \$7.00 CALFORNA. \$7.00	ADDRESS OF HEGISTRAF	OF DISTR	9C SIGNATURE OF LOCAL RI BCT OF DISPOSITION— THEIR DISTRICT IN CALIFORNIA	CHSTRAR ISSUED SERV	AIT
DISPOSITION.	Sai	n Diego, CA	92186-5222			FOR CORONER	'S LISE ONLY	_
B. CREMATION B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM METERY SE	AINS OTHER			_	L DISPOSITION PENDI (Name and Address	1.1	O AT
BURIAL			51 Market St.	1-26-0	1	Kun F	hove	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	TED 120	SIGNATURE OF PERSON N	CHARGE OF CREMATIC	IN
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			S 138. DATE RECE	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			1
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPF	ED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CA		GE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHOREL ENTIFY FINAL PLACE AND	INE, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	F 158, DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBEI OF CREMATED RI MAINS DISPOSER —IF APPLICABLE	1

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

MT. HOPE CEMETERY

A MT. HC	OPE CEMETERY	
INTERN	MENT ORDER	
armial INTERN City	of San Diego Date 1 - 3	23-01
You are hereby authorized and instructed, so or R , B , G , LL		
ina LINER	Funeral, date, time TUES 1-	-30 11:00
Church, Chapet, Graveside	RAGSDAL	
All Funeral cars must arrive before 3:80 p.m.	of regular work day or an extra charg	ge of \$\50.00
will be applied and billed to undersigned.	-//	RELEGI
STOREST SERVICE TO THE PARTY OF	Section 2 Division	Book 12 895.00
Grave space & Care Fund		
Additional spaces and care fund		375.00
Opening/Closing & Setup	DAID	190.00
Buriai Container		*****
Handling Fees	IAN 30 2001	145.00
Recording and filing fee	MT. HOPE CEMETAN CITY OF SAN DIEGO, CA	14.25
JOKI NUKY 1 JULY STANK	Total Due	1,664,2
	Balance d	lue 🚫 _
I hereby certify I am the	n of remains as above indicated. I ce	tery harmless from
I hereby authorize the interment in lot I hold under deed.	X Luy N Celle > 1624 CARENA #	
Signature of recorded tracker of deed	(6/9) 4/69 - 33 Invoice #_	249 Zin Coos
Work Order # E 10104	Acct. #	

F-16154

MT HOPE CEMETERY E 16154

5018

Sold

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

			1			
	4	表	7	8	9	10
200			GILL.	FRANK Sogliuzu	Margaret Allen (No Market)	Open
4						
Interment	space for:	me	R.	B. a	il	
	Date: The			ime:	1:00	
Lot: 39	L Grave	7	Row: _	_ Sect:_	2 Div	12
Grave Lai	d out by: _					~
Agrees wi	ith Legal Ca	rd: 🗆 Ye	s [J No	K126	Pane
Agrees wi	ith Map:	l Yes	DI	No	6	23,
Blind Che	ck & Verif	ied By: 🕰	1111 /	Jany	_ Date: _	
			/			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	TB. MIDDLE	1C. LAST (FAMILY)	1C. LAST (FAMILY)			S. DATE OF DEATH MONTH, DAY, YEAR	
R.	R. B. Gil				01/20/2001	H		
A CITY OF DEATH	ion		SB. COUNTY OF DEAT ENTER STATE San Dieg		DE INEC	RELATIONSHIP, FULL NORMANT Thy Collier	Daughter	P CODE
A. TYPED NAME AND AD	opress of California gsdale Mort	-FUNERAL DIRECTOR OR PERSO ; 5050 Federal ego, CA 92102	BIVE.		1624 Spr1:	Canyon Rd.	Apt. 36;	E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT L berein, act Section 10.1	convicing as applicant that the gropovel of No of the Health and Safety Code, and was a	Espection stated between it one of the othersed pursuent to Section 7100 of t	he Health and Sahely Code.	Me	blu fruite	No. of Concession, Name of Street, or other Designation, or other	3/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVIDING NEGATIVE COC PRIMA NEGATIVE AND SAFETY COC POR THE DISPOSITION SPECIFIE RIGHT OF DISPOSAL OUTLINE OF CALFORN	\$7.00	01/30/20	01	C. SIGNATURE OF LC	XCAL REGISTRAR ISSUIN	210188
ANY CHANGE IN DISPOSE	Vital Recor	GISTRAR OF DISTRICT OF DEP IN CAUFORNIA ds; P.O. Box 852 dego, CA 92186-5	222	DRESS OF REGISTRAR DISPOSITION IS TO OCC			MINIA	13
IO AUTHORIZED DISPO	Contract of the latest and the lates	CONTROL DE LA SECULIA DE LA SE			1	FOR COR	ONER'S USE ONLY	Y
B. CREMATION		INS OTHER	G. SHIP IN TO CALIF	ORNIA		(Name and A		
BURIAL	Mt. Hope Co	press of California Ceme emetery; 3751 Ma an Diego, CA 921	khet St.	118. DATE BURIE	1	SIGNATURE OF PER	SON IN CHARGE OF BI	URIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMAT	TED 12C.	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEI	VED 13C.	SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPI	ED 14G.	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN HE CARRIER	CHARGE
SGATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAR FICIENT TO IDEN	EST POINT ON SHORELINE, OR MFY FINAL PLACE AND CA <u>DIS</u>	OTHER DESCRIPTION SUFTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		LATED RE-

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

Lato grave of Verna Rott Left side

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-23-01

Lac		
You are hereby authorized and instructed,	subject to your rules and regulations, to	inter the remains
OF RAYSHON SC	ott &	
in a Osh vault	Funeral, date, time Weds. Feb.	21 230
Church, Chape Graveside	: Ce Buriel	Mortuary.
All Funeral cars must arrive before 3:00 p.	m, of regular work day or an extra charge	e or \$ 150.00
will be applied and billed to undersigned.	X	
Lot 93 Grave 3 Row_	Section 2 DivisionA	Block 13
Grave space & Care Fund	ud E- 16034	-0
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container		35 00
Hencing Fees	IAN 26 2001	60.00
Flower vases - v arker setting fee	AT HOPE CEMETARY	
Recording and filing fee	TY OF SAN DIEGO, CA	45.00
Sales taxes		4.13
	Total Due	269.13
	id receipt number R-53286	26913
ма		6
XIII	Balance du	• —
I hereby certify I am the ANCE and this is your authority to make disposit	of the above	named decedent ify and represent
that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold Mt. Hope Cemete	ry harmless from
any habitry of account of said admottzatio		4
I hereby authorize the interment in lot I hold under deed.	X Jeanette Oct	
noid under dead.	X [890] Pinecrest	+ Ave
Signature of recorded holder of deed	x 54n Diego	92123
	(858) 650-35	Z6 Tip Code
	Invoice #	
Work Order # E 16155	Acct.#	200

E 16155

2nd see

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

,	A. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST	(FAMILY)		2. DATE OF BIRTH	3. DATE O		EX
ı	Rayshon	in the latest the same of	Riedel	Scot		W	8576171952	M877/25	1/2001 M	
5	A CITY OF DEATH		THEN		Y OF DEATH-OUTSIDE CALIF.	6 NAME	RELATIONSHIP, FULL MA	AILING ADDR	ESS AND ZIP COD	E
2	Chula Vist		/		Diego	Herr	pert Scott, I	III _Br	other	
7.	California	Cremation	& Burial Cha	ipel	CH 7B. CALIF. LICENSE NUMBER —IF APPLICABLE	5231	Manzanares Diego, CA 9	Way		
	5880 EL C		San Diego, C		FD-1357	BA, SIGN	ATURE OF APPLICANT PR	roon taking perny	BB. DATE SIGN	ED
	ACKNOWLEDGMENT OF A	Section 103	animisedge as appreciant that the 76 of the Health and Safety Code.	proposed disputition stated here and was sufficied personn to Se	t is one of the dispositions authorized by action 7100 of the Health and Safety Gods	1	l'initte Sen	youd	01/25/20	00
	PERMIT AUTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WIT DRINIA HEALTH AND SAFE Y FOR THE DISPOSITION S RIGHT OF DISPOSAL OUTSIDE OF	PECIFIED ¢7	00 98 DATE PERMI	001	9C. SIGNATURE OF LOC 2101716	AL REGIST	RAR ISSUING PERI	MIT
	PANGE IN DISPOSI- FEQUIRES A NEW IT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT ON CALIFORNIA Ords-P.O. BOX CA 92186-52	85222	F DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	NIA		
11	AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS		The same of the sa		FOR CORC	NER'S U	SE ONLY	
8	X A BUNIAL (INCLI	UDES ENTOMEMENT)		E TEMPO	RARY ENVAULTMENT		I DISPOSITION P		EMAINS LOCATED	-
The second	B CREMATION C. DISPOSITION THAN IN A CI SCIENTIFIC U		INS OTHER		RMENT TO CALIFORNIA TO OUTSIDE OF CALIFORNIA		(Name and Add	dress)		
The state of the s	C. DISPOSITION	ITA NAME AND AD	DRESS OF CALIFORNIA	G SHIP IN H. TRANSF	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 1 118 DATE BURIE		(Name and Add		NGE OF BURIAL	
ADLE HEMS	C. DISPOSITION THAN IN A CO SCIENTIFIC U	ita name and ad Mt. Hope 3751 Mark 124 NAME AND AD Pacific C	DRESS OF CALIFORNIA	G SHIP IN H TRANSF CEMETERY 1ego, CA 921 CREMATORY Inc. 601-D	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118 DATE BURIE 02 Z-Z1-O	1		ON IN CHAP	p/	-
ALL APPLICABLE HEMS	C. DISPOSITION THAN IN A C SCIENTIFIC U	ina name and ad Mt. Hope 3751 Mark 124 Name and ad Pacific C Street	DRESS OF CALIFORNIA Cemetery et St. San D DRESS OF CALIFORNIA rematorium,	G SHIP IN H TRANSF CEMETERY iego, CA 921 CREMATORY INC. 601-D e, CA 92053	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118 DATE BURIE 02 Z-Z1-O	TED 120	SIGNATURE OF PERSO	ON IN CHAP	GE OF CREMATIO	NON
COMMERCIAL ALL MITTINGHILE ILEMS	C. DISPOSITION THAN IN A C SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	ITA NAME AND AD Mt. Hope 3751 Mark IZA NAME AND AD Pacific C Street ISA NAME AND AD	DRESS OF CALIFORNIA Cemetery et St. San D DRESS OF CALIFORNIA rematorium, Lake Elsinor	G SHIP IN H TRANST CEMETERY IEGO, CA 921 CREMATORY INC. 601-D e, CA 92053 FACILITY RECEIVING F	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118 DATE BURIE 128 DATE CREMA Crane 1-31-01 EMAINS 138 DATE RECEI	TED 120	SIGNATURE OF PERSO	ON IN CHAP	GE OF CREMATIO	DN

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-01

ina tisi VAVLT	WILLIAMS Funeral, date, time SAT 1-27	11:00
Church Chapel Graveside	RAGSDALE	Mortuary.
\sim \sim \sim	30 p.m. of regular work day or an extra charge of	
will be applied and billed to undersign	ed	
Lot 2663 Grave PA	Section Division/Bioc	10
		110.00
Additional spaces and canyung 4	2001	77 00
Opening/Closing & Setup		13:00
Bunal Container	THE RESIDENCE OF THE PARTY OF T	250.00
Handling Fees	1200, 07	185 00
Flower vases - Marker setting fee	saturday Ourtine	600.0
		45.00
Sales taxes		18.75
	Total Due	4 68.75
	Paid receipt number VISA	3468.7
		-0-
I hereby certify I am the	Balance due of the above name position of remains as above indicated. I certify a	ed decedent
and this is your dutionity to make the	prization and I agree to hold Mt. Hope Cemetery ha	armless from
I hereby authorize the interment in lot hold under deed.	> 5230 Caba 11 53	4
Signature of recorded holder of deed	Address San Diego, CA (6/9) 264-457	92/14 Zip Code 2
F 16156	Invoice #	
Work Order # L 10100	Acct. #	

MT HOPE CEMETERY E 16156

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.

the buria	ı space.					
	Tax 8					
			SESSION			
OPEN	HANILTO N	OPEN	Sp6 2	0ZAKi		
			ALS OF		Ti Di	
	BER		H			
			E5 W;			
Lot 266	3 Grave		Row:	Sect: _		v: 10
Grave La	id out by: _	Norm	4 DA	LEYL		3 5
Agrees with Legal Card: Yes No William						
Agrees w	vith Map:	J Yes	,9	No		
Blind Ch	eck & Veri	fied By: _	Sunt	hony	_ Date: _	100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			Villiams			DATE OF BIRTH	3. DATE OF DE MONTH, DAY, 01/17/20	YEAR
SA CITY OF DEATH Nat	ionak City		6B COUNTY OF DEATH ENTER STATE San Diego	- OUTSIDE CALIF.,	OF INFO	RELATIONSHIP, FULL M DRMANT I Williams,		NID ZIP CODE
7A. PYPED NAME AND AS Anderson		A-FUNERAL DIRECTOR OR PERS Mort.; 5050 Feder San Diego, CA 92	102 F	01329	5330 San 1	Coban St. Diego, CA 9	2114	DATE SIGNED
ACKNOWLEDGMENT OF AS	Section 10	scheedings as applicant that the proposed 17% of the Health and Safety Code, and was a	afflorized pursuant to Section 7100 of th	CONTRACTOR OF THE PARTY OF THE	alle	Lee Willes	m/ 10	1/25/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY COI TY FOR THE DISPOSITION SPECIFI IN RIGHT OF DISPOSAL QUISING OF CALFORNIA	\$7.00	81726720	SSUED 9	C. SIGNATURE OF LO	CAL REGISTRAR	SSUNG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW 1 TO SHOW FINAL SPOSITION.	IF DEATH OCCURRE	egistrar of district of de d in california ords; P.O. Box 8 San Diego, CA 9	5222	DRESS OF REGISTRAR REPOSITION IS TO OCCU			RNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A					FOR COR	ONER'S USE	ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PANIA		L DISPOSITION (Name and A	PENDING REMAI ddress)	NS LOCATED AT
JURIAL	Mt. Hope	Cemetery; 3751 San Diego,	Market St.	118. DATE BURIED	110.	SIGNATURE OF PER	SON IN CHARGE	OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	MATORY	129. DATE CREMATI	ED 120.	SIGNATURE OF PERS	SON IN CHARGE C	F CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
• TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>		158. DATE OF DISPOSITION	150.	SIGNATURE OF PERI CHARGE OF DISPOS	ITION ! O	CENSE NUMBER F CREMATED RE- AINS DISPOSER IF APPLICABLE

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

Ormid 12:39 pm

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-25-01

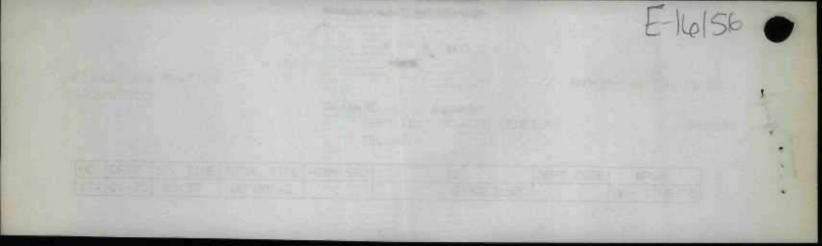
or Delores Lync		
in a LINER	Funeral, date, time John - MC	N-29-2001
Church Chapel Graveside	: Kagsda	QeMortuary.
All Funeral cars must arrive before 3:50 p.m.	of regular work day or an extra of	harge of \$_150_
will be applied and billed to undersigned.	1196	
Lot 72 Grave // Row _	Section 2 Divis	sion/ Block 12
Grave space & Care Fund		_845
Additional spaces and care fund		
Opening/Closing & Setup		375
Burial Container	PAID	190
(In dia Para		_145_
Flower vases - Marker setting fee	AN 26 2001	45_
Recording and filling fee	HOPE CEMETARY	
Sales taxes	OF SAN DIEGO, C.	14.29
	Total Due	
	Báland	e due 10
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization and said autho	of the all of remains as above indicated. In and I agree to hold Mt. Hope Ce	pove named decedent certify and represent
I hereby authorize the interment in lot I hold under deed.	Sharocle actions	ynch u Unital
Signature of recorded holder of deed	Alfrida Diata	443 (Pig)
Work Order # E 16157	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE		TB. MIDDLE	IC. LAST (FAMILY			HONTH DAY YEAR MONTH.	DAY, YEAR 4. SEX
Delores A. CITY OF DEATH Chula		Jean	ENTER STATE	EATH-OUTSIDE CALIF.,	OF INFO	PELATIONSHIP, FULL MAILING AD	
TYPED NAME AND AD	opress of Californ Ragsdale Mo	TE:; 5050 Feder Diego, CA 9210	al Blvd.	GALIF. LICENSE NUMBER —IF APPLICABLE	673 5 San D	H. Kettling, Br. 6th St. 1ego. CA 92114 TURE OF APPLICANT—Person taking 1	
ACKNOWLEDGMENT OF A	PELICANT heroby a Section 10	cknowledge as applicant that the propersy 176 of the Health and Salety Code, and was	disposition stated herein is use of authorized persuant to Section 7100	of the Health and Salety Orde.	Doll	bulkelian	01/29/200
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH PRI FORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF IN MIGHT OF DISPOSAL OUTSIDE OF CALIFOR	\$7.00			C. SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT 2101811
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	edistrian of district of Distr	5222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU		OT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
THORIZED DISPI	OSITION(S) CHECK A					FOR CORONER'S	USE ONLY
B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	TIA. NAME AND A	Comess of California Gen Cometery; \$751	Harket St.	UTSIDE OF CALFORNIA) i 11G.	SIGNATURE OF PERSON IN C	HARGE OF BURIAL
		San Diego, C		1-29-01	10/	un to be	mys/
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128. DATE GREMATI	ED 12C.	SIGNATURE OF PERSON IN CH	HANGE OF CREMATION
SCIENTIFIC USE	13A NAME AND AL	DORESS OF CALIFORNIA FACI	ILITY RECEIVING REMAIN	S 138, DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE		ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		JREST POINT ON SHORELINE, OI ENTIFY FINAL PLACE AND CA D		F. ISB. DATE OF DISPOSITION	150.	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-01

To the state of th	ed, subject to your rules and regulations, to	inter the remains
of ANITA	WILLIAM S	30 111 00
ina T, S, VAVLT	Funeral, date, time MON \-	47 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 charg	e of \$
will be applied and billed to undersigned	1.	
Lot 55 Grave 7 Row	v Section 3 Division/	The second second
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	- AID	375.00
Burial Container	Pr som	250.00
Handling Fees	JAN 26 2001	185.00
Flower vases - Marker setting fee	JAI' CENETAN	
Flower vases – Marker setting fee	JAN 20 EMETARY WILHOPE CEMETARY WILHOPE SAN DIEGO, CH	45.00
Sales taxes	M.c.	12/875
	Total Due	1768113
	Paid receipt number 53284	1768.10
Xc	Balance de	10
I hereby certify I am the OV and this is your authority to make disport that I have the right to make this authority	of the above sition of remains as above indicated. I cer zation and I agree to hold Mt, Hape Cemete	named decedent tify and represent ery hampless from
any liability on account of said authoriza	ation and interment. Kobs	J. // L. WILLIAM
I hereby authorize the interment in lot I hold under deed.	X 500 may 1/170 WA	court Aux-
Robert Williams		CP, 52/09
	Velephone 584-	2/8/
10170	Invoice #	
Work Order # E 16158	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16158

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

IA. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE LOUISE	IC LAST (FAMILY)	4 2 2 2 3	2. DATE OF BIRTH	3. DATE OF DEATH MONTH DAY YEAR 01/22/2001	4. SEX
SA CITY OF DEATH CHULA VIS	STA	DOULDE	SE COUNTY OF DEATH		NAME, RELATIONSHIP, FULL OF INCOMANT ROBERT WILLIAMS	MAILING ADDRESS AND Z	P CODE
	CAJON BLVD.,	A BURIAL CRAPE SAN DIEGO, CA	92115 F-1	357	4170 WABASH AVI SAN DIEGO, CA S A SIGNATURE OF APPLICANT-	2104	E SIGNED
ADMINISTRATED OF	Section 15	cknowledge an applicant that the proposed 57% of the Health and Safety Code, and was	withwized pursuant to Section 7)00 of th	e Health and Safety Code:	Scanata Da	14000	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIFI DIRBIN OF DISPOSAL OUTSIDE OF CALFOR	\$7.00	01/24/200 J. BENYA	BŠUED 9C SIGNATURE OF L RD ► 2101512	OCAL REGISTRAR ISSUE	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL SPOSITION.	VITAL RECO	EGISTHAR OF DISTRICT OF DE D IN CALIFORNIA PRDS-P.O. BOX 85 CA 92186-5222	111.2		OF DISTRICT OF DISPOSITION- I IN ANOTHER DISTRICT IN CALIF		
10 AUTHORIZED DISE	POSITION(S) CHECK A	PPLICABLE ITEMS	V V		FOR CO	RONER'S USE ONL	Y
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	ORNIA	L DISPOSITION (Name and	PENDING REMAINS LI Address)	OCATED AT
BURIAL	The same of the sa	CEMETERY KET ST. SAN DIEG		118 DATE BURIED	1 1/	RSON IN CHARGE OF 8	URIAL
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CREA	MATORY	12B, DATE CREMATE	D 12C. SIGNATURE OF PER	RSEN IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A, NAME AND AC	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	138. DATE RECEIVE	ED 190. SIGNATURE OF PE	RSON IN CHARGE OF F	ACRLITY
TRANSIT		ODRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPER	D 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, OF INTIFY FINAL PLACE AND CA DI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	ISITION OF CREATING I	NUMBER MATED RE- DISPOSER PLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 25, 2001

You are hereby authorized and instructed, suit of Pre-Need be	bject to your rules and regulations, to inter the remains
1 20	
Church Chapel Garaveside	Funeral, date, time
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 223 Grave 5 Row	Section 2 Division/Block 12
Grave space & Care Fund	895.
Additional spaces and care fund	
Opening/Closing & Setup	V \ N 375.00
Burial Container	190.00
Handling Fees FULL	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45,00
Sales taxes	14,25
	Total Due
Paid r	eceipt number R 532 83 664,25
210	Balance due 1,000/2
I hereby certify I am the Self- and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. BURNET MCCLARON
I hereby authorize the interment in lot I hold under deed.	>3022 Franklin Ave
Signature of recorded holder of deed	→ San Diego, CA 92113 → (619) 233-3304
Work Order # E 16159	Acct. #

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.

				8	
2	3	4	5	6	
BERTERM D. SMITH	Open	NATA S. Fulcher	Burnett McClaron	open	Free
8	9	10	11	12	
open	open	spen	open	open	

Interment space for:	
Interment Date:	Time:
Lot: 223 Grave: 5 Row:	Sect: 2 Div: 12
Grave Laid out by:	
Agrees with Legal Card: Yes	□ No
Agrees with Map: Yes	J No
Blind Check & Verified By:	Date:

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 1
Payment Due Date February-01
Payment Amount Due 42.00
Balance Due 958.00

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

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 2
Payment Due Date March-01
Payment Amount Due 42.00
Balance Due 916.00

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

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 3
Payment Due Date April-01
Payment Amount Due 42.00
Balance Due 874.00

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

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO.	4
Payment Due Date	May-01
Payment Amount Due	42.00
Balance Due	832.00

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

3 parament E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 5
Payment Due Date June-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

June

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 6
Payment Due Date July-01
Payment Amount Due 42.00
Balance Due 748.00

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

Luly

E16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 7
Payment Due Date August-01
Payment Amount Due 42.00
Balance Due 706.00

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

awy

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 8
Payment Due Date September-01
Payment Amount Due . 42.00
Balance Due 664.00

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

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 9
Payment Due Date October-01
Payment Amount Due 42.00
Balance Due 622.00

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

E-16159

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 10
Payment Due Date November-01
Payment Amount Due 42.00
Balance Due 580.00

2 payment

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

E 16159

Mt. Hope Cemetery Prepayment Plan Record

Preneed for: BURNETT MCCLARON 3022 FRANKLIN AVE. SAN DIEGO, CA 92113 (619) 233-3304

Lot 223 Grave 5 Div 12 Sec 2

Payment NO. 16
Payment Due Date May-02
Payment Amount Due 42.00
Balance Due 328.00

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

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-16/59 54007

MOUNT HOPE CEMETERY

(619) 527-3400

From Burth McClaron One Huber In part Payment of	Pu-hul It	in ave do	on Da	120 100.00	
Lot 223 Grave	5 Row S	ection 0		Division	12
Acct. No. W.O. E- 16159 BALANCE DUE 400.00 Pre-Need Lot At Need On Acct.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE,	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisi Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	87007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77182 — 100 77183 — 100 77183 — 100 77183 — 100	100	00
Pre-need Trust B Cash Check AC-212 (Rev. 594)	mathemal & ve asuasi	Sales Tax TOTAL PAID	60101 78390 ——	100	00

OFFICIAL RECEIPT

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

54173

MOUNT HOPE CEMETERY

(619) 527-3400

From: Burnett Mc Claron One funded In payment of Ra	Address: 3027 Inshiring	Ove Sen	Oiey	.20 ~ 9211 100.00	3
Lot 233 Grave	5 Row S	ection. a		Division Block	10
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	11111	Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101	100	00
AC-212 (Rev. 5-94) 3498	ISSUED BY J Meddle	TOTAL PAID	78390 —	100	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

E COPY

From MRS. Burnett Mc	Jaron Address: 3022 Frankle	March 7, 20 0/ in ane., S.D., CA 92113 Dollars (\$ 100, 200)
	re-need Lot and	TRUST DIVISION 12
Invoice No. Acct. No. E - 16/59 (Coupon #3+#4	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Cere 77184 00 00 00 10 10 10 10 10 10 10 10 10 10
BALANCE DUE 800, co	MAR 0 7 2001 MT. HOPE CEMETARY	Ciosing 77181 Burial 100 Containers 77182 Handling Fee 77185 Recording & 100 Misc. Fees 77183
Pre-Need Lot X At Need On Acct Pre-need Trust X Cash Check X AC-212 (Rev. 5-64) # 3300	ISSUED BY A CILLURADO	Pre-Need 53033 Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$ 000

(619) 527-3400



WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

MOUNT HOPE CEMETERY

From: Burnett Mc Claron Three- Hundred In-Port Payment of	Address: 3022 FRanklin	Dolla	h ,200/ 12113 urs (\$ 300,000
Lot 223 Grave _	5	ection 2	Owision /2
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Sales of Lots 77 Opening/	95 00 184 100 184 100
W.O. E-16159 BALANCE DUE 500, 50	MAY 0 4 2001	Burial Containers 77	100 182 100 188
Caupen # 5 / 6, / Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc Fees 77 Pre-Need 63 Trust 9	100 183 205 00
Pre-need Trust A Cash Check ACACACACACACACACACACACACACACACACACACAC	ISSUED BY Dalurson		\$ 300 00

MCCLARON	, MRS. BURNETT & MCCLARON, ANISSA 3022 Fran	klin Ave., S	an Diego, CA (619) 233	92113
	179 01 31	DEBIT	CREDIT	BALANCE
01-25-01	Opened Pre-Need Lot & Trust. 719 how			
	Lot 223 Gr. 5 Sec. 2 Div 12	895.00		
	Trust includes: Opening/Closing; Bell Liner;			
	Handling Fee; Recording Fee; Tax on Liner.	769.25		1,6 64.25
01-25-01	Receipt: R-53283 (Down Payment)		664.25	1,0 00.00
02-13-01	Réceipt R-53350		100.00	900.00
03-07-01	Recoiot R-53440		100.00	800.00
05-04-01	Coupon # 5,6,7 R-53652		-300.00	500.00
8-7-01	R- 51001 8 x 9		100.00	400.00
9-27-01	R- 54173 10		100.00	300.00
11-5-01	R- 51298		300,00	1-0-
	MCCLARON, BURNETT & ANISSA PRE-NEED I	OT & TRUST		

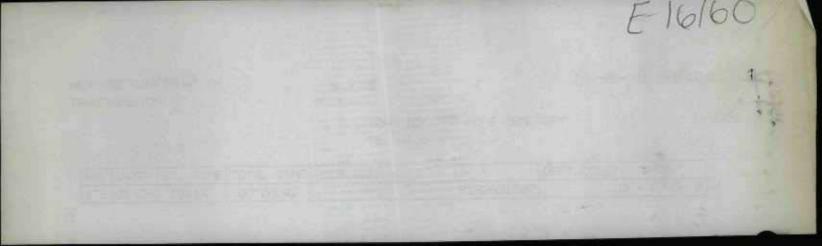
INTERMENT ORDER

City of San Diego

2:53 pm

Date 1-26-01

You are hereby authorized and instructed, s			ns, to inter th	e remains
01 - 11.11.00		MNU		
ina BELL LINER	Funeral, date, ti	me TUE	1-30	1:00
Church Chapet, Graveside)		RAGSDA		Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work	day or an extra	charge of \$	50.00
will be applied and billed to undersigned.	Ken-			
Lot 103 Grave 3 Row_	Section		ision/ Block _	12
Grave space & Care Fund			8	45.00
Additional spaces and care (up A))			_
			-	15.00
Opening/Closing & Setup. Burial Container. JAN 2 5 21	301		19	0.00
Handling Fees MT. HOPE CEM			116	5.00
Flower vases - Marke ON The SAN DI				
Recording and filing fee			45	5100
Sales taxes			14	-13
		Total Due	16	64.25
Paid	f receipt number	R-5328	5 16	64.25
× .			nce due	0
I hereby certify I am the and this is your authority to make dispesition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above indicated.	above named I certify and emetery ham	represent
I hereby authorize the interment in lot I	> Patr	the M	new c	el
hold under deed.	× 2415	5 54m 6	+	
Signature of recorded holder of deed	Address SA N	DIVERO	-	32105
	Y CITY CITY COMPANY	263	-4921	Zip Code
F 16160	Invoice #		- 11 - 1	
Work Order # E 10100	Acct. # _			



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECE Char	DENT-FIRST (GIVEN)	1B. MIDDLE Edwin	IC. LAST (FAMILY)				DATE OF DEATH ONTH DAY YEA 1/23/2001	
San I			San Diego	H-OUTSIDE CALIF.	6. NAME, OF INF	RELATIONSHIP, FULL MAIL ORMANT MEXWell, Daug	NG ADDRESS AND hter	ZIP CODE
7A TYPED NAME AND Anderson-	THE RESERVE TO STATE OF THE PARTY OF THE PAR	rt.; 5050 Federal Diego, CA 92102	The same of the sa	LIF LICENSE HUMBER F APPLICABLE 1329	San	Diego, CA 921		
* ACKNOWLEDGMENT OF	ADDITIONAL	scknowledge as applicant that the proposed dis- 1176 of the Nealth and Safety Code, and was auth-		to Health and Safety Code	- Mar	ture of applicant—missible while	01/	26/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID RIGHT OF DEPOSAL SUITSEE OF EMFORMA	THE RESERVE OF THE PARTY OF THE	10 81 /36 728	DISSUED S	9G SIGNATURE OF LOCAL	REGISTRAR ISSU	187988
ANY CHANGE IN DISPOS TION REQUIRES A NEW SOURT TO SHOW PINAL VISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEAT TO IN CALIFORNIA BOX 8522 an Diego, CA 92186	22	The second secon		HET OF DISPOSITION THER DISTRICT 94 CALIFORNIA		
THORIZED DI	SPOSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ON	LY
B. CREMATION	N OF CREMATED REM	AINS OTHER [F. DISINTERMENT G. SHIP IN TO CALIF	DRINIA		L DISPOSITION PEI (Name and Addr	NDING—REMAINS	LOCATED AT
BURIAL	Mt. Hope	Cometery; 3/51 Mar San Diego, CA		118. DATE BURIE	1	SIGNATURE OF PERSON	IN CHARGE OF	BURIAL
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TEO 12C	SIGNATURE OF PERSON	CHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECE	VED 13C.	SIGNATURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE		N CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETEI	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA <u>DISTR</u>	THER DESCRIPTION SUF-	15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITIO	N I OF CH	SE MUMBER EMATED RE- DISPOSER PPLICABLE

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

1 se shiri

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 26,2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
or Juanita D. Campbell 1:0
in a BELL LINER Funeral, date, time Weds, Jan, 31-9100
Church, Chapel, Graveside DELIVERY ONLY : Lewis - Colonial - Benbowshuary.
All Funeral cars must arrive before 3:80 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X
Lot 367/ Grave — Row — Section — Division/Block 10 Grave space & Care Fund Page Lot Page In-full S
Additional spaces and care fund
Opening/Closing & Setup. 375.00
Burial Container Liner JAN 29 2001 190,00
Flower vases – Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO, Cr. 45, 66
Recording and filing fee 45,00
Sales taxes 14, 23
Paid receipt number 10tal Due 769.25
Balance due
I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment.
→ Cay 4/4/ 1/15 Zp Code → Telephone 4/4/ 1/15 Zp Code Invoice #

MT HOPE CEMETERY [- 16161

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.

				No.	E	1/2
	Carlin James Bi	Cartin Emma E,	Ruth Mary Nickerson	eca	土土	13
3668	3669	3670	367/	pufor	Y.	是
ZENOVIZ GRAHAM	Hale	James R Campbell	Comptell	The state of the s	rbla	
				est	3	
					1	9

Interment space for: Juanita D. Camp	bell
Interment Date: WED 1-31 Time: 9:00	* 3
Lot: 3671 Grave: Row: Sect:	Div: 10
Grave Laid out by: Norm & Ken	-
Agrees with Legal Card: Yes No	on ve
Agrees with Map: Yes No	GP 1/24/01
Blind Check & Verified By:	ate:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(85)

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

1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE		110	1C. LAST (FAMILY)			2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX				
JUANITA D.				CAMPBELL					DAY, YEAR 2001	P
6A. CITY OF DEATH			58	58. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAM			RELATIONSHIP, FULL MAI			P CODE
KL CAJON			1	ENTER STATE	AN DIEGO	The second second	IAM J. CAMPB	ELL -	- SON	
	ODRESS OF CALIFORN	IA-FUNERAL DIRECTOR O	OR PERSON ACTIN				CROYDON LANE	27.0	-	
EL CAMINO	HEMORIAL -	BENBOUGH CHA	APEL		IF APPLICABLE	EL C	AJON, CA 920	20		
3051 EL CA	Control of the Contro	SAN DIEGO, CA	Control of the Contro	And in concession, which were the second of	-480	BA. SIGN/	TURE OF APPLICANT—PIO	on taking pe	mit 88 DAT	E SIGNED
ACKNOWLEDGMENT OF A		scknowledge as applicant that the 1376 of the Health and Safety Code,				▶ Pa	with vale to		01/26	/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WIT FORNIA HEALTH AND SAFI TY FOR THE DISPOSITION : ID RIGHT OF DEPOSIL OUTSIDE OF	SPECIFIED S	7.00	01/30/2 P Valent	001	30. SIGNATURE OF LOC. 2101968	AL REGIS	TRAR ISSUIN	G PERMIT
ANY CHANDE IN DISPOSI- TION REQUIRES A NEW SMITTO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT DRDSPO BOX . CA 92186-52	85222		DRESS OF REGISTRAN DISPOSITION IS TO OCC		THER DISTRICT IN CALIFORN	W		
AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR CORO	NER'S	USE ONLY	1
B. CREMATION		AINS OTHER	F.	TEMPORARY ENV DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT			I. DISPOSITION P (Name and Add		REMAINS LO	CATED AT
BURIAL	MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102			ST,	118. DATE BURE		SIGNATURE OF PERSO	ON IN CH	ARGE OF BU	JRIAL-
CREMATION SCIENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY				128. DATE CREMA	TED 12C	SIGNATURE OF PERSO	DILAN CHI	ARGE OF CR	EMATION
SCIENTIFIC . USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECE	VED 13C	ED SIGNATURE OF PERSON IN CHARGE OF FACILITY				
, TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPP	ED 140	0 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSIT		15D. DICENSE OF CREW MAINS D —IF APP	NATED RE-	

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

PULL OUT DODSON MT. HOPE CEMETERY ASkes of ROY STOR INTERMENT ORDER BURY CHUCKSON

JAN. 26, 2001 Date

of					3100
ina BELL LINER	Funeral, date, time	WEDS	. JAN.	31	11:00
Church, Chape Graveside		Ma	IYER		Mortuary.
All Funeral cars must arrive before 3:6	0 p.m. of regular work da	y or an o	extra charg	e of \$_	150,00
will be applied and billed to undersigne	id				
Lot 128 Grave 4 Ro	w Section	3	_ Division/	Block _	12
Grave space & Care Fund	Pre-Need	Lot	Paid/O	med	Ø
Additional spaces and case fued	·····				_
Opening/Closing & Setup	<i></i>				375.00
Burial Container JAN 29 20	fit			1	90.00
Flower vases - MT-HORF GEME	made flower	AT	ae	3	3,75
CITY OF SAN DIE	go! un '				45.00
Sales taxes				-	14.25
			· · · · · · · · · · · · · · · · · · ·		93.00
	Paid receipt number R	-53	294	7	93,0
			Balance de		-0-
hereby certify I am the X Son			the above	The same	danadant
and this is your authority to make disp that I have the right to make this author any liability on account of said authoria	osition of remains as abo	ve indic	ated. I cer	lify and	represent
hereby authorize the interment in lot hold under deed.	X / Cou	sia,	d Do	doo	n
	Address	Str Stall IV	Pan ch	-	7/-10
Signature of recorded holder of deep	>(949)7		070	1	Zp Code
F 16162			119		
Work Order # E 1010%	Acct. #	403-11	2		
REA-104 (7-95) This i	information is available in	a allern	ative forms	te uno	n ramuest

O Printed on expeled paper

MT HOPE CEMETERY E 16162

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.

CHAMBERIA	CKLESIM	oper 3	Doddon X 4	EVANS	COLE	
7	.0	64			methore	
Interment sp	ace for: _	ELEAN	OR DODSON	4	0	
				310	:00 -GRAVESIDE	
Lot: 128	Grave	4_	Row:	Secti -	3 Div:1	
Grave Laid	out by: _	Norm	4 Kon	/		
Agrees with	Legal Ca	ırd: 🛛 Ye	es C	J No	uns fret	
Agrees with	мар:	J Yes	91	No	<i></i>	3-
Blind Check	& Veril	ied By:	Kull	lang!	Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60 AGE

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

1/	IA NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY) DOGSOO	1C. LAST (FAMILY) DOGSOO			DATE OF DEATH WITH, DAY, YEAR 1/25/2001		
5/	San Diego	Laten			ENTER STATE Care Disagra 0		onship, full male Toodson, So		ZIP CODE
7/	Mayer Mort	Nary S Avenue, S	A—FUNERAL DIRECTOR OR PERS Ban Diago, CA 921 chrowledge as applicant that the proposed 26 of the featht and Safety Code, and was a	16 PD deposition stated herein is one of the	1424 dispositions authorized by	San Die	exandria D	rive 107	TE SIGNED 29/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY COL Y FOR THE DISPOSITION SPECIFIED INDIT OF DISPOSAL QUITABLE OF CALLEGIST	VI- BA. AMOUNT OF FEE P.		001 210	NATURE OF LOCAL 1860	REGISTRAR ISSU	ING PERMIT
1	TON REQUIRES A NEW	P.O. Box 8	The same and the s		PRESS OF REGISTRAR				
à	UTHORIZED DISP	DISTION(S) CHECK A			- OH W	1	FOR CORON	ER'S USE ON	Y
	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	ORNIA		OISPOSITION PEN (Name and Addre		EOCATED AT
1	BURIAL	Mt. Hone	constary cet Street, San I		118. DATE BURIE	1	ATURE OF PERSON	IN CHARGE OF	BURIAL
IBLE ITEMS	CREMATION		DDRESS OF CALIFORNIA CREM				ATURE OF PERSON	IN MARGE OF C	REMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			138, DATE RECEI	VED 13C. SIGNA	ATURE OF PERSON	IN CHARGE OF	FACILITY
OMPLETE A	TRANSIT				14B. DATE SHIPPE		ESS AND SIGNATUR ACRES WITH THE		N CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA US		15B. DATE OF DISPOSITION		TURE OF PERSON GE OF DISPOSITION	N OF CRE	E NUMBER MAYED RE- DISPOSER PLICABLE

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

· Vietnamese al.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan, 29, 2001

on

	ubject to your rules and regulations, to inter the re	
or Rel Ini	IRAN E- FIRE	797
in a 1 i S . V d U T	Funeral, date, time SaT 126, 3	<u>200</u> n
Church, Chapel Graveside	: CA BURIAL MOI	tuary.
All Funeral cars must arrive before 3.90 p.m.	of regular work day or an extra charge of \$ _15	0.00
will be applied and billed to undersigned.	X an	
Lot 4905 Grave Row	Section Division/Black	0_
COLUMN TO A COLUMN TO SELECT SELECTION OF THE PARTY OF TH	-Need Lot owned 8	2
Additional spaces and care fund SaTur	eday Services Overtime 600	0,00
Opening/Closing & Setup	379	5.00
Burial Container	250	0.00
Handling Fees	185	5.00
Flower vases Marker setting fee	1×36 Side-By-Side) 321	5,00
Sales taxes		8.0
JAN 29 2001	Total Due	4,31
JAIV - TARPAID	receipt number R-53293 1,70	14.31
LIT HOPE CEMETA	. Balance due	_
SITY OF SAN DIE		-
I hereby certify I am the SON and this is your authority to make disposition that I have the right to make this authorization	of the above named dec n of remains as above indicated. I certify and rep in and I agree to hold Mt. Hope Cemetery harmless and interment. Print CHUONE NEU2	s from
I hereby certify I am the SON and this is your authority to make disposition that I have the right to make this authorization	of the above named decino of remains as above indicated. I certify and reprint and I agree to hold Mt. Hope Cemetery harmless and interment. Print CHUONG NGU? X Chuouyyy	s from
I hereby certify am the SON and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	of the above named dec	s from

MT HOPE CEMETERY E-16163

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.

	4906	4905	4904	4903	4902
	DAN McKeller	TRAN	open	ISTVA'N Hunyadi	Grzela Hunyadi
Interment space for	IRS. KE	TH	4: Ti	RAN	
Interment Date:		*	Fime:		
Lot: 4905 Gr	ave:	Row: _	Sect:	<u> </u>	iv: 10
Grave Laid out by	y. Kiery	1 1	ope		7
Agrees with Lega	l Card: 🗆 Y	es l	J No	(FI	as on on one one
Agrees with Map	: 🗆 Yes	9	No	1	geave
Blind Check & V	/erified By:	Kull	For	Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMIL	. 4)		2. DATE OF BIRTH MONDL DAY, YEAR	3. DATE OF	DEATH 4. SE	EX
KET		THI	TRAH	TRAN		10/15/1930	01/26/2	2001 F	3
SA. CITY OF DEATH				DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MA			E
SAN DIEGO			SAN WH	EGO	MINH	BUC HOUYEN-	HUSBANI	,	
TA TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON CALIFORNIA CREMATION & BURIAL CHAPRI.		IAPRI			DIEGO, CA 92	The same			
5880 EL C	AJON BLVD.	SAN DIEGO, C	A 92115	F-1357	HCPORENDER CONSER	ATURE OF APPLICANT		88. DATE SIGN	ED
ACKNOWLEDGMENT OF A			proposed disposition stated hereon is one and was authorized purposed to Section 714		>9l	anette De	nyand	01/31/2	00
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCOMDANCE WIT FORMIA HEALTH AND SAFE TY FOR THE DISPOSITION S ID BIGHT OF DISPUSAL OUTSIDE OF	SPECIFIED \$7.00	01/31/2 J. BENYA	2012/00/2015 19	9C SIGNATURE OF LOC ▶ 2102029	AL REGISTRA	R ISSUING PERI	МІТ
TION REQUIRES A NEW REPAIR TO SHOW FRINAL	VITAL RECO	EGISTRAR OF DISTRICT ED IN CALIFORNIA RDS-P.O. BOX CA 92186-522	85222	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		HIGT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	NIA		
WHUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S US	ONLY	-
B CREMATION C DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE	DDRESS OF CALIFORNIA			D , 110	(Name and Ad	ANTEN CONTRACTOR	SE OF BURIAL	
BURIAL	MT. HOPE (The state of the s	EGO, CA 92102	12-3-0	11.	King 1	E	men	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128, DATE CREMA	TED 120	SKINATURE OF PERSK	ON IN CHEARGE	OF CREMATIC	NH.
SCIENTIFIC USE - 13A. NAME AND A		AME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		NS 13B. DATE RECE	IVED 130	SIGNATURE OF PERSO	INATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPP	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		ISON IN CHAR	SE.
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	PICIENT TO IDE		NE OR OTHER DESCRIPTION S CA <u>DISTRICT</u> OF DISPOSITION	UF- 15B DATE OF DISPOSITION		SIGNATURE OF PERSI CHARGE OF DISPOSIT		DICENSE NUMBER OF CREMATED RE MAINS DISPOSER —W APPLICABLE	E

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



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Nº 11757

DEED

0	OWNERSHIP AND INTERMENT PRIVILEGES
)	TO Chuong Kim Nguyen for the sum of \$ 1390.00 (DOLLARS)
	LEGAL DESCRIPTION Lots 4904 & 4905, Division 10
	AS DESCRIBED ON PURCHASE ORDER NUMBER E-8039
	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 here after 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 embellish ment of the Cemetery. The following type of memorial will be permitted:
	Upright monuments must match style of existing monuments Wendy Ja League Cemetery Stages
	Property Director

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-01

You are hereby authorized and instructed, subje		ulations, to inter the remains
or ROBERT MANZO	1 11	(1)
in a DOUBLE DEPTH Fur	neral, date, time 1 1 0	K LEB / IIIo.
Church, Chapel, Graveside DEL VERY O	The second secon	5 H - 100
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an e	extra charge of \$
will be applied and billed to undersigned		
Lot 4 Grave 5 B Row	Section	Division/Block 13
Grave space & Care Fund		131
Additional spaces and care fund		
Opening/Closing & Setup	, D	165.00
Burial Container	1.	50.00
Handling Fees	20-01	
Burial Container Handling Fees Flower vases – Marker setting fee	3 0	
Recording and filing fee		45.00
Sales taxes		
	Total Due	386.00
Paid rec	eipt number	E TYTALIAN IN
		Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	remains as above indicand I agree to hold Mt. Ho	the above named decedent ated, I certify and represent pe Cernetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Bignature of recorded holder at deed	City	Zip Code
	Tainphone	MONT
- 40404	Invoice # 34	5235 3-12-0
Work Order # E 16164	Acct.# 000	952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 12/20/2000 M.	
RO	BERTO	REYES	MANZO	MANZO 64/20/1978 12		
5A. CITY OF DEATH	A CITY OF DEATH SAND DIFFEREN		58. COUNTY OF DEATH ENTER STATE SIN	N DIEGO	O. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT READ SENSEACH—DEPUTY RELIC OPPORTS	
A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON. PUNERATIA AZPLAN 2436 MARKET ST., SAN DIESO, CA			1659	5201-A RUPPIN RD. SAN DIEGO, CA 92123 8A SIGNATURE OF APPLICANT—PERSON DATE SIGNED		
ACKNOWLEDGMENT OF AP	the manual 1 hereby :	schrowledge an applicant that the propos	ed disposition stated hereo is one of the as authorized partition to Section 7100 of the	Asperations authorized by	March (COLE 01/30/2001	
PERMIT 02335 ADTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPERTY OF THE DISPOSITION SPECTOR OF DEPOSAL OUTSEE OF CALFE	ROVI- CODE IFIED 9A, AMOUNT OF FEE PA	STREET, STREET	155UED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2001 Deorge R. Boreck EC.	
TION REQUIRES A NEW	VITAL RECO	EGISTRAR OF DISTRICT OF I D IN CAUPOINIA RDS P.O. BOX 85 CA 92186-5222	1 15 0		OF DISTRICT OF DISPOSITION— IN AMOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY	
B. CREMATION C DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS: OTHER	E TEMPORARY ENVA	RMA .	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEL CEMETERY, 3751 , CA 92102	MARKET ST.	2-01-0	1/	
GREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMAT	ED 12C SIGNATURE OF PERSON OF CHARGE OF CREMATION	
SCIENTIFIC	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			138. DATE RECEN	/ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT				148, DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER LIF APPLICABLE	

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

NE 08-01901	Date \	- 50 -01
ne of Contievas, Ric	chard 6.	
You are hereby authorized and instructed, sul	bject to your rules and regulation	s, to inter the remains
	80100E A9	63
ina DOUBLE DEPTH ,	Funeral, date, time THUR F	EB / 11.0.
Church, Chapel, Graveside DELIVERY	ONLY : MITLA	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra ch	harge of \$
will be applied and billed to undersigned		
Lot 4 Grave 4 T Row	Section Divis	sion/Bleck\3
Grave space & Care Fund		126.00
Additional spaces and care fund		
Opening/Closing & Setup	12	165.00
Burial Container.		
Handling Fees	30-01	
Flower vases - Marker setting fee	·····	
Recording and filing fee		45.00
Sales taxes A QS LONO		
Sales taxes Field QS NEVO	Total Due	386.00
Richard theras	eceipt number	
Richardonthe 108 Paid		ce due
I hereby certify I am the	of the at	pove named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I and I agree to hold Mt. Hope Ce.	certify and represent metery harmless from
any liability on account of said authorization a	nd interment.	- Sood
I hereby authorize the interment in lot I	Storwage	acree
hold under deed.	Son (VV	
Signature of recorded holder of deed	Address	
	City	Zip Coae
	Telephone	mon.
- 40402	Invoice # 345 24	4 3120
Work Order # E 16165	Acct. # 000 95	
Work Order # E 16165	A STATE OF THE PARTY OF THE PAR	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

FOUND. USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH MONTH, DAY, YEAR 10/12/2000 JOHN. DOR LINKNOWN Y OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE SAN DIEGO OF INFORMANT SAN DIRGO DARNELL PRICE-DEUTY REFLIC GREENAN TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7 R. CALIF. LICENSE NUMBER 5201-A RUFFIN RD. FUNERARTA AZIYAN SAN DIEGO, CA 92123 2436 MARKET ST., SANDDIEGO, CA 92102 FD-1658 BA. ISIGNATURE OF APPLICANT-Person taking permit, 8B. DATE SIGNED I herete addressings an applicant that the proposed disposition stated becam is one of the dispositions authorized by 01/26/2001 ACKNOWLEDGMENT OF APPLICANT CROSE > Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7130 of the Health and Safety Gode. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE BY AMOUNT OF FEE PAID BE DATE PERMIT ISSUED BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 00mmaten Zinon of IN THIS PERMIT. \$ 7,00 MOTE: THE PERMET GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS P.O. BOX 85222 PERMIT TO SHOW FINAL POSITION. SAN DIEGO. CA 92186-5222 UTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY ST A. BURIAL UNCLUDES ENTOMBMENTS E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) W 8. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT7.GOPE CEMETERY, 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED INC. 507 CHARE ST. CREMATION MG., LANS ELSINERS, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN TSD. DICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER JF APPLICABLE THAN IN A CEMETERY

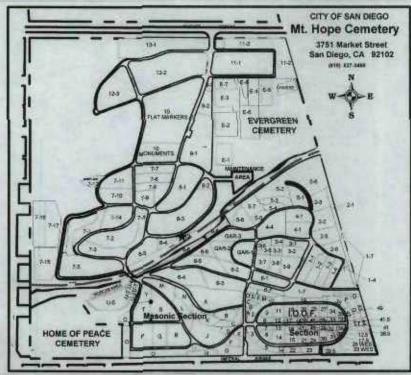
COPY 2

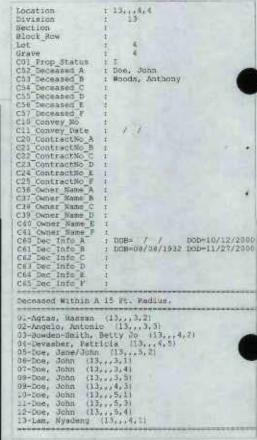
CHARGE OF DISPOSING OF THE CREMATED REMAINS.

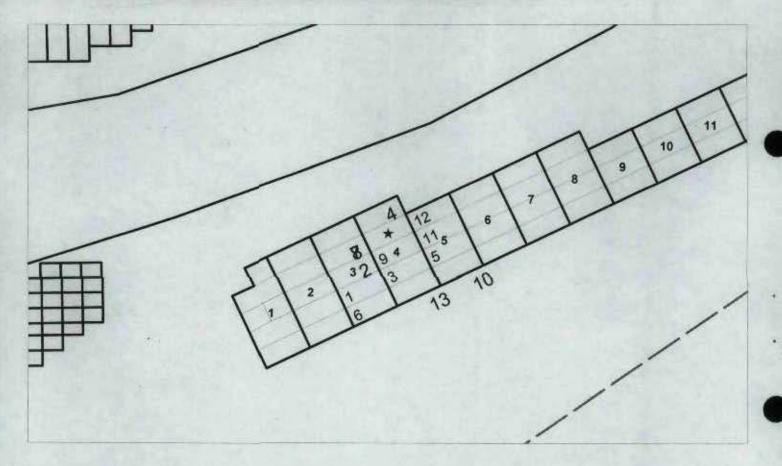
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN

E-16/65

Locator Map









County of San Diego

GLENN N WAGNER, D.O. CHIEF MEDICAL EXAMINER CHRISTINA STANLEY, M.D. CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER 5555 Overland Ave., Suite 1411, San Diego, California 92123-1270 TEL: (858) 894-2895 FAX: (858) 495-5956

January 25, 2008

City of San Diego Mount Hope Cemetery 3751 Market Street San Diego CA 92102

Attn: Cemetery Records - Maria 619-527-3403

Re: John Doe (Medical Examiner Case #00-1907)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doc, Medical Examiner case number 00-1907. The date of death of John Doe was 10/12/2000. He was positively identified on 01/22/2008 through a fingerprint comparison.

The decedent's identity has been established as: Richard Quintero Contreras with date of birth of 11/14/1953. His next of kin was determined to be his adult children and his sister Olivia Contreras. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary

Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

Grither B Heary

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-0

na VAIT	Funeral date time TUE 2-6	1:00
Church, Chapel Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3.0	0 p.m. of regular work day or ap extra charge	ors 150,00
will be applied and billed to undersigne	. / / // //////	
Lot 1/34 Grave — Ro		10
Lot 1134 Grave Ro	W Section Division/Bit	The Automotive of the Automoti
Grave space & Care Fund	PRE-10EED E 1576C	-6
Additional spaces and care fund	PAID	3750
Opening Closing & Setup		DEDE
Burial Container		1951
Handling Fees	MT. HOPE CEMETARY	- 33 N
Flower vases 2 Marker setting fee	CITY OF SAN DIEGO, CA	45 hr
Recording and filing fee		127
Sales taxes		000
	Total Due	840.
	Paid receipt number 15-5-20//	878.F
× 1/	Balance due	-
hereby certify I am the	of the above n	amed decedent
	ization and I agree to hold Mt, Hope Cemetery	
mry manney on account or said account	X / hours Mel	-
hereby authorize the interment in lot I	Spring a Poner	C+
1000 111001 00000	X LIZI PARAIDES E	0541
Signature of recorded holder of deed	- X SAN DIEGO	92/11/ - Zio Cues
	(419)263-294	5
	Invoice #	

RSA-104 (7-96)

This information is available in alternative formats upon request.

E-16/66

MT HOPE CEMETERY E-16166

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			
Interment space for: _	EARL	B, 6	illiam	<i>'</i>
Interment Date: Lot: 1134 Grave:_ Grave Laid out by:	Row:	Time: Sect:	D	iv: <u>10</u>
Agrees with Legal Car				
Agrees with Map:	1/	J No	_ Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	Larl Bennie		Gilliam		2. DATE OF BIRTH MONTH, DAY, YEAR 08/17/1931	3 DATE OF DEATH 4 SEX MONTH, DAY, YEAR 01/28/2001 M		
-	La Jo			ENTER STATE OF I		NAME RELATIONSHIP, FULL M. OF INFORMANT Rebecca P. Gilli	AILING ADDRESS AND ZIP CODE	
7/	Anderson-Ra		t.; 5050 Federal E Diego, CA 92102		1220	2121 Paradise St San Diego, CA 92 A SIGNATURE OF APPLICANT—		
	ACONOMICOGNERY OF A	Section 10	acknowledge as applicant that the proposed dispo- 376 of the Health and Safety Code, and was author	and pursuant to Section 7100 of th	e Health and Safety Code.	Debbullele	en 01/30/2001	
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	02/06/200	SSUED BC. SIGNATURE OF LO	CAL REGISTRAR ISSUING PERMIT 2102369	
		Vital Recor	egistrar of district of death D. in caucolinia ds; P.O. Box 85222 an Diego, CA 92186	**		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFOR	DEA	
	UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
The County of th	B CREMATION	SE	AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA IDE OF CALIFORNIA	(Name and Ad	0	
	BURIAL		Cemetery; 3751 Mar San Diego, CA	ket St.	1 118. DATE BURIED	TIC. GIGNATURE OF PERS	IN IN CHARGE OF BURIAL	
ABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	RÝ	128. DATE CREMATE	120 SIGNATURE OF PERSON IN CHARGE OF CREMATION		
72		13A, NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
ALL APPLIC	SCIENTIFIC	-						
COMPLETE ALL APPLIC			DDRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER	

COPY 1

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

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

E-1616 AGE

MT. HOPE CEMETERY INTERMENT ORDER City of San Diese

Market and the second s	, subject to your rules and regulations, to inte	the complete
Taxanani Min	subject to your rules and regulations, to inte	me remains
of Takeron	ICA ICA	S H.OL
in a HSV VATT	_ Funeral, date, time _ +cb - 8 -	2001
Church Chaper Graveside		Mortuary,
All Funeral cars must arrive before 3:50 p	.m. of regular work day or an extra charge of	s 15000
will be applied and billed to undersigned.	X - J. O.	
Lot 4882 Grave Row	Section Division/200	- 10
Grave space & Care Fund	e-Need	0
Additional spaces and care fund		
Opening/Closing & Setup	E-14439	<u>6</u>
Burial Container		B-
Handling Fees		0
Flower vases - Marker setting fee		-
Recording and filling fee		8
Sales taxes		0
	Total Due	8
P	aid receipt number	0
wife	Balance due	0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above nar ation of remains as above indicated. I certify a ation and I agree to hold Mt. Hope Cemetery h on and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Supplies O Cala Co	curt
Signature of recorded holder of deed	XChula Viste, (1) X (6/9) 421-52	9/9// 34 Gade
Work Order # E 16167	Invoice #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Takanora	4	-	OHARA		11/07/1917 01/29/2001 H
SA CITY OF DEATH Chula Vis	ta		58. COUNTY OF DEAT		8 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP GODE OF INFORMANT FUELINOTI Chars - Wife
7A TYPED NAME AND AC - Community - Chula Vist	Horeusry	FUNERAL DIRECTOR OR PERSON 855 Broadway 1911		ALIF. LICENSE NUMBER AF APPLICABLE 01682	THE RESIDENCE PROPERTY OF THE
ACKNOWLEDGMENT OF AP	PFLICANT I hereby at Section 103	knowledge as eligiblicant that the proposed dis 76 of the Health and Solicty Code, and was auth	prived pursuant to Section 7100 of	the Health and Salety Gode.	the confirmation of charge
	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI DENIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED BESH! OF DEPOSAL OUTSIDE OF CALFORNIA.		THE RESERVE OF THE PARTY OF THE	AT ISSUED OC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2001 2101882 brand
TION REQUIRES A NEW BESTAIT TO SHOW FINAL	Vital Recor	GISTRAR OF DISTRICT OF DEAT O'IN CALIFORNIA Cds P.O. Box 8522. Callf 92186-5222	i if		AF OF DISTRICT OF DISPOSITION CUR IN AMOTHER DISTRICT IN CAUFORNIA
NUTHORIZED DISPO	DSITION(S) CHECK AP	PLICABLE ITEMS		our months of	FOR CORONER'S USE ONLY
B. CREMATION	SE		Manager and State of	AND	1. DISPOSITION PENDING—REMAINS LOCATED A' (Name and Address)
BURIAL	Hount Rop	DRESS OF CALIFORNIA CEMETE Cametery 3751 N Ca 92192	arket	2-8-0	1 /
CREMATION	Pacific C	DRESS OF CALIFORNIA CREMAT rematorium Inc 60 more Ca 92530	3,774,5,7	28. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SOMENTIFIC	ISA. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AD REMAINS OR C	DRESS IN RECEIVING STATE OF PREMATED REMAINS ARE TO BE	COUNTRY WHERE	148, DATE SHIPP	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAF FICIENT TO IDE	HEST POINT ON SHORELINE, OR O MITTEY FINAL PLACE AND CA DISTR	THER DESCRIPTION SUF- WCT OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT HOPE CEMETERY E-1616

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.

				-	
				6	3
				w	
	OHARA	TAKENO	CHARA	NENASH	
	Nishi	Mayumi	MAYum	SEGAW	n
Interment space	for: TAK	enori	Ohon	1 8	2
Interment Date:	Feb-8-2	00L T	ime:	1:00	graves
Lot 4882 0					
Grave Laid out l	oy: May	uf F	mo		
Agrees with Leg	al Card: Y	es C	J No		
Agrees with Ma	p: 🗆 Yes	100	No No	*	
Blind Chools &	Varified Du	1 and	7	Data	

MT. HOPE CEMETERY

INTERMENT GROER

City of San Diego

Date 1-31-01

na LiNER	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	: A2TLAN Montuary
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	d
Lot 192 Grave 11 Roy	
Grave space & Care Fund	895.0
Opening/Closing & Setup	3/5.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45,00
Sales taxes	1664.2
SOHN EDWARDS	Total Due
/	Paid receipt number
1	Balance due
hereby certify I am the	of the above named deceden
and this is your authority to make displ that I have the right to make this author	sition of remains as above indicated. I certify and represent vation and I agree to hold Mt. Hope Cemetery harmless from
any liability of account of said authoriza	
hereby authorize the interment in lot I	Signisture
hold under deed.	1 00, 1
Signature of recorded horder of deed	- X Address Towk
	y sour
	Jasephone Em
F 16168	Invoice # n Dan

O Proceed on recorded paper

E-16168

MT_HORE CENESSING

INTERMENT ORDER

Call of San Ches

E 16168

DESCRIPTION.

The control of the state of the

PRE- NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-01

ina LINER	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	\$	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge o	1\$
will be applied and billed to undersigned.		
Lot 192 Grave 3 Row	Section _ a Division/Blo	
Grave space & Care Fund	***************************************	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	BAIR	190.00
Handling Fees		145,00
Flower vases – Marker setting fee	JAN 3 1 2001	-
Recording and filing fee	***************************************	45.00
Sales taxes	MT. HOPE CEMETARY	14.25
FREG P.A.	CITY OF SAN DIEGO, CA	1664.25
P	raid receipt number K-53306	16642
	Balance due	10
	of the above na ition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery ion and interment.	and represent
	X	1.1
I hereby authorize the interment in lot I hold under deed.	X Sgranue Ju ath	Web.
	× Address	
Signature of recorded holder of deed	Oily	Zip Code
	Telephone	1
- 40400	Invoice #	
Work Order # E 16169	Acct. #	

REA-104 (7-96)

E-16/69

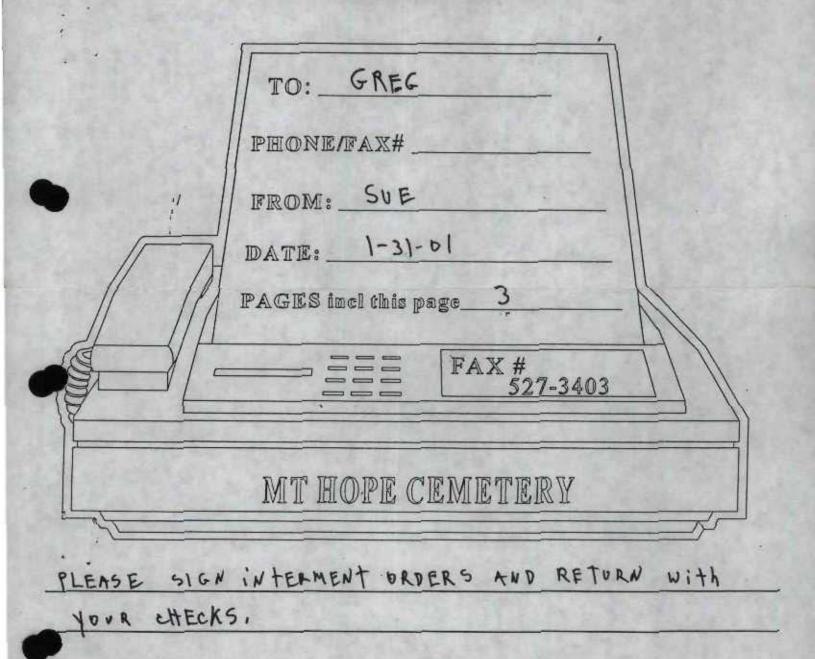


THE CITY OF

SAN DIEGO

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

FAX COVER LETTER



If all pages are not received, please call (619) 527-3400.



INTERMENT ORDER MARIANNE SASSO 895.00 145,00 45.00 GREG P.A. 16169

PRE-NEED 6+

MT. HOPE CEMETERY INTERMENT OF DER

City of San Diego

Date 1-31-01

of GENEVA WI	121310	
in a LINER	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of	5
will be applied and billed to undersigned	d,	
Lot 191 Grave 3 Roy	vSection _ A _ Division/Blo	No. of Concession, Name of Street, or other party of the last of t
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	BAID	190.00
		145.00
Flower vases - Marker setting fee	JAN 3 1 2001	
Flower vases - Marker setting fee	JAN 9	45.00
Recording and filing fee	T. HOPE CEMETARY Y OF SAN DIEGO, CA	14.25
	YOF SANDILOG	1111 25
REGS D. A.	Total Due	1069100
	Paid receipt number 5-53305	TOTO YELL
· ·	Balance due	0
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and this is your authority to make disport that I have the right to make this authori any liability on account of said authorize	osition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery ation and interment.	and represent harmless from
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I berehy authorize the interment in lot I	Signature	
I hereby authorize the interment in lot I hold under deed.	X	
hold under deed.	Address Ser \	
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed	- X Address Service	žip Codn
hold under deed.	Address Service Valentine	žip Codii
hold under deed.	Address Service Valentone Invoice #	žę Codn

PRE- NEED LOT A TRIST

INTERMENT ORDER

GENERA WALTON 895,00 375 00 45.00 14.25 GREGS P.A.



MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 2-1-01

	ELLGROVE	2 10
in aType of Burial Container	Funeral, date, time FK1 9	d I
Church, Chapel, Graveside	CYPKESS V	IEW Mortuary.
All Funeral cars must arrive before 3:30		of \$
will be applied and billed to undersigne	d Creenway	527-5
Lot 299 Grave Roy	w Section _ A Division/E	nock_8
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Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees DisiNT	ERMENT FEE	400.0
Flower veses - Marker setting fee		
Recording and filing fee		
Sales taxes		11
	Total Due	400.00
	Paid receipt number	400,00
Y	Balance due	0
	osition of remains as above indicated. I certi ization and I agree to hold Mt. Hope Cemeter	
any liability on account of said authorize	anon and manners.	
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any liability on account of said authorize I hereby authorize the interment in lot I	Signature Address	
any liability on account of said authorizations and authorize the interment in lot I hold under deed.	X Signature	Z çi Code
any liability on account of said authorize I hereby authorize the interment in lot I hold under deed.	Signature Address City	ZpCode

E-16171

E16171



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

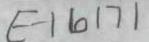
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

IA NAME OF DECEDI		18. MIDDLE	IC LAST (PAMILY)			2. DATE OF BIRTH MONTH DAY, YEAR	S DATE C	AY, YEAR	4 SEX
SUSAN	3	LEONA	7	LGROVE '	The second second	05/28/1959	THE RESERVE TO SERVE	2/1959	F
SA. CITY OF DEATH			5B. COUNTY OF DEAT	TH-OUTSIDE CALIF., 6		RELATIONSHIP, FULL M	MAILING ADDR	IESS AND ZI	P CODE
SAN D			S		ISA	LITTLE: SIS	TER		
		IA-FUNERAL DIRECTOR OR PERS - I-805 & IMPERI		LIF LICENSE NUMBER	3142	WEST DEL MO	NTE DR	IVE	
-GREENWOOD	MORIUANI -	G HISTORY WALL TO A CONTROL OF THE C	AL AVENUE	TT 0/0 1			804	- Inches	
	Trescor	SAN DIEGO, CA			SA. SIGN	ATURE OF APPLICANT	dibard and a second		
ACKNOWLEDGMENT OF A	Section 16	acknowledge as applicant that the proposed 376 of the Health and Sallety Code, and was	authorized pursuant to Section 7100 at a	he Health and Safety Code	> 4	alone n		02/02	
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY CO	OF BA AMOUNT OF FEE P	AID 98. DATE PERMIT	SSUED	9C SIGNATURE OF LO	CAL REGIST	RAR ISSUIN	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPECIFI	\$7.00	VICTORIA					
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ANY CHANGE IN DISPOSI-	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DE		DRESS OF REGISTRAR OF			IINIA		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX		1 "		THE SHIP SE				
DISPOSITION), CA 92186-5222	i				-	· ·	
10, PAIZED DISP	POSITION(S) CHECK A	PPLICABLE ITEMS	rese at			FOR COR	ONER'S L	ISE ONLY	
TURIAL (INGL	UDES ENTOMBMENT)		E TEMPORARY ENV	AULTMENT		I DISPOSITION		REMAINS LO	CATED AT
THE CREMATION			Y F DISINTERMENT			(Name and A	ddress)		
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G SHIP IN TO CALIF	ORNIA					
O SCIENTIFIC U			X H TRANSIT TO OUTS	SIDE OF CALIFORNIA					
	11A NAME AND AD	DORESS OF CALIFORNIA CEME	TERY	I 118 DATE BURIED	110	SIGNATURE OF PER	SON IN CHA	RGE OF BU	HIAL
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238177.05					1				
2	12A NAME AND AC	DORESS OF GALIFORNIA CREM	MATORY	128 DATE CREMATE	D 120	SIGNATURE OF PERS	SON IN CHAP	GE OF CRE	MATION
CREMATION				A series and a series and	1.				
	FE 18 1913				1				
	13A NAME AND AD	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	138 DATE RECEIVE	ED 130	SIGNATURE OF PER	SON IN CHA	RGE OF FA	CILITY
SCIENTIFIC				1	1				
USE				1					
4		DORESS IN RECEIVING STATE		148 DATE SHIPPEL	14C	ADDRESS AND SIGN			CHARGE
TRANSIT		BAPTIST CEMETER		*		OF PLACING WITH T	HE CARRIER		
		ABAMA 36360		1					
TERING AT SEA	15A ADDRESS, NEAR	REST POINT ON SHORELINE, OR		158 DATE OF	15C	SIGNATURE OF PER		SO LICENSE	
DR DR	FICIENT TO IDE	INTIFY FINAL PLACE AND CA DIS	ITRICT OF DISPOSITION	DISPOSITION	1	CHARGE OF DISPOS	ITION	OF CREMA	SPIDSER
SITION OTHER				1	1		1	—IF APPL	ICABLE
COPY 1 OF TH	E PERMIT ACCO	MPANIES THE REMAINS	TO THE STATED PLACE	E OF DISPOSITION	THE	PERSON IN CHAP	RGE OF DE	SPOSITIO	N IS
RESPONSIBLE !	FOR COMPLETING	AND FORWARDING THE	PERMIT WITHIN 10 DAY	S OF DISPOSITION	TO TH	IE REGISTRAR OF	THE DISTR	RICT IN W	HICH
		HE DISTRICT NEAREST T				WEHE SCATTERE	U AT SEA	. THE LC	LAL

COPY 1

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

VS 9 (REV. 6/91)





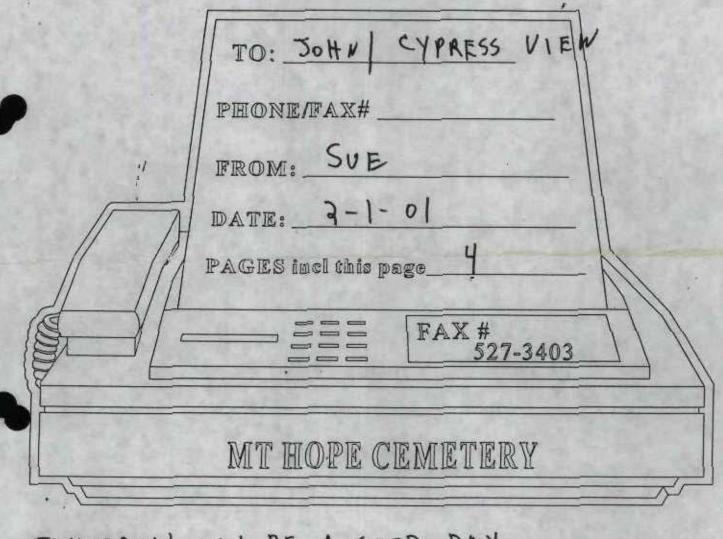
THE CITY OF

SAN DIEGO

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

Real Estate Assets Department Business hours 8 a.m. to 4 p.m.
527-3400 Monday through Friday • Gates open daily

FAX COVER LETTER



TOMORROW WILL BE A GOOD DAY.



all pages are not received, please call (619) 527-3400.



E-16171

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 <u>only</u>. The casket will be removed <u>only</u> as a courtesy and only if it is, and remains, <u>Intact</u>. 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.

E-1617/



THE CITY OF

16

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

Q-1-01 MONTH YEAR

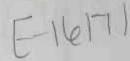
You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

SUSAN LEONA SNELLGROVE

from Lot	299 Grave	- Section	2 Row	Block _	-
Division	8 and to	remove the sam	ne to and rei	nter said	remains
in Lot	Grave	Section	Row	Block	
Division_	Cemetery				
legal cus authoriza indicated Cemetery	todians of t tion, and t below. The harmless f	the remains and the remains and they are undersigned further any liak erment, removal	have the r related to rther agree cility on	ight to main the decede to hold Mount of the decede to the deced to the decede to the decede to the decede to the decede to the	ke this lent as nt Hope
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		Relation to		Addre	ss
I hereby	authorize the	e above disinte	erment:		
(Lot own	er must sign	if not legal o	custodian)	Date	



E-16171 DISTATERMENT COMMENT INTERMENT ORDER mount Dissetting FEE - E 16171





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SAN DIEGO

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3-1-5) ROOM NOON

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Division		-		
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019 - 527-3403

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--------F-16171 Chicrist and Parage A discrepancy of my to the necessary of the range of the range of a decision. Denich may be removed from a portion around by such the policy of the providing at the right and the experience of the order of the interest of the last of the con-11. The receiving spours It The waveled theory 31 The survey grantest MI HOSE Consists requirement a graphy of the consequence of an in the form Authority to Distorcy Remove to Remove Annual Tomas and suggest on the presented by an services that compenses the parameter who be parameter in our of the east subsyste his discriment of ranges. A dislicter were will only take place or a same and line sometimen by the store Compley and only after his promotion of the promotion of the singleprotected to 9's concessly The paragraph of remainder season was not the of seasons of provincial free ersory as a 3rd remains between the real regime and remains and response of the to go into the graph to remain the endy or any remaining the leaf or the leaf of the If you have any quarter's important to decrease and other, a water contact the SETSING PROPERTY OF THE PARTY Now Add throught contains the care contains the expension and the contains and

MT. HOPE CEMETERY

INTERMENT ORDER

arrival 11:58 Am

REA-104 (7-96)

City of San Diego

Date Feb. 1, 2001.

1	d, subject to your rules and regulations, to	
	Jones 22587)	
ina DBL CKYPT	_ Funeral, date, time Tues Fel	06 10:00
Church Chapel, Graveside	:_ RagsDale	
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charg	ge of \$ 150.00
will be applied and billed to undersigned.	X 35	
Lot // Grave 5 Row	- section / Division Veed LOT Balance due	Block 12 495 00
Additional spaces and care fund	BAID	775 00
Opening/Closing & Setup		277,-
Burial Container	FEB 0 2 2001	380.
Handling Fees	LEB 0 5 5001	320.
Flower vases - Marker setting fee	MT HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, CA	45.00
Sales taxes		28,50
Northary to	Total Due	1,643,5
0 . 01 1/1/11/11	aid receipt number 53313	1,643,5
2.1	Balance d	10
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above	e named decedent rtify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Supration Horn Horn Horn Horn Horn Horn Horn Ho	Avenue
Significite of recorded holder at deed	SAN DICGO (619) 263-30 Takaphana	92113 247 20000
Work Order # E 16172	Invoice #	
Work Order #	Acct #	

Created on recorded paper

This information is available in attarnative formats upon request.



MT HOPE CEMETERY [16172

GRAVE BLIND CHECK FORM

2	3	4_	5	6		
John Doe PA#	spen	open	CLASENCE X Jones	open		
8	9	10	11	12		
open	Marker)	Sarah .	Hattie L. Manker	Lenard Baker (HOMBRKER)		
Interment	space for: _	Clar	ence	Jone	S	_
Interment	Date:		т	ime:		_
Lot 11	_ Grave	5	Row:	Sect: _	1 Div. 12	2
Grave Lai	d out by: _		100		-	-
Agrees wi	th Legal Ca	ard: 🛮 Yo	es [J No	Fla6 on Gra	10
Agrees wi	th Map:	J Yes		No	(Gra	Ve
Blind Che	ck & Verif	ied By:			_ Date:	-

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

	DENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	lones	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	4 SEX
Clarer		-	Unnes		1770171938		
San	Diego		SE COUNTY OF DEATH		NAME RELATIONSHIP FULL OF INFORMANT VIVIAN Jones, V		AP CODE
Anderson-	The state of the s	na Funeral Director on Per rt.; 5050 Feder an Diego, CA 93	RSDN ACTING AS SUCH 78. CAL 81 BIVG. FD	320	4776 Solola Ave San Diego, CA 9 A SIGNATURE OF APPLICANT-	2113	TE SIGNED
ACKNOWLEDGMENT OF	APPLICANT Section 31	0376 of the Health and Salety Code, and w	ed deposition stated herein is one of the as authoritied pursuant to Section 7390 of th	e Health and Safety Code	Deblu when	Cen 102/0	05/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH PI POPINIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC NO MERIT OF DISPOSAL OUTSIES OF CAUS-	\$7.00	3027067200	SQUED 9C. SIGNATURE OF L	OCAL REGISTRAR ISSUII 210234	AG PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW ISSUIT TO SHOW FINAL SHOSITION.	Vital Reco	egistrar of district of in California ords; P.O. Box	85222		F DISTRICT OF DISPOSITION IN AMOTHER DISTRICT IN CALIF		
THORIZED DIS	SPOSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
B CREMATION	N OF CREMATED REM	IAINS OTHER	E: TEMPORARY ENVA	PRNIA	L DISPOSITION (Name and	PENDING—REMAINS L Address)	OCATED AT
BURIAL		Cometery; 3751 San Diego, C	Market St.	2-6-01	11C SIGNATURE OF PER	RSON IN CHARGE OF B	EURIAL
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMATE	12C SIGNATURE OF PER	RSON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETEI	FICIENT TO IDI	AREST POINT ON SHORELINE, (ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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



BACK FRANK INTERME

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-01

of BETTY MO	Funeral, date, tim	o Mo	N 2-	5 1:0
Type of Build Container Church, Chapel, Graveside			CAS	Mortuary.
All Funeral cars must arrive before 3: 0 p	.m. of regular work d	lay or an e	extra charge of	\$
will be applied and billed to undersigned.				
Lot 276 Grave Row	Section	2	_ Division/ Dio	12
Grave space & Care Fund	RE- NEED	E-11	100	-
Additional spaces and care fund				
Opening/Closing & Setup				-
Burial Container				-
Handling Fees				-0-
Flower vases - Marker setting fee				
Recording and filing fee				0
Sales taxes				-
		Total Due		_0_
Pa	aid receipt number _			
+			Balance due	
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	tion and I agree to h	bove indic	the above na ated. I certify ope Cemetery I	and represent
I hereby authorize the interment in lot I hold under deed.	Signature Address	Je	الميل	
Signature of recorded holder of deed	Telephone		20,	Zip Code
Work Order # E 16173	Invoice #_ Acct. #			

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

BETTY	ENT—FIRST (GIVEN) 18 MIDDLE LOU	MOTZ		2. DATE OF BIRTH 1047/28/1932	8. DATE OF DEATH	4 SEX
NATIONAL	CITY	SAN DIEGO	i i	AME, RELATIONSHIP, FULL M. DE DEORMANT BREWER	- DAUGHTER	
CONRAD LEM	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS ON GROVE MORTUARY WAY — LEMON GROVE, CA 91945	-	APPLICABLE E	480 HILTON HRA L CAJON, CA 92	019 crase taken permit, 88. DATE	E SIGNED
* ACKNOWLEDGMENT OF	APPEACANT I bereby acknowledge as applicant that the proposed Section 10376 of the Health and Selety Code, and was a			manhelonn	02/0	2/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT WOTE THE PERMIT GIVES NO MONT OF DISPOSAL OUTSIDE OF CALIFORN	\$7.00	Grant K. Conra 02/02/2001	ued 90. SIGNATURE OF LO d 2102174 ▶	CAL REGISTRAR ISSUING) PERMIT
ANY CHANGE IN DISPOSI DON REQUIRES A NEW HMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH S VITAL RECORDS 92186-5272	SEMPLE FO		DISTRICT OF DISPOSITION— A ANOTHER DISTRICT IN CAUFOR—	AMA	
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A		E. TEMPORARY ENVA	RNIA	L DISPOSITION (Name and A	PENDING—REMAINS LO	GATED AT
D. SCIENTIFIC		H. TRANSIT TO OUTS	IDE OF CALIFORNIA)
BURIAL	11A. NAME AND ADDRESS OF CALFORNIA GEME MOUNT HOPE CEMET 3751 NARKET STRE SAN DIEGO, CA 92	ET	1 11B. DATE BURNED	116. SIGNATURE OF BER	111	RIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	MATORY	12B. DATE GREMATED	12C. SIGNATURE OF PERS	ON IN CHARGE OF CRE	MATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERS	SON IN CHARGE OF FA	CHLITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		14B DATE SHIPPED	0F PLACING WITH TH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FIGIENT TO IDENTIFY FINAL PLACE AND CA DE		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOS		ATED RE-

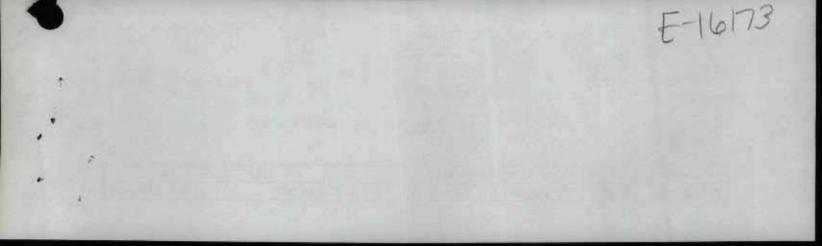
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT HOPE CEMETERY F16173

GRAVE BLIND CHECK FORM

		SEPANC			
	C. MoT2	376 X	JAME S	3	NO 81 1/501
		BOLAN	NOTSHIM	P NUT 1514	COLEMA
Interment space for Interment Date:	or: BE	177 1	1072		
Lot: 276 Gr	ave:	Row:	Sect:	2 D	v: <u>12</u>
Grave Laid out by	r:	Y K	ON	X h	
Agrees with Lega	l Card:	Yes [J No	Files G	hoe
Agrees with Map	Yes	9	No		Fin
Blind Check & V	erified By: _	Kun)	F. Jage	Date:	



E16173 INTERMENT ORDER 1 3-1-01

THE MER DE-11100

X 352 GERMOUR DIEM.

16173

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 01,2001

You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
of William	D. Freeman
ina Ash Vault	Funeral date time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersign	ned,
Lot 115 Grave 1 R	ow Section 14 Division/Block 7
Grave space & Care Fund	re-Need Lot oppred 0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	19ult 55.=
Handling Fees	600
Flower vaces - Marker setting fee	12 x 24) Flat Joranite (125.0) 171.00 45.00
Sales taxes	4.13
	Total Due 711
	Paid receipt number
I hereby certify I am the Day and this is your authority to make dis that I have the right to make this authority in any liability on account of said authority.	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemotery harmless from
I hereby authorize the interment in lot hold under deed.	5-15-01 840m
Signature of recorded holder of deed	Hold Open possibly until
Work Order # E 16174	_ Acct. June of or July of
This	Information is avails Dental

O Printed as received paper

£16174

	LOT OWNER	A-8709
NAME	SSAS Laure/ ST 11e 2936 Webster	50 92105
	Sec. 14 Div 7 Sec. 14, Div. 7 Sec. 14 Div 7 B	
961 -REV.	TAYLOR SYSTEM OF CE	METERY RECORDING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-01

You are hereby aut	thorized and instructed	d, subject to your rule	THE RESIDENCE OF THE PARTY OF T	, to inter the r	emains
ina BELL	LINER	Processing and the second seco		2-6	11100
	Dunar Container		FEATHER		ortuen
	ust arrive before 3:30		RIEM		ortugiy.
	billed to undersigned		day or an extra cri	arge or \$	
Lot 200 Gr	ave 10 Row	Section	2 Divisi	on/ Black	3
Grave space & Car	re Fund			07	5,00
Additional spaces a	and care fund				
Opening/Closing &	Setup			37.	5.00
Burial Container				Appropriate and the second	.00
Handling Fees)		145	5.00
Flower vases - Ma	rker seming fee			111111111	
Recording and filin	g fee	101		45,	00
Sales taxes	LEB O # TO	101		14-	25
	MT. HOPE CEMI		Total Due	166	4.25
I hereby certify I ar and this is your au that I have the righ	ta. 1	ather legal (sition of femains as a cation and I agree to	bove indicated. I	ove named de	present
I hereby authorize hold under deed.	the interment in lot I	Signature 102	7 Alon	- Geor	ge Kokk
Signature of recorded holde	r of deed	X San 1888 Tritephone	Diego, C 2) \$27 - 5 58) 454.	A 97 19335 4216	2126 200000
Work Order # E	16175	Invoice #			
REA-104 (7-96)	This int	crmation is available	e in alternative fo	rmats upon n	equest.

E16175

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

TRE	9	3	BRADLEY	OPENS	OPEN 6	
7	8	OPEN	900 X 10	OPEN	OPEN	
			OPEN			
				333		

Interment space for: MARCOS GONZALEZ
JUES!
Interment Date: 3-6 Time:
Lot: 200 Grave: 10 Row: Sect: 2 Div: 13
Grave Laid out by: Killy & Kor
Agrees with Legal Card: Yes No No
Agrees with Map: Yes No
Blind Check & Verified By: Date:

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			Z. DATE OF BIRTH	3. DATE OF		4. SEX
Marcos		Antonio	Gonzalez			0771371986	827819	2001	H
San Biego	e Hall		SHI Diego	H-OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL N ORMANT ge Kokke, s	W. The state of th		P CODE
Featherin		A-FUNERAL DIRECTOR OR PERSON Bry 6322 El Cajon	Blvd.	FAPPLICABLE	1102 San	7 Alonda Ct Miego, CA 9	2126		E GIGNED
SCHNOWLEDGMENT OF A	onsident 1 benefit a	ckrowledge as applicant that the proposed disp 376 of the Health and Salety Code, and was author	nation stated herein is one of the	dopositions authorized by	De Se	Levelol	etimi imed facili	orfus	12001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE OF FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL DUTSES OF CALFERNIA.	9A AMOUNT OF FEE P	02/05/20 C.Maggaro	01	2102294	CAL REGISTI	IAR ISSUIN	G PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	edistrar of district of DEATH D in California 22, San Diego, CA921	1 10	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			AMA		
THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S U	SE ONLY	,
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFINIA		Usine and A			
BURIAL		obress of California Cemeter Cemetery et ST., San Diego,		2-6-01		SIGNATURE OF PER	- 1	AGE OF BL	JRIAL
CREMATION 10	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMAT	ED 12C	SIGNATURE OF PER			EMATION
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C	SIGNATURE OF PER	SON IN CHAI	RGE OF FA	ACILITY
* TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14G	ADDRESS AND SIGN OF PLACING WITH 1		ERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OT INTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		OF CREATE APP	ATED RE-

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

ASLES METT

MT. HOPE CEMETERY

INTERMEN'S ORDER

City of San Diego

Date Feb 2, 2001

ou are hereby authorized of Kenne	th M.	KIDA	X	WED	a -
a ASH VA	ult F	uneral, date time _	AY	D	405
Type of Burni Contr Church, Chapel, Graveside	AYD	: G	MMUN	ITY MO	rtuary.
all Funeral cars must arrive will be applied and billed to	ALC STATES OF THE STATES OF TH	regular work day o	r an éxtra cha	rge of \$ 15	000
ot 5295 Grave	- ROW - Pre-Nee	A COLUMN TWO IS NOT THE OWNER.	- Divisione	n/Block 1)
dditional spaces and care				P	
				10	500
Opening/Closing & Setup		101+		5	500
Surial Container				1	N 00
landling Fees					_
lower vases - Marker setti				1	C 00
Recording and filling fee	***************************************			Т	1 12
Sales taxos					1.0
	Paid re	ceipt number 53	307	26	9,13
			Balance	due X	
hereby certify I am the nd this is your authority to hat I have the right to make	this authorization a	and I agree to hold N	indicated. I c	ve named decertify and repetery harmles	resent
ny liability on account of sa	aid authorization an	d interment.	BRY K	PA/	
hereby authorize the interrold under deed.	ment in lot I	X 39/8	Ica	hold	-4
igramme of recorded holder of dood		x591 x619	Diego 2981	693	72/Code
F 40	170	Invoice #		100	

MT HOPE CEMETERY E-16176

GRAVE BLIND CHECK FORM

block marked with existing marker's in the burial space.	the appr	opriate spa	ace(s) tha	t are adjace	ent to Full Body
	'Ash	Vault +	o be pli	aced: L	eft Middle
		5295 Ken Kid	Control of the Contro		
		(Left middle	Sugita		
Interment space for:	Ken	neth	Μ,	KiDa	7
interment Date: WE					
Lot: 5295 Grave		Row:	Sect:	<u> </u>	iv: 10
Grave Laid out by: _					
Agrees with Legal C	ard: 🗆 Y	es [J No	F	la6 on Grav
Agrees with Map:	J Yes		No	(6 KG
Blind Check & Ver	fied By			Dates	

remains Lett Headstone Right Right Upper Left upper Ai Ko Right Middle Left Middle Ken Lanny Right Bottom Left Bottom GRave

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Kenneth		Minoru	Kida		09/04/1944 01/30/2001 M
SAN Diego	,		5B. COUNTY OF DEA	an Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LETTY K Kids - Brother
Community	Hortuary ta, Calif		2	D1682	3918 Idaho St #4 Sah Diego Ca 92104 BA SIGNATURE OF APPLICANT—Param taking porosi, 86. DATE SIGNED
ACKNOWLEDGMENT OF A		cknowledge an applicant that the proposed of 376 of the Hostin and Salety Colin, and was as			Mallet Milet oggres
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL QUITERS OF CALFORN	27 00	02/01/2 D.Helden	TISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT OF DEA D IN CAUPORNIA rds P.O. Box 852 Calif 92186-522	22		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
JTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION	BE	AINS OTHER			
BURIAL	2 Hount H	ope Cemetery 375 go Ca 92102		2-7-01	1 / 1 - 1
CREMATION	Pacific (oness of California Crem Crematorium Ide (Laore En 92530	111000000	128. DATE CREMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SOMENTIFIC	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138 DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO E		148. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FIGIENT TO IDE	REST POINT ON SHORELINE, OR INTIFY FINAL PLACE AND CA <u>DIS</u>	OTHER DESCRIPTION SUF- TRICT OF DISPOSITION	15B. DATE OF DISPOSITION	N CHARGE OF DISPOSITION ISO 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 LISSUE DATE.

Osmish pro

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 5, 2001

ou are hereby authorized and instructed, su	bject to your rules and regulations, Jefferson	to inter the remains
na Liner	Funeral, date, time Neds / 1	Feb. 7 1:00
Type of Burial Container Church, Chapel Graveside	: Anderson-R	
All Funeral cars must arrive before 350 p.m.		0
vill be applied and billed to undersigned.	1 416)-	
7	1110	
ot 81 Grave 9 Row —	Section 2 Divisio	12
Grave space & Care Fund		895,00
Additional spaces and care fund		
Opening/Closing & Setup	- VID	375,00
Jurial Container Bell Liner	6 h.	190.00
landling Fees	FEB 05 2001	145,00
lower vases – Marker setting fee	FEB - METARY	
Recording and filing fee	INPE DIEGO	45,00
Sales taxes	MIN OF SPA	14,25
3000 18.000	Total Due	11-1-4 25
	F2211	11.64.29
raid	receipt number 3331+	116017
MATHER	Balance	
hereby certify I am the MOTHER and this is your authority to make disposition	of remains as above indicated. I c	ve named decedent entify and represent
hat I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cem	etery harmless from
	X No Can D	Olar
hereby authorize the interment in lot I nold under deed.	Spanning MA	1000 a co. 8
	Address 10 Comments	year ace
igneture to recorded holder of deed	man lege	A 12120
	→ (619)583-V9	034
40000	Invoice #	
Vork Order # E 16177	Acct. #	7.34.43

MT HOPE CEMETERY E-16177

GRAVE BLIND CHECK FORM

1 30	3		1			
	7	8	9 X	10	11	12
			SARGORGOSSER*			
Interment	Date:		a Ann	'ime:		Son
	d out by: _		NOW.		-	
Agrees w	ith Legal Ca	ard: 🗆 Y	es [J No	(ON AND
Agrees w	ith Map:	J Yes		No	1	6
Blind Che	ck & Veril	fied By:			Date	-

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	
Paula		Ann	Jefferso	n	12702/1951	02/02/2001	P
6A. CITY OF DEATH La Woll	la		58. COUNTY OF DEATH ENTER STATE San Diego	0	AME RELATIONSHIP FULL M F INFORMANT elen Dallas, h		MP CODE
	tagsdale Mo	rt.; 5050 Fe Diego, CA 9		APPLICABLE	970 Highplace an Diego, CA S	92120	TE SIGNED
ACKNOWLEDGMENT OF AP			proposed disgustion stated herein is one of the and was authorized pursuant to Section 7100 of the	Shoulth and Salety Corle	albertake a		6/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WI ORNIA HEALTH AND SAF TY FOR THE DISPOSITION D MIGHT OF DISPOSAL OUTSIDE OF	ETY CODE SPECIFIED \$7.00	02/67/2001	ED 9C. SIGNATURE OF LO	CAL REGISTRAR ISSU 21024	NG PERMIT
ANY CHANGE IN DISPOSA- TION REQUIRES A NEW SEALT TO SHOW FINAL ISPOSITION.	Vital Reco	egistrar of district of California Bo rds; P.O. Bo San Diego, C			DISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CAUFO	RIMA .	
ID. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	ONER'S USE ONL	Y
B CREMATION C DISPOSITION OF THAN IN A CE	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	I. DISPOSITION (Name and A	PENDING—REMAINS I ddress)	OCATED AT
BURIAL	NAME AND AL		o, CA 92102	2-07-01	North F	SON IN CHARGE OF E	JURIAL
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA	A CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF C	HEMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF I	ACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			JNE, OR OTHER DESCRIPTION SUF- O CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPOS	NTION OF CRE	E NUMBER EMATED RE- DISPOSER PPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-01

a LINER 10	Funeral, date, t	me FRI	2-9	1:00
hurch, Chape Gravesid	Eve :	RAGST	ALE	Mortuary.
Il Funeral cars must arrive before 300	p.m. of regular work	day or an ex	tra charge of	\$ 150.0
rill be applied and billed to undersigned	×			
ot aa Grave 7 Row		1_	Division/Blo	+11_
Brave space & Care Fund	re-need	D-P:	35)	0
dditional spaces and care fund				
pening/Closing & Setup	IU			375.00
urial Container		***************************************	CONFIDENCE AND ADDRESS .	190.00
andling Fees FEB 0	8 2001			145.00
ower vases - Marker setting feeOPE				-
ecording and filing fee CTTY OF SA	N DIEGO, CA			45.00
ales taxes			discontinuo =	14.25
		Total Due		769.25
	Paid receipt number	0-53	331	769-2-
	, maradaprinamed		lance due	-0-
hereby certify I am the TUNERS nd this is your authority to make dispo- nat I have the right to make this authoriza ny liability on account of said authoriza	sition of remains as ration and I agree to	above indicat	ne above nar ed. I certify	med decedent and represent narmless from
nereby authorize the interment in lot I old under deed.	X JOS	o Fall	RALR	tu).
gnature of recorded holder of deed	X City (619) 2	63-3	A 9210
York Order # E 16178	Invoice A	<u> </u>		

MT HOPE CEMETERY E-16178

GRAVE BLIND CHECK FORM

		ANDERSON CLARK CLAYPOOLE -
	RUST	1 X WILLIAMS
		RAUSCIT
Interment space for:		DZZIF RUSH
Interment Date:		
Lot: 33 Grav	e:	Row: Sect: Div:
Grave Laid out by:		
Agrees with Legal (Card:	Yes O No gent of
Agrees with Map: (J Yes	O No
Blind Check & Ver	ified By: _	Date:

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

1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)	IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SE MONTH DAY, YEAR MONTH DAY, YEAR			
	Ozzie		B	Rush		11/28/1916 02/02/2001			F
5A	CITY OF DEATH	iego		SE COUNTY OF DEATH	CONTRACTOR OF THE PARTY OF THE	OF INF	ORMANT	MAILING ADDRESS AND T	
7A	TYRER NAME AND AL		an Diego, CA	PERSON ACTING AS SUCH 78 CAN DETSI BIVE.	1320	San	Diego, CA	erson taking permit, 88. DA	
	ACKNOWLEDGMENT OF A			reposed disposition stated terms is one of the red was authorized ourseart to Section 7100 of its	e Health and Salety Gode.	260	the White	The same of the sa	922001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH ORIMA HEALTH AND SAFE Y FOR THE DISPOSITION S O RIGHT OF DISPOSAL OUTSIDE OF	TY CODE PECIFIED \$7.00	98. DATE PERMIT		BC. SIGNATURE OF LC	CAL REGISTRAR ISSUI 21026	
T	O' CHANGE IN DISPOSI- ION REQUIRES A NEW MAIT TO SHOW FINAL DISPOSITION.	ATSWIT SESSEE	GISTRAR OF DISTRICT OF DISTRIC	x 35222	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR			WP-0.A	
10	UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		No. of the last of		FOR COR	ONER'S USE ONL	Y
	B. CREMATION	3E		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA		(Name and A		
•	BURIAL	I WENNERSDE	Sab Diego, C.	SPMENT St. A 92102	2-9-01	1	SIGNATURE OF PER	SON IN CHARGE OF E	BUHIAL
ARE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	12C	SIGNATURE OF PER	SOM CHARGE OF CI	REMATION
ILL APPLICA	SOIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEIV	ED 130.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING S' CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	148. DATE SHIPPE	D 14G	ADDRESS AND SIGN OF PLACING WITH 1	ATURE OF PERSON IN THE CARRIER	CHARGE
_	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	150.	SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

ISSUE DATE.

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

"Place Upper Right"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 5, 2001

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Laura Kos	se White
ina ASH Vault	Funeral, date, time Fei Feb 9 2:00 pm
Church, Chaper, Graveside	CA BURIOL Mortuary.
All Funeral cars must arrive before 3.60 p.r	n. of regular work day or an extra charge of \$ 150,00
will be applied and billed to undersigned.	X
Lot 101 Grave 2 Row Grave space & Care Fund Pre Nee	- section 3 Division/12
Additional spaces and care fund	
Opening/Closing & Setup	_105 **
Burial Container Ash Va	11+ 55.00
Handling Fees	PA1- 60.00
Flower vases - Marker setting fee	FEB 0 5 2001
Recording and filing fee	45,00
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 21,13 21,9,13
	CITY OF SAN Due269.13
Pai	d receipt number 53317 269,13
	Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment
I hereby authorize the interment in lot I hold under deed.	Addges Addges
Signature of recorded holder of deed	> Cry (6 (9) 833 900 6 200000000000000000000000000000000
- 40470	Invoice #
Work Order # E 16179	Acct. #

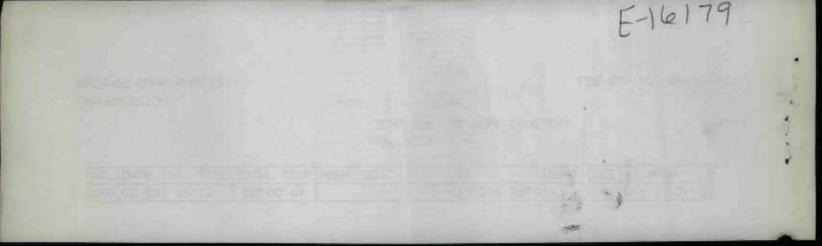
MT HOPE CEMETERY

G	HAVE BI	TIND CHE	CK FOR	KM	
Write in the name block marked with existing marker's the burial space.	"X". Plac	e the name	's, lot # a	nd grave #	of all
	1 Rengerso Roy	2	Morress Algie	4 Riley, George	
Interment space for	Lac			White	
Lot: 101 Grade Grave Laid out by:	0.000	Row:			
Agrees with Legal			J No	(FI	ag on grave
Agrees with Map: Blind Check & Ve		X.		_ Date: _	

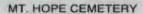
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDENT—FIRST (GEVEN) 18. MIDDLE IC. LAST (FAMILY LAURA ROSE WHITE			IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH MONTH ODAY 2 KEA				
SAN DIEGO			SB. COUNTY OF DEAT	H-OUTSIDE CALF.,	DS WH	THE BE	AILING ADDRESS AND T	SP CODE
	CONTRACTOR OF THE PARTY OF THE	SAN DIEGO, CA 92	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	LIF. LICENSE NUMBER FAPPLICABLE -1357	SAN I	"K" STREET DIEGO, CA 9: TURE OF APPLICANT—P	2102 erson biking permit, 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	chrowledge an applicant that the proposed dispo 176 of the Health and Safety Code, and was author	sition stated bersin is one of the stad pursuant to Section 7100 of th	dispositions authorized by a Health and Salety Code.	NAC	Will-Din	WANT 1 02/0	8/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED INNHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	98 DATE PERMIT 02/08/20 J. BENY	01	2102576		NG PERMIT
TION REQLIRES A NEW TO SHOW FINAL	VITAL RECOR	GISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA DS-P.O. BOX 85222 CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO GCO		CT OF DISPOSITION— THER DISTRICT IN CALIFO	RNIA	
IU. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	Y
I B. CREMATION		AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFFINA .		I. DISPOSITION (Name and A	PENDING—REMAINS (ddress)	OCATED AT
BURIAL	HT. HOPE	DRESS OF CALIFORNIA CEMETER CEMETERY 3751 MARI , CA 92102	KET ST.	2-9-0	TO THE OWNER	SIGNATURE OF PER	SON IN CHARGE OF E	URIAL
CREMATION	PACIFIC C	DORESS OF CALIFORNIA CREMATORIUM, INC 50 NORE, CALIFORNIA	01-D CRANE ST	128. DATE CREMA	TED 12C	SIGNATURE OF PERS	SOM IN CHARGE OF CE	REMATION
SOIENTIFIC USE	13A, NAME AND AI	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 18C.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
- TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	ED 14C.	ADDRESS AND SIGN OF PLACING WITH TO	ATURE OF PERSON IN HE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or ot ntify final place and ca <u>distri</u>		15B DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS	ITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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



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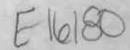
INTERMENT ORDER

City of San Diego

Date 2-5-01

ina ASH VAULT	_ Funeral, date, time _	AYD	2-21-01
Church, Chapel, Graveside	IT.	LARMAS E	Mortuary.
All Funeral cars must arrive before 3:30 p.r will be applied and billed to undersigned.	n. of regular work day o	or an extra charge	of \$
Lot 570 Grave Row	Section 3	Division/8	rock 8
Additional spaces and care fund			
Opening/Closing & Setup A. I. D			105.00
Burial Container			55.00
Handling Fees FEB 0 5 2001			60.00
Flower vases - Marker setting ree MT. HOPE CEMETA Recording and figgre-OF SAN DIEGO			4200
Sales taxes	·		4.13
Pai	d receipt number	53318	269.13
X		Balance due	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold I	indicated. I certif	armed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	X J.J. Signiture X 1/227 C	Grulka.	H.
Signature of recorded holder of deed	Son le	12-379	92129 Zp Code
Work Order # E 16180	Invoice #		

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

1 -						
	-		1870			
MONAHAN	368 Bishop	G AND EF	SP _X	40NEY SIL	WILMOTH	OPEN OPEN
			MONSON			
PLA	E AS	HES I	PPER	RIGH	7 1	N GRAV'
			AN G			*
Interment	Date:		7	Time:		
Lot: 570	_ Grave	-	Row:	Sect: .	<u>3</u> _ p	Div:
Grave Laid	d out by: _	KEVIN				(ON
Agrees wi	th Legal C	ard: 🗆 Y	es [J No	Fri	gave
Agrees wi	th Map:	J Yes	0	No		512
Blind Che	ck & Veri	fied By:			_ Date:	

78665

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-1618074998

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	18 MIDDLE	IC. LAST (FAMIL	NAME COURS OF C	2. DATE OF BIRTH	3. DATE OF DEATH 4 SEX
MARIAN	SIVE CHARLES	THERESA	GREATH	Act and the second	MONTH, DAY, YEAR 05/30/1917	MONTH, DAY, YEAR
SA CITY OF DEATH	-	THEREDA	The second secon	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I		02/04/2001 F MAILING ADDRESS AND ZIP CODE
SAN DIEGO			ENTER STATE		OF INFORMANT DONALD GREATHOU	
7A TYPED NAME AND A	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PE		CAUF LICENSE NUMBER	11227 ALMAZON S	
* TELOPHASE	E CREMATION	SOCIETY-SD 785	1 MISSION	—IF APPLICABLE	SAN DIEGO CA 92	129
CENTER CT		DIEGO CA 92108			BA SIGNATURE OF APPLICANT!	Paper lawny permit, 88. DATE SIGNED
ACKNOW FORMENT OF A	APPLICANT Section 100	commercials as applicant that the proposition of the Health and Safety Code, and v	sen disposition white herein is one one authorized pursuant to Section 710	of the dispositions authorized by I of the Health and Safety Code.	> Mother Da	(Mg) 102/06/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC DIRIGHT OF DISPOSAL OUTSIDE OF CALL	CODE DIFIED	98, DATE PERMIT 02/07/200 E.GALVEZ	ISSUED, 9C. SIGNATURE OF LO	DOAL MEGISTRAR ISSUING PERMIT
	9D ADDRESS OF RE	GISTRAR OF DISTRICT OF		The second secon	OF DISTRICT OF DISPOSITION-	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURREN	ORDSP.O.BOX	05000	# DISPOSITION IS TO OCCU	R IN ANOTHER DISTRICT IN CALIFO	RNIA
DISPOSITION.		CA 92186-5222	STATE OF THE PARTY		-	
HORIZED DISP	OSITION(S) CHECK AP	The state of the s			FOR COR	ONER'S USE ONLY
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C. D SCIENTIFIC U	OF CREMATED REMA	UNS OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO 0	# 74 PA VANA	I DISPOSITION (Name and A	PENDING-REMAINS LOCATED A ddreas)
	11A NAME AND AD	DRESS OF CALIFORNIA CE	METERY	118. DATE BURIED	11C SIGNATURE OF PER	SON IN CHARGE OF BURIAL
BURIAL	MT. HOPE	CEMETERY 3751	MARKET ST.		1/1/	- 1 1
	SAN DIEG	O CA 92102		12-21-01	1 1 1 1 1 1	Namely
		DRESS OF CALIFORNIA CR VIEW CREMATORY		128. DATE CREMATE	D 120. SIGNATURE OF PER	MIN CHANGE OF CREMATION
CREMATION	Committee of the Commit	DIEGO CA 92113		10/0/01	1 601/0	(A)
5		DRESS OF CALIFORNIA FA	A STATE OF THE STA	3B. DATE RECEIV	you U	SON IN CHARGE OF FACILITY
SCIENTIFIC USE	Torric Print, Pr	STAND OF SPEEDING FA	DEFT RECEIVING REMAIN.	A DATE RECEIV	ED TO SIGNATURE OF PER	SON IN OHANGE OF PACILITY
TRANSIT	14A NAME AND ADI REMAINS OF C	DRESS IN RECEIVING STAT	OR COUNTRY WHERE	148 DATE SHIPPED	O 14C ADDRESS AND SIGN. OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER
Thomson,	1000000					
SCATTERING AT SEA		EST POINT ON SHORELINE, (158 DATE OF	15C SIGNATURE OF PERS	SON IN TISD. LICENSE NUMBER
OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDEN	VTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOS	

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 IN EARLS THE POINT WHERD THE PERMIT BY REMAINS WERE SCATTERED AT SEA. THE LOCAL GISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER OF THE PROMITS OF THE DISTRICT IN THE PERMIT AFTER OF THE PERMIT AFTER OF THE PERMITS OF THE PERMIT AFTER OF THE PERMIT AFTER

Pacific Beach

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 7, 2001

You are hereby authorized and instructed, so	bject to your rules and regulations, to inter the remains
O- Jinkieg Ivi	11 1 1 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1
in a Bell LINER	Funeral, date, time FRI. Feb. 9 1:00
Church Chapel Graveside	: Pacific Beach 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.	KIS.
	Section 2 Division/Black 12
Grave space & Care Fund PRE-Nee	d Lot D-6127 &
Additional spaces and core fund to	OHE W
Opening/Closing & Setup	375,2
Burial Container BELL LINER	190.=
Handling Fees	P (45,=
Flower vases - Marker setting fee	The state of the s
Recording and filing fee	MT. HOPE CEMETARY 45.00 MT. HOPE CEMETARY A 5.00 A
Sales taxes	MT. HOPE CEMEGO, CA 14, 25 MT. HOPE SAN DIEGO, CA 74, 25 Total Due 769.25
	CITY OF ST. Total Due
Paid	receipt number VISA 769,25
A Hus	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization in	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and Interment.
I hereby authorize the interment in lot I hold under deed.	X HIDH HUZUN AVE.
Signature of recorded holder of deed	X SAN DIEGO, CA 92117
	X (1641) 276-1979 20 Code
40400	Invoice #
Work Order # E 16181	Aget. #
	SWANNE STATE OF THE STATE OF TH

Paufic Beach of

MT HOPE CEMETERY

	- Gr	AVEBL	IND CITE	CKIC	INIVI	
block mar	ked with " arker's in	X". Place the appro	the name opriate spi	e's, lot # ace(s) th Grave	e grave is and grave at are adja of her Save is	# of all acent to Son Glenn
3 Edward M. Hawkins	Carnell R. BRonner	5 Open State	Glenn Becker			
9 Vennie Miller	IRene No RRIS	11 open	12 open			
Interment		Shir	8	M, B	ecKer	
	Grave	1	Row:		2 1 Kon	Div: 12_
100	th Legal C		es (J No	F	lag on are
	th Map:		P	No	-	GRa.
Blind Che	ob & Vani	God Day	U Mull	//	Data	2-8-01

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

1A NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE SHIRLEY MAE		1C. LAST (FAMILY) BECK	IC. LAST (FAMILY) BECKER			3. DATE OF MONTH, DAY 02/06/	VEAR	4. SEX	
SAN DIEGO	1607		58 COUNTY OF DEATH ENTER STATE SA	OUTSIDE CALIF.	OF IN	IE. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT GER L. BECKER — HUSBAND			
BL CAMINO 1	MEMORIAL -	PACIFIC BEACH CHA	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	APPLICABLE	460 SAN	4 HURON AVE DIEGO, CA S	2117		E SIGNED
* ACKNOWLEDGMENT OF A	PLICANT I hereby Section 10	acknowledge as applicant that the proposed dis 1376 of the Health and Safety Code, and was auth	position started herein is one of the ortrod pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	10	. Custos	1	02/08	3/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED IN RIGHT OF DEPISAL OUTSIDE OF CALFORNIA.		02/09/2 L. CAST	2001	9C, SIGNATURE OF LC 2102650	CAL REGISTRA	AR ISSUIN	3 PERMIT
The Section of the Se	90. ADDRESS OF R # DEATH OCCURR VITAL RE	EGISTRAR OF DISTRICT OF DEAT	H- BE ADI	RESS OF REGISTRAL	OF DIST	RICT OF DISPOSITION— OTHER EXSTRICT IN CAUSO	ENIA		
B. CREMATION C. DISPOSITION THAN IN A CE 0. SCIENTIFIC US	OF CREMATED REM EMETERY SE		E TEMPORARY ENVA	RNIA DE OF CALIFORNIA		L DISPOSITION (Name and A	ddress		
BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEMETE CEMETREY 3751 MARI CA 92102	Contract Con	2-9-01	. 1	SIGNATURE OF PER	SON IN CHARL	DOM:	HIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMA	FORY	129. DATE CREMA	TED 120	SIGNATURE OF PERS	SON IN CHARG	E OF CRE	MATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECE	IVED 130	C SIGNATURE OF PER	SON IN CHARC	GE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPP	PED 140	OF PLACING WITH T		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITIO		CHARGE OF DISPOS		OF CREM MAINS D	ATED RE-

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

Backic Beach

E-16181

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 7, 2001

Bell LINER	Funeral, date, time FRI. Feb. 9 11:00
huren Chapel Graveside	Pacific Beach Mortuary.
	of regular work day or an extra charge of \$ 150.00
vill be applied and billed to undereigned.	
ot 25 Grave 6 Row	Section 2 Ovision/Master 12
Grave space & Care Fund PRE-NEE	d Lot D-6127 8
	241.06
Opening/Closing & Setup Jurial Container BELL LINER	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	115 00
	(45
Flower yases - Marker setting fee	A = AD
Recording and filing fea	11 25
Sales taxes	7/62
	Total Due
Pak	d receipt number
	And the second s
	Balance due
hereby certify I am the X HUSBI	FND of the shows remail decedent
and this is your authority to make disposition hat I have the right to make this authorization.	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cernetery harmless from
and this is your authority to make disposition	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this authorization any liability on account of said authorization thereby authorize the Interment in lot I	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 7 01

ina LINER		ime MON 2/13	101/100
Church Chape Graveside		Good body	Mortuary.
All Funeral cars must arrive before 3.00 p	.m. of regular work	day or an extra charg	pe of \$ 15000
will be applied and billed to undersigned.			
Lot 2084 Grave Row_	Section	nDivision	Block 10
Grave space & Care Fund Pre-A	Led	C-8166	8
Additional spaces and care fund			
Opening/Closing & SetupPA-1	0		375,00
Burial Container			170.00
Handling FeesFFR U 7-7	001		145.00
Flower vases - Marker setting fee			
Recording and filing feMT, HOPE CEN	METARY		45,00
Sales taxes. CITY OF SAN DI	EGO, O		14.25
		Total Due	769.95
Pr	aid receipt number	R-53329	769.25
		Balance d	ue
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization of said authorization.	tion of remains as tion and I agree to	above indicated. I cer	named decedent rify and represent ery harmless from
I hereby authorize the interment in lot I	+ Box	me Hallo	#
hold under deed.	X 13074	Tuscarom	2 Dr
Signature of recorded holder of deed	* Powe	ay CA	92064
	X 858-	748-1163	
Work Order E 16182	Invoice i		

& Printed on received paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 16186

GRAVE BLIND CHECK FORM

	2022 LARSON	DUNN	XON	2025 0PE N	2026 405T	
Intermen	t space for:	n 3-1		'ime:		
	Grave		Row:	- /	1 (2)	iy: 10
	vith Legal C	30-	es [J No	rolt	and
	vith Map: [. //	No		1011
Blind Ch	eck & Veri	fied By: 🗸	Nauen	4	Date:	2-801

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN) 18	MIDDLE	TC. LAST (FAMIL	Y)			3. DAYE OF DEATH 4. SEX
SA. CITY OF DEATH		8.		SE COUNTY OF DEATH—OUTSIDE CALIF. 6. NAM			02/06/2001 F
		+	ENTER STATE		OF INFO	DRMANT	
SAN DIEG		UNERAL DIRECTOR OR PE	RSON ACTING AS SUCH ! 78	SAN DIEGO	-		GRANDDAUGHTER
A VIOLENCE SERVICE CONTRACTOR OF THE PROPERTY	MORTUARY - 50		CONTRACTOR OF A SECURE OF THE PARTY OF THE P	—IF APPLICABLE	Transmitted to	74 TUSCARORA NY. CA 92064	DETAE
	SA	N DIEGO, CA	92115	FD-790	-		son taking permit, 8B. DATE SIGNED
SCHNOWLEDGMENT OF A			sed disposition stated herein is one an authorized personnt to Section 710		> U	cettere >	70- 02/12/2001
PERMIT	BIONS OF THE CALIFORN	IN ACCORDANCE WITH PR	CODE	VICTORIA	MEZA 9	C. SIGNATURE OF LCC	AL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	OR THE DISPOSITION SPEC	\$7.0	0 02/12/20	A CONTRACTOR OF THE PARTY OF TH	2102/41	
LOCAL REGISTRAR	9D. ADDRESS OF REGIS	TRAP OF DISTRICT OF	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	ADDRESS OF REGISTRAR		CT OF DISPOSITION.	
TION REQUIRES A NEW	P.O. BOX 8	CAUFORNIA		IF DISPOSITION IS TO OCC			ea.
PERMIT TO SHOW FINAL USPOSITION.		CA 92186-522	2		-		
UTHORIZED DISP	OSITION(S) CHECK APPLI	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND			- 1	FOR CORO	NER'S USE ONLY
TA BURIAL (INCLI	UDES ENTOMBMENT)		E TEMPORARY	ENVAULTMENT		L DISPOSITION P	ENDONG-REMAINS LOCATED AT
B. CREMATION			F. DISINTERMEN			(Name and Add	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC U		OTHER	G. SHIP IN TO CO	ALIFORNIA OUTSIDE OF CALIFORNIA			
BURIAL	MOUNT HOP!	ESS OF CALIFORNIA CES CEMETERY		TIB. DATE BURIE	1	SIGNATURE OF PERSO	ON IN CHARGE OF BURIAL
			H DIEGO, CA 9	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Annual Contract of the Contrac	Wild F.	Kongs
CREMATION	12A, NAME AND ADDR	ESS OF CALIFORNIA CR	EMATORY	128, DATE CREMA	TED 12C	SIGNATURE OF PERSO	M IN CHARGE OF CREMATION
USE	13A. NAME AND ADDR	ESS OF CALIFORNIA FAI	CILITY RECEIVING REMAIN	NS 13B. DATE RECE	VED 13C.	SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
TRANSIT		ESS IN RECEIVING STATI MATED REMAINS ARE TO	E OR COUNTRY WHERE O BE SHIPPED	14B. DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER

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



Beth

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-01

ina Bell Liner	Funeral, date, time Mon, Feb. 13	11:00
Church, Chape Graveside	Sa tremovial	Mortuary.
All Funeral cars must arrive before 3:60 p. will be applied and billed to undersigned.	m. of regular work day or an extra charge of	s_150.º
Lot 1870 Grave Row_		995.00
Grave space & Care Fund		7-1-1-
Additional spaces and care fund	DAID	375.00
Handling Fees	0.8 5001	145.00
Flower vases – Marker setting fee	FEB	
Recording and filing fee	HOPE CEN DIEGO, CA	45,00
Sales taxes	CITY OF SA	14.25
	Total Due	764.25
and this is your authority to make dispositi	of the above name of the above name of remains as above indicated. I certify a sign and I agree to hold Mt. Hope Cemetery in and interment.	ind represent
I hereby authorize the interment in lot I hold under deed.	X Mary C fours	ave a
Signature of recorded holder of deed	> Texas city T (409) 949-9245	X 77590
Work Octor # E16183	Invoice #	

C Proper on recycled paper

This information is available in alternative formats upon request,

MT HOPE CEMETERY E-16183

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. =-16183

		1870 X	1871 Fred Rask	Janaby Mobley (no marke)
Interment space for:	Ru	iby 1	_ee Y	Nobley
Interment Date: Mon I	eb 13	Eth T	ime:	1:00
Grave Laid out by:	RICKY	+ Ka	2	
Agrees with Legal Care	i: 🗆 Y	cs [J No	
Agrees with Map:			No	
Blind Check & Verific	d By:	KEVIN		Date:

(12)

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

IA. NAME OF DECEDE	ENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) LEE MOBLEY		2. DATE OF BIRT MONTH, DAY, Y 01/04/192	EAR MONTH	DAY YEAR	4. SEX			
SAN DIEGO	0		58. COUNTY ENTER 8	OF DEATH-OUTSIN	EGO CHÂ	MANE RELATIONSHIP, FU DE INFORMANT INT. TE MAR MODE	LL MAILING AL	DORESS AND Z	
AND A DAY OF WARRY	VERSITY AVE O, CA 92104			FD-1575	SE NUMBER 29 SA BA	IS A ST. F4 N DIEGO, CA SHANTURE OF APPLICA	92102		
*ACKNOWLEDGMENT OF A	Section 10	cknowledge as applicant that the pr 376 of the Health and Safety Gode, as	nd was authorized pursuant to Secti	on 7100 of the Health and	Selects Code.	7000	min	- 102/0	4/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SI DINNET OF DISPOSAL OUTSIDE OF S	Y CODE PECIFIED	02	JOHNSON	DO SC. SIGNATURE O	1000	ISTRAR ISSUM	O PERMIT
TION REGURES A NEW	VITAL RECOR	EGISTRAR OF DISTRICT OF SALES	5222			DISTRICT OF DISPOSITION OF ANOTHER DISTRICT IN C			
TO AUTHORIZED DISP	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1					FOR (CORONER'S	USE ONLY	•
B. CREMATION		AINS OTHER	F. DISINTERS	RY ENVAULTMENT MENT O CALIFORNIA TO OUTSIDE OF (TION PENDING and Address)	REMAINS LO	CATED AT
BURIAL		DDRESS OF CALIFORNIA METERY; 3751 CA 92102			12-01	11C. SIGNATURE OF	PERSON IN C	CHARGE OF BI	JRIAL
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	129. 0	DATE CREMATED	12C. SIGNATURE OF	PERSON OF C	HARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA	FACILITY RECEIVING RE	MAINS 138.	DATE RECEIVED	13C. SIGNATURE OF	PERSON IN C	CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE	TO BE SHIPPED	BE 148.	DATE SHIPPED	14C. ADDRESS AND OF PLACING WI			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELIN INTIFY FINAL PLACE AND (DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS		150. UCENSE OF CREM MAINS C	HATED RE-

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

E-16183

INTERMENT ORDER

Elly of Seat Deeps

cus 2-7-01

Bell Lines	Mon. Feb. 12 11:00
	Ja beneral war
PARK OF THE RESIDENCE OF THE PARK OF THE PARK OF	
	- 10
	takes (benefited 10
was special few formations and	
	100 W
Sina Compres	
and the same	
tion rates - Marry 187 % Str.	
	45.5
Amended and party and	14.25
after (acces)	
	100
	and regarded to the control of the c
	Surveyor
may serve and X & ster	of the store formed decision
file of the second	
OSLEVIE SET	
	7 TEXAS SITE IX 72590
	(409) PU9-9345
	Service at 1
E16183	
	And if

Hala a

ugo careray

.

Che it straw way a straw has not

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-01

	./	Date	
You are hereby authorized and instructed, so	ubject to your rules	and regulations, to i	nter the remains
or Maria Ivil	a 20	180322	
there has an	Funeral, date, time	TUES 2	-40 a10
Church, Chapel Graveside	: *	FAMILY	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work da	y or an extra charge	of S
will be applied and billed to undersigned.	NOT THE STREET, AND THE STREET		
Lot 46 Grave 8 A Row_	Section	Q Division/6	Hock \\
Grave space & Care Fund	AID		300.00
Service Annual Service Control of the Control of th	0004		105.00
Burial Container FEE	3 0 7 2001		35,00
Handling Fees MT. HC	PE CEMETAR	Υ	60.00
Flower vases Marker setting fee OTY O	SAN DIEGO,	CA	80.00
Recording and filing fee			45.00
Sales taxes			4.13
		otal Due	649.13
Paid	receipt number	- 53330	644.13
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	n and I agree to hol	ove indicated. I cert	named decedent
I hereby authorize the interment in lot I hold under deed.	Signature 185.	wellcajypti	250139
Signature of recorded horder of deed	(909)	874-381	23/6 2 29 Code
10101	Invoice #_		
Work Order # EL 6184	Acct. #		

NO MARKERS

F-1618A

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 names, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

\	9	3	4	T		
	Figure		1000	ENC		
			46 X8A	1		
	-3174		8	N		
4	5	6	7	Th		
Interment s	pace for: _	mari	a Di	la	A	
Interment I	Date:		1	ime:		
Lot: 46	Grave	48.	Row:	Sect	: 2 1	oiv: 1\
Grave Laid	out by:					
Agrees wit	h Legal Ca	ırd: 🗆 Yo	es (J.No	alk	y me
Agrees wit	h Map:	J Yes		No		In In
Blind Chec	k & Verif	ied By:			Date:	

16184 (9) EMAINS

- Committee of the Comm	Luc	BLACK INK ONLY-MAK		HITEOUTS OR O				W-1211	-
1A. NAME OF DECEDI	Series Control of the	18. MIDDLE	AVILA			DATE OF BIRTH	3. DATE OF MONTH DAT	YEAR	4. SEX
MARIA DE LA	CUA .		58. COUNTY OF DEAT	H OUTSIDE CAUSE	e wave o	ELATIONSHIP, FULL MA	02/06/2	The same of the last owner, th	E CODE
COLTON			ENTER STATE	S. San Street, Million	OF INFO	RMANT			CODE
7A. TYPED NAME AND A		FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH TB. CA	IF LICENSE NUMBER FAPPLICABLE	185 N.	EUCALYPTUS CA 92376	CONTRACTOR OF STREET	-	
404 NO. SEV	PENTH ST COL	TON, CA 92324	PD .	45		URE OF APPLICANT—IN	rune beam permit.	8B. DATE	SIGNED
. ACKNOWLEDGMENT OF A	PPLICANT I hereby ack Section 1037	nowledge at applicant that the proposed dop 6 of the Health and Safety Code, and was author	osition stated herein is new of the	dispositions authorized by	ALL.	E-4 16.		02/13	
PERMIT ALITHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	AND IS THE AUTHORITY IN THIS PERMIT ONES NO. BD. ADDRESS OF REC IF DEATH OCCURRED	D IN ACCORDANCE WITH PROVI- RMA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED HIDTOF DEPOSITION SPECIFIED HIDTOF DEPOSITION OF SECTION IN CALIFORNIA 22415-00	\$7.00	G. CARRAI	OI NEA DE DISTRIC	4185613 T OF DISPOSITION— EX DISTRICT IN CALIFOR		AR ISSUING	PERMIT
A. BURIAL (INCL.			E. TEMPORARY ENVA	PRNIA		FOR CORD	PENDING RE		
BURIAL	MT. HOPE CE	DRESS OF CALIFORNIA CEMETE NETTERY STREET SAN DIEGO		2-20-0	D , 11G.	SIGNATURE OF PERS	ON IN CHARG	GE OF BU	RIAL
CREMATION	MT. VIEW CR	DRESS OF CALIFORNIA CREMAT EMATORY IND AVE SAN BERNARD		128 DATE CREMA	TEO 12C.	SIGNATURE OF PERSO	ON CHARG	E OF CRE	MATION
SCIENTIFIC	13A. NAME AND ADD	RESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERS	ON IN CHARL	E OF FA	SICITY
TRANSIT		PRESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		14B. DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH		RSON IN C	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDEN	EST POINT ON SHORELINE, OR OT TIFY FINAL PLACE AND CA <u>DISTR</u>		15B DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSIT		OF CREMA MAINS DIS —IF APPLI	TED RE-

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

INTERMENT ORDER

City of San Diego

Date_ 2-8-0|

	bject to your rules and regulations, to inter the remains
of LouisE MALL	150N PA 20010883
in a DOUBLE DEPTH	Funeral, date, time
Church, Chapel, Graveside DELIVER	MERKEY 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 5 Grave \B Row	Section Division/Diock \3
Grave space & Care Fund	12/ 00
Additional spaces and care fund	
Opening/Closing & Setup	11 5 00
Burial Contained	50.00
Handling Fires	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	386.00
DARNELL PRICE	Total Due
P. A. Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent not remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	* a-a0-01
	" Ren Dandl Price -
Signature of recorded noticer of deed	to make mitchell sp coon
	" cremited body
-10458	(n
Work Order # E16185	A

INTERMENT ORDER

City of San Diego

Date 2-8-0

You are hereby authorized and instructed, sub			er the remains
OF PATRICIA		7 111	-
in a DOUBLE DEPTH F	uneral, date, time _	101 4-	
Church, Chapel, Graveside DELIVER	Y : CA	BURIAL	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or	r an extra charge o	15
will be applied and billed to undersigned.			
Lot 4 Grave 5T Row_	Section	Division /Di o	or 13
Grave space & Care Fund			126.00
- The second of			
Additional spaces and care fund	A IP		165.00
Burial Container	D.		50.00
Burial Container Handling Fees	-30-		
Flower vases - Marker setting fee			
Recording and filing fee			45.00
Sales taxes			
DARNELL PRICE		l Due	386.00
P. A. Paid re	eceipt number		
		Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	and I agree to hold M	of the above na indicated. I certify ft. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	Signature		
	Antress		THE WAY
Signature of recorded holder of deed	City		Zip Code
	Telephone		MPS.
	Invoice #_ 3	45247	3-12-01
Work Order # E16186	Acct. # _ O	00952	F- (3.0)

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 1070691939 027027200119 PATRICIA ANN DEWASHER FEMALE 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. WEENERPEAT G. WHITE-DAUGHTER SAN DIEGO 8110 LEMON GROVE WAY #8 7A TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER CALIFORNIA CREMATION & BURIAL CHAPEL -IF APPLICABLE LEMON GROVE, CA 91945 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 FD-1357 BA. SIGNATURE OF APPLICANT—Person taking perint, 88. DATE SIGNED 02/07/2001 I hereby acknowledge an applicant that the proposed disposition stated becomes one of the disposition authorized by ACHROWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Gode, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRIGVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT 02/07/2001 2002470 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT C. RUSS MOTE: THES PERMET GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.O. BOX 852222 TION REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION. 92186-5222 SAN DIEGO, CA AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 12-22-01 SAN DIEGO, CA 92102 3751 MARKET STREET 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13B. DATE RECEIVED NOC. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15D LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CHEMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

-- 16186 NO

INTERMENT ORDER

City of San Diego

Date Feb. 8, 2001

	The second secon	
	s, subject to your rules and regulations, to inter	
0 11 1 1 1 1 1	Furieral, date, time	
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	s_150,00
will be applied and billed to undersigned.	X 4.8.C.	
Lot 91 Grave 12 Row	Section Division/Intelleged Lot F-1590	<u> </u>
Grave space & Care Fund	eeu Lui L-1530	
Additional spaces and care fund		775 00
Opening/Closing & Setup		3/5
Burlal Container LINER	DAID -	190,00
Handling Fees		145.00
Flower vases - Marker setting fee	EB 0.8 2001	
Recording and filing fee	TARY	45.00
Sales taxes MT.	HOPE CEMETAL CA	14.25
CITY	Total Due	769,25
P	aid receipt number 53333	769.25
	Balance due _	X
that I have the right to make this authoriza	of the above name of the above name of remains as above indicated. I certify a stion and I agree to hold MI. Hope Cemetery hon and interment. MARJORIE Sawy	and represent armless from
I hereby authorize the interment in lot I hold under deed.	Hariania Saucey	DR
Signature of recorded holder of deed	75AND, ego. CA. 9 76858) 992-9169	72111 Ze Cose
m 1010m	Invoice #	
Work Order # E 16187	Acct. #	N. Carlot

This information is available in alternative formats upon request.

O Privated int recycled paper

REA-104 (7-96)

INTERMENT ORDER

City of San Diego

Date 2-9-01

V	white at to your and		ations to lat	as the complete
You are hereby authorized and instructed, of	o la	es and regul	ations, to int	er me remains
in a BELL LINER	Funeral, date, ti	me Tues	2-13	1:00
Church Chapel Graveside		Max	emerical	Mortuary.
All Funeral cars must arrive before 3:30 p.r will be applied and billed to undersigned.		day or an ex	tra charge o	15150.00
Lot 170 Grave 3 Row_	Section	2	Division/816	
Grave space & Care Fund				895.00
Additional spaces and care fund	1 D			375.00
Burial ContainerFEB	9 2001			190.00
Flower vases - Marker setting OF SAN	EMETARY DIEGO, CA			45.00
Recording and filing fee				13.00
Sales taxes				1114 25
Pai	d receipt number	R-53	340	1664.25
*		В	alance due	-0
I hereby certify I am the #ATHE and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above indicat	ted. I certify	
I hereby authorize the interment in lot I hold under deed.	X Color X Acadesas	uard.	11900	Telles ST.
Signature of recorded holder of deed	X SAA On (619) releptons) 470	-394	92514 210 Code
Work Order # E 16188	Invoice A			

@ 25 inted in recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-16/88

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.

	Rios	Open	170 X 3	ope N 4	JACKSON 3	MILLER
	1	8	OPEN	10	"	7 12
Interment	space for:	EDWI	TRD F	ie L DS	>	

Interment space for: EDWARD FIELDS	
Interment Date: TVE 2-13 Time: \\00	
Lot: 170 Grave: 3 Row: Sect: 2 Di	v: 12
Grave Laid out by: Norm & Lon	
Agrees with Legal Card: Yes No	Jan Jus
Agrees with Map: Tyes No	me
Blind Check & Verified By: Sun F Date:	



35)

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	Town and				OF DEATH DAY, YEAR	4, SEX
EDWARD SA. CITY OF DEATH		RYAN	SB. COUNTY OF DEAT	NI manager may ar	# NAME	02/05/1966 0 RELATIONSHIP, FULL MAIL	02/06	/2001	EL CODE
OCEANSID	E		EMITED STATE	AN DIEGO	ESWA	RD R. FIELDS	- FA		r. GOLL
SAN DIEG	DESS OF CALIFORN O MEMORIAL VERSITY AVI OM CA 92104		- 1 -	LIF. LICENSE NUMBER IF APPLICABLE -1575	SAN 1	DIVISION ST. DIEGO, CA 921	114 un taking per	nt, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF M	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposed disp 0.76 of the Health and Safety Code, and was autho	ember stated herem is one of the rived pursuant to Section 7100 of	e dispendions authorized by the Health and Safety Code	14	Mostroc	m	040	1/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND BAPETY CODE BY FOR THE DISPOSITION SPECIFIED IN BISHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00	02/12/20 J. JOHN	01	9C. SIGNATURE OF LOCA ▶ 2102730	AL REGIST	TRAR ISSUI	IG PERMIT
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW PINAL SPOSITION.	vital Reco	EGISTRAR OF DISTRICT OF DEATH IN IN CAMPONIA BOX 852 CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU		ICT OF DISPOSITION— THEIR DISTRICT IN CALIFORN	HA.		
THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			. 3	FOR CORO	NER'S	USE ONL	*
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE .			SIDE OF CALIFORNIA		(Name and Add			
BURIAL	THE PARTY OF THE P	DDRESS OF CALIFORNIA CEMETE CHETERY; 3751 MARK CA 92502	11.7	2-12-0		SIGNATURE OF PERSO	IN IN CH	ARGE OF B	UHIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	IED 12C	SIGNATURE OF PERSO	N SHA	AGE OF CA	EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERSO	IN CH	ARGE OF F	ACILITY
- TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 140	ADDRESS AND SIGNAT OF PLACING WITH THE			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI			MATED RE- DISPOSER

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

INTERMENT ORDER

City of San Diego

Date 2-9-01

0-11	ed, subject to your rules and regulations, to in	ter the remains
1-1.000.00	Funeral, date, time FRI 2-10	0,700
Church Chapel Graveside	Calif Burial	Mortuary.
All Funeral cars must arrive before 3.6	p.m. of regular work day or an extra charge	150.00
will be applied and billed to undersigne		
Lot 121 Grave 10 Rot	w Section 2 Division/Blo	n 13
Grave space & Care Fund	L MI	795.00
Additional spaces and care fund Opening/Closing & Setup	FEB 0.9 2001	375.00
Burial Container M	T LIGHT CEMETARY	110.00
Handling Fees CIT	V OF SAN DIEGO: G	145.00
Flower vases Marker setting fee	.0.00.000	125.00
Recording and filing fee		45.00
Sales taxes		14.25
	Paid receipt number R- 533 41	1689.25
~	Balance due	-0
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of said authorizany	esition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery	amed decedent y and represent harmless from
I hereby authorize the interment in lot I hold under deed.	x 255 Winewood S	Street
Signature of recorded holder of deed	Vielephone CFA	92114 64 Exp Cude
Work Order # E16189	Invoice #	

E-16189

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.

	CUIDRY	RHODE'S	No-Warker	WALKER	
	9	σı	11	G.	
	Mary Frances Hamilton	Ronald Lasten	DOROTHER MARKEN	Maria E, WOODS No-Markor	
	0	. 1	1		
Interment space for:	Kor	ald	rgs.	ter	0834
Interment Date:	-9.10	т	ime:		
Lot: 121 Grave	10	Row:	Sect:	2 Di	v: 11
Grave Laid out by:					
Agrees with Legal Ca	ard: 🗖 Ye	s C	J No	Flac	
Agrees with Map:	l Yes		lo \		eave /
Blind Check & Verif	ied By:		3/26	_ Date: _	_

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE RONALD -		IC. LAST (FAMILY)).	2. DATE OF BIRTH A DATE OF DEATH 4. MONTH DAY, YEAR 02/09/2001	SEX		
SA. CITY OF EXETE	DEATH				Anne 4 min	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT SHARON R. THOMPSON - SISTER	XO€
. CALIF	ORNIA	CREMATION	& BURIAL SAN DIEGO, CA		CALIF. LICENSE NUMBER —IF APPLICABLE D. 1352	SAN DIEGO, CA 92102 SEMATURE OF APPLICANT—Purph taking penni, 8B. DATE SI	GNED
ACHNOWLE	DOMENT OF AP		denominate as applicant that the propose 576 of the Health and Salety Gole, and was			Mullyn Lay 102/13/	2001
PERA AUTHORIZA LOCAL REI	TION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	DED IN ACCORDANCE WITH PROPRIED IN ACCORDANCE WITH PROPRIED CONTROL SAFETY CONTROL SAFETY CONTROL OF CALFORNIA CHICAGO	PIED \$7_00	PAID BB. DATE BERMIT IS	SUED SCHOOL TUME DESIDENT ABBISTRUM SUING P	ERMIT
ANY CHANGE TION REQUIR TION SEQUENTIES TO SH	IN DISPOSH IES A NEW HOW FINAL	IF DEATH OCCURRE			# DISPOSITION IS TO OCCUR	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA ST., SAN DIEGO, CA 92186	-
TO: AUTHOR		OSITION(S) CHECK A				FOR CORONER'S USE ONLY	
B. CRI	EMATION		ARKS OTHER	E. TEMPORARY EN		L DISPOSITION PENDING FIEMAINS LOCA (Name and Address)	ED AT
BUR	RIAL	MT. HOPE	DORESS OF CALIFORNIA CEA CEMETERY ET ST., SAN DIE		2-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA	
CREM/	ATION	12A, NAME AND AL	ODRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATED	12C. SKINATURE OF PERSON IN CHARGE OF CREMA	TION
SCIEN		13A. NAME AND AL	ODRESS OF CALIFORNIA FAC	ALITY RECEIVING REMAINS	138. DATE RECEIVE	D 13C SIGNATURE OF PERSON IN CHARGE OF FACIL	TY
TRAN	NSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHAOP OF PLACING WITH THE CARRIER	AGE
5			REST POINT ON SHORELINE, O	A OTHER DESCRIPTION SUF	158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 15D, LICENSE NUM CHARGE OF DISPOSITION OF CREATER	

INTERMENT ORDER

City of San Diego

Date 2-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the rer	nains
of Froist Filtres	00
in a Double Depth Funeral, date, time Mus 2-13 1:	00
	uary.
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	
e I HAS A	
Lot 3, Grave Row Section Division/Black	
Grave space & Care Fund	100
Additional spaces and care fund	+00
Opening/Closing & Setup	.00
Burial Container	.00
Handling Fees FEB 0.9 2001 320	00
Flower vases - Marker setting HOPE CEMETARY	
Recording and filing fee CITY OF SAN DIEGO U	00
Sales taxes	50
Total Due	.50
Paid receipt number	5.00
R-53 42 Balance due 2043	50
I hereby certify I am the DAUCHTER of the above named dec	41 5 U
and this is your authority to make disposition of remains es above indicated a Certify and reprint that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless	esenk -
any liability on account of said authorization and interment.	nom 6
I hereby authorize the interment in lot I	
hold under deed.	8134
SON DIELO CA 90	115
Signature of recorded holder or assed SAN DIECO, CA 92 January (619) 441-9183	e Code
Pelophone 2 CT 2 TIO	
caral(619) 281-2119	
Work Order # E 16190 Acct. #	

O Printed on Preselve journ

REA-104 (7-96)

This information is available in alternative formats upon request.

.... E16190

Mt. Hope Cemetery Prepayment Plan Record

Janet Cumberbatch & Carol Wiggins 6161 El Cajon Blvd. # B134 San Diego, CA 92115 (619) 441-9183 E-16106

Preneed for: Janet Cumberbatch & Carol Wiggins

Lot 5 Grave 1 Div A Sec MAS

Payment NO. 1
Payment Due Date January-01
Payment Amount Due 79.00
Balance Due 1,819.38

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 16190

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.

FILE	ARMST	LONG	noc	AFFRE	
MARTIN	Hurlt	preh	x 1	open	#iLSTROW
				ittle	5
Interment	Date: T 0	E 2-	13 1	Time:	
	_ Grave		Row:	0	A Div: A
Grave Lai	d out by: _	Norm	4 6	N	
Agrees wi	th Legal C	ard: 🗆 Y	es [J No	FLAG ON GRAVE
Agrees wi	th Map: [J Yes	0	No	SIR
Blind Che	ck & Veri	fied By: 🚄	h		Date:

OFFICIAL RECEIPT WHITE TO GANARY PINK.	CITY OF SAN DIEGO, CALIF		5322	24
From Jant Cumberbatch Seventy-Nine and	Address: 3281 College	1-5 2 Opt 31	06 Semon () 19.00	nove
In - PART Payment of	re-Need Lot and 1	icus 1		_
Lot 5 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	ection MA	5 Division Block	A
Invoice No. Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	Charles and Charle	5 Division Block 67007 77184 100 77184 100 77182 100 77182 100 77185	A

TI 100 P 16106

PRE-NEED LOT & TRUST

	1903 200	DEBIT	CREDIT	BALANCE
-27-00	Opened Pre-Need Lot & Trust.			
	Lot 5 Gr. 1 Sec. MAS Div. A	1,495.00		
	Trust Includes: Opening & Closing; T.S. Vault; Handling Fee; Recording Fee; Tax on T.S. Vault; Upright Marker Setting Fee.	1,036.38		2,531.38
-27-00	Receipt: R-53185		633.00	1,898.38
05-01	R=53224 Paymt #1		79.00	1,8,19,38
UE I				

CUMBERBATCH, JANET & WIGGINS, CAROL

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2 DATE OF BIRTH	3. DATE OF DEATH	4. SEX
. Eloise		Denise	Littles		01/27/1923	02/07/2001	F
5A CITY OF DEATH La !	Mesa		SE COUNTY OF DEATH ENTER STATE San Diego	-OUTSIDE CALIF. 6	NAME RELATIONSHIP FULL OF INFORMANT AILTED D. Litt		EIP CODE
Anderson-R	agadale Mor	A-FUNERAL DIRECTOR OR PER t.; 5050 Federa Lego, CA 92102	il Blvd.	220	115-88 233rd S Construction of APPLICANT-	Ayeen, NY 1141	1 11411
- ACKNOWLEDGMENT OF A		cknowledge as applicant that the propose 376 of the Hoalth and Safety Code, and was			Delbu Wel	20_ 02/0	09/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	MED IN ACCORDANCE WITH PR CORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECI O MIGHT OF DISPOSAL OUTSIDE OF CILIFO	FIED 87 00	827137260	SQUED 9C. SIGHATURE OF L	OCAL REGISTRAR ISSUE 2102823	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW COUNT TO SHOW FINAL ISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D D IN CALIFORNIA . Box 8 Diego, CA 9218	35222		OF DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALIF	DRNIA	X
TO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	RNIA	L DISPOSITION (Name and	PENDING—REMAINS L	OCATED AT
BURIAL	Ht. Hope	Cemetery; 3751 San Diego, CA	Market St.	2-12-01	11C SIGNATURE OF PE	RISON IN CHARGE OF E	IURIAL
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CRE	MATORY	128, DATE CREMATE	D 12C. SIGNATURE OF PER	BON IN CHARGE OF CI	REMATION
SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA FAC	BLITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED	0 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND GA D		158 DATE OF DISPOSITION	15C. SIGNATURE OF PECCHARGE OF DISPO	SITION OF CRE	E NUMBER EMATED RE- DISPOSER PPLICABLE

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



INTERMENT ORDER

City of San Diego

Dale Feb. 9, 2001

of	PRE-Need	1 Lot f	er: Corazonl	: Alonzo
in a	Type of Burgal Container	Funeral, date, t	ime	
Church, Ch	apel, Graveside			Mortuary-
All Funeral	cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge of	15
will be appl	led and billed to undersigne	od		-
o1 48	5 Grave Ro	w Section	Division Blo	ick 10
Grave spac	e & Care Fund			995
	spaces and care fund			
Opening/Cl	osing & Setup	BAID		
Burial Cont	ainer	PAID		
landling Fe	ainer	n a 2001		
lower vase	es - Marker setting fee	FER 02 5		
Recording a	es – Marker setting fee and filing fee	AT HOPE CEMET	ARY O. CA	
Sales taxes	CI	TY OF SAN DIES	8,4	
			Total Due	995.00
		Paid receipt number	53344	995.00
		2.534.044.546.044.446.	Balance due	D
l hereby ce	rtify I am the		of the above na	
and this is	your authority to make disp the right to make this author on account of said authoris	rization and I agree to ration and interment.	above indicated. I certify hold Mt. Hope Cemetery Corazon , G	and represent harmless from A Lonzo
hereby au hold under	horize the interment in lot deed.	X Zpco Signature → 10	107 Jamac	0
ignature of reco	orded halder of dired	— → Sρ. → 7619 Telephane	RING Valley, C) 670-641	A 91978
	-10101	Invoice A		
Nork Order	"E16191	Acct. #		

CHAIRS INTE	RMENT ORDER
8 CHAIRS GATE O	Samadi-Rad Date 2-12-01
ben	Samadi-Kad Date 4 14
You are hereby authorized and instructed of FARHAD S:	I, subject to your rules and regulations, to inter the remains RAD
in a	_ Funeral, date, time TUE 2-13 1:00
Type of Burial Container Church, Chapel, Graveside	GREENWOOD Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 1/3 Grave Row	MUSLIM Division/Black
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	D 450,00
Burial Container FEB 1.2	2001
Flower vases - Marker 19410PE CE	METARY
Recording and filing feGITY OF SAN	DIEGO, GA 45.00
Sales taxes	6.00
	Total Due 501,00
P	aid receipt number <u>R-53346 501.00</u>
VM CI	A Balance due
and this is your authority to make dispos	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	X M Shablat Red x 87 47 Clifton way 42
	X 87 47 Clifton way #20 XBevery Hills Ca 9021
Signature of recorded froider of deed	X Blo) 248 2407 To Code
- 10100	Invoice #
Work Order # E 16192	Acct. #

REA-104 (7-96)

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

FARGAD	NT—FIRST (GIVEN)	1B. MIDDLE	SAMADI R	LAD		10/1947	02/09/200	
A. CITY OF DEATH LA JOLLA	HEL.		5B. COUNTY OF DEAT ENTER STATE	SAN DIEGO	OF INFORMAT	(T	ART: FRIEND	
GREENWOOD	MORTUARY	I-805 &		IF APPLICABLE	ASSESSMENT OF THE PARTY OF THE	N, CA 92	CONTRACTOR OF THE PARTY OF THE	
ACKNOWLEDGMENT OF AP	outcome 1 benefity a	DIEGO, CA 9210	ed disposition stated herein is one of the	FD-843 e dispositions authorized by	BA. SIGNAPHRE	OF APPLICANT	Person taking permit, 88.	13/2001
	38CSHB 10	176 of the Health and Safety Code, and was SED IN ACCORDANCE WITH PR			ISSUED 9C SIC	WATURE DE LO	The state of the s	Bedarf Burtadede
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT,	ORNIA HEALTH AND SAFETY OF Y FOR THE DISPOSITION SPECIAL DISPOSAL DITSES OF CALFO	PIED 27 00	VICTORIA 02/13/20	MEZA 2	102840		4
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ENIT TO SHOW FINAL DISPOSITION.	P.O. BOX			DORESS OF REGISTRAR DISPOSITION IS TO OCCI				
U. AUTHORIZED DISPO	CHARLEST STATE OF THE PARTY OF	CONTRACTOR OF THE PARTY OF THE	EZ 1			FOR COF	RONER'S USE O	NLY
B. CREMATION		ANNE OTHER	F. DISINTERMENT			(Name and /	Address)	S LOCATED A
B. CREMATION	OF CREMATED REM. METERY SE 11A NAME AND AS 15OURT HOP	OCRESS OF CALIFORNIA CENTER CEMETRRY	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA	1 1		ASON IN CHARGE OF	
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKETERY SE 11A NAME AND AIR ROUNT HOP 3751 MARK	ORESS OF CALIFORNIA CEN	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT: METERY DEEGO, CA 92102	ORNIA SIDE OF CALIFORNIA	1 - Ke	ATURE OF PER		F BURIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM. METERY SE 11A NAME AND AT ROUNT HOP 3751 MARK 12A NAME AND AD	ORESS OF CALIFORNIA CEN E CEMETERY ET STREET, SAN	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT METERY DEEGO, CA 92102	ORNIA SIDE OF CALIFORNIA 118 DATE BURE 2 2 - /3 - 0 128 DATE CREMA	TED 12C. SIGN	ATURE OF PER	ASON IN CHARGE OF	F BURIAL CREMATION
BURIAL CREMATION G. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAMETERY SE 11A. NAME AND ALL 12A. NAME AND ALL 13A. NAME AND ALL 14A. NAME AND ALL 14A. NAME AND ALL	DORESS OF CALIFORNIA CENTER IN CONTROL OF CALIFORNIA CRE	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT: METERY DREGO, CA 92102 EMATORY CILITY RECEIVING REMAINS FOR COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 118 DATE BURE 2 2 - /3 - 0 128 DATE CREMA	VED 13C SIGN	ATURE OF PER	ISON IN CHARGE OF	CREMATION F FACILITY



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 12, 2001

1			
You are hereby authorized and instructed, su	bject to your rules and	regulations, to inter	r the remains
or Dean E. G	rraven	2.00	Que
ina ASH Vall+	Funeral, date, time 1	HUR 2-12	AIN
Church, Chapel, Graveside	ERY ONly: Ber	bough (El	CAMINO - Becke Mortuary.
All Funeral cars must arrive before 3:00 p.m.	The state of the s		s_150.00
will be applied and billed to undersigned.			
Lo 3992 Grave Row		Division/Block	10
Greve space & Care Fund Double Pro	e-Need As	h Plot	1
Additional spaces and care fund (1/6/19	971) C-95	88 5	2
Opening/Closing & Setup			2
Gurial Container		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
Handling Fees			0
Flower vases - Marker seiting fee			
Recording and filing fee			2
Sales taxes	·····		8
	Jotal	Due	8
Paid r	eceipt number (179	(09)	D
	0	Balance due _	Q
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mr.	of the above name	nd represent
I hereby authorize the interment in lot I hold under deed.	Segnature 1833	Capistr	en t
Remailing of recorded repider of dead	(4/9) 6	223.0	92106 880
Work Order # E 16193	Invoice #		
AACIK OLGOL # - T O T O	Acct. W		

This information is available in alternative formats upon request.

O Printed on recycled paper

E 16193

Delivery Only!

El CaminoBenbough Mort. DC

ok for by de color of selection

2/12/01
Family to
Sign papers
Tues 2/13/01

MT HOPE CEMETERY F-16193

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: Place Ashes Upper Left.

3991 3992 3993 3994 Cleo Dean E. Tree Charles Shirk Greaten Tree Star						
cleo Dean E. Charles	3994	3993	3992	3991		
	Charles		Dean E.	100		
					THE STATE OF	

Interment space for: Dean	E. GR	aven
Interment Date:	Time:	No. of the last of
Lot: 3992 Grave: Roy	w: Sec	t: Div: 10
Grave Laid out by:		
Agrees with Legal Card: Yes	□ No	(Flag.)
Agrees with Map: Yes	□ No	Flag.
Blind Check & Verified By:		Date:

28695

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DEAN	ENT-FIRST (GIVEN)	IB. MIDOLE ELTON	1G. LAST (FAMILY) GRAVEN		2. DATE OF BIRTH MONTH, DAY, YEAR 07/14/1917	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 02/08/2001
SAN DIEGO			SB. COUNTY OF DEATH ENTER STATE	M DIEGO	JANE GRAVEN - W	MAILING ADDRESS AND ZIP CODE
· EL CAMINO	MEMORIAL -	A FUNERAL DIRECTOR OR PERS BENBOUGH CHAPE SAN DIEGO, CA 9	r i	F LICENSE NUMBER APPLICABLE	1855 CAPISTRANO SAN DIEGO, CA 9	
ACKNOWLEDGMENT OF A	ner scant 1 hereby	accountings as applicant that the proposed 0376 of the Health and Sahely Code, and was	dispusition stated herein is one of the	dispositions authorized by	DE SIGNATURE OF APPLICANT	02/09/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISS SIGNS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT. ROTE THE FORM! GHES N	UED IN ACCORDANCE WITH PROFESION ACCORDANCE WITH PROFESION SPECIFIC IN SPECIFIC OF CALFORNIA OF	9A. AMOUNT OF FEE PA	98. DATE PERMI 02/09/2 P Valent	rissued 9C. SIGNATURE OF LO 2001 2102701 ine	OCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTHAR OF DISTRICT OF DE ED IN CALIFORNIA CORDSPO BOX 8 D. CA 92186-5222	1 10 2		OF DISTRICT OF DISPOSITION—	
AUTHORIZED DISP	OSITION(S) CHECK A	APPLICABLE ITEMS			FOR COL	RONER'S USE ONLY
A BURIAL UNCLU B B CREMATION C DISPOSITION THAN IN A CE D SCIENTIFIC US	OF CREMATED REM EMETERY SE		E. TEMPORARY ENVA	IRMA IDE OF CALIFORNIA	(Name and	
BURIAL	MT HOPE	DDRESS OF CALIFORNIA CEM CEMETERY, 3751 H D, CA 92102		118, DATE BURIE	D TIC SIGNATURE OF PE	RSON IN CHARGE OF BURIAL
CREMATION	CYPRESS V	DORESS OF CALIFORNIA CRE VIEW CREMATORY, DIEGO, CA 92113	Control of the Contro	2//2/	TED 12C. SIGNATURE OF PER	ASON IN CHARGE OF CREMATION
SOMENTIFIC	13A, NAME AND A	DORESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	138, DATE RECE	VED 13C SIGNATURE OF PE	ASON IN CHARGE OF FAMILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPP	ED 14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA DE		16B. DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPO	

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

Pre- reed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 2-\3-0|

ina LINER	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	Berge What Mortuary
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 76 Grave 4 Row_	Section Division/Black
Grave space & Care Fund	Nre. Need D-8118 -6
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker Felding le3. 2001	
Recording and filing fee MT. HOPE CEMET	4 2 17 17
Sales taxes CITY OF SAN DIEG	o, ch 19-45
The second secon	Total Due 167. 2
Pa	aid receipt number <u>R-53552</u> 769.25
	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization and liability on account of said authorization.	of the above named decedent ion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from and interpret.
I hereby authorize the interment in lot I	× Chounell William
hold under deed.	X Signature 462 W 125 PL
Signature of recorded holder of dieed	X any 173-821-4010
Work Order # E 16194	Invoice #

INTERMENT ORDER

City of San Diego

Date 2 - 13 - 0 |

You are hereby authorized and instructed	ed, subject to your rules	and regulations, to i	nter the remains
of Wort J.	Benever	The second secon	
in a LINER Type of Burnal Containing DC	Funeral, date, time	FRI Feb	16 1:00 p
Church, Chapel, Graveside	O also Opens	trameria	Mortuary.
All Funeral cars must arrive before 3@0	p.m. of regular work day	y or an extra charge	ors 150-00
will be applied and billed to undersigned	X		
LOS 32 Grave 1 Row	Section _	Division#8	A CONTRACTOR OF THE PARTY OF TH
Grave space & Care Fund			895.00
Additional spaces and care fund		***************************************	572 - 6
Opening/Closing & Setup			375.00
Burial Container PAID			140-00
Handling Fees FEB 1 3 2001	,	***************************************	145.00
Flower vases - Marker setting fee	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Recording and MAT MOPE CEMETA			45.00
Sales taxes CITY OF SAN DIEGO	O, Cr		14.25
	T	otal Due	1664-52
	Paid receipt number	MIC	1664.23
+ 0		Balance due	,0
I hereby certify I am the	zation and I agree to hol	ove indicated. I certi d Mt. Hope Cemeter	y harmless from
I hereby authorize the interment in lot I hold under deed.	X PUN	J Benes	
Signature of recorded holder of deed	X San San X SSP Yaliannana	Diego, CA 5810036	7 216 9 Zp Cose
F 1010F	Invoice #		
Work Order # E 16135	Acct. #	2017 2017 2017 2017	

E-16195

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.

		-				
			Х			
Interment spi	ace for: _/	Alber	* J.	Bene	vento	
Interment Da	ite:		т	ime:		
Lot: 32					D	iv: 12
Grave Laid o	ut by: 🗘	DN -	Non			
Agrees with	Legal Card	: □ Y	es [J No		
Agrees with	мар:	Yes	D	No		
Blind Check	& Verified	Ву:	K-f-		_ Date: .	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
ALBERT		J.	BENEVI	ETO	08/10/1911	02/07/2001	H
SA CITY OF DEATH LA JOL	LA	1	58. COUNTY OF DEAT ENTER STATE S	H-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL OF INFORMANT BENEVETO:	MAILING ADDRESS AND Z	P CODE
			ABERNATHI AVE	FAPPLICABLE	3991 CROWN POT SAN DIEGO, CA A SIGNATURE OF APPLICANT-	DRIVE 92109	E SIGNED
ACKNOWLEDGMENT OF AF	PLICANT I hereby a Section 10	dynamicage as applicant that the 376 of the Health and Safety Code	proposed disposition stated leaven is one of the and was putheresed paramet to Section 7500 or to	dispositions authorized by In	Cutori.		5/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	FED IN ACCORDANCE WIT ORINA HEALTH AND SAF TY FOR THE DISPOSITION O BREAT OF BESPOSAL OUTSIDE OF	SPECIFIED \$7.00	VICTORIA N	squen 90 SIGNATURE OF L EZA 2103073	OCAL REGISTRAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX				F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUS		
THORIZED DISPI	OSITION(S) CHECK A				FOR CO	RONER'S USE ONL	1
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM.	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS	ORNIA	L DISPOSITION (Name and	Y PENDING REMAINS LA Address)	CATED AT
BURIAL	MOUNT HOP	DDRESS OF CALIFORNIA PE CEMETERY TET STREET, S	AN DIEGO, CA 9210	2-16 01	IIC. SIGNATURE OF PE	RSON IN CHARGE OF B	JRIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA	CREMATORY	128 DATE CREMATE	D 12C. SIGNATURE OF PER	ISON IN CHARAE OF CR	EMATION
SCIENTIFIC	13A, NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEIVE	D 13C SIGNATURE OF PE	RSON IN CHARGE OF F	CILITY
' TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE	14B. DATE SHIPPED	0 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO		AATED RE- HSPOSER

hil repeared

REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-14-01

in a	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	Mortus	anv.
and the second s	.m. of regular work day or an extra charge of \$	es y
will be applied and billed to undersigned.		
Lot \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Section\ Division/Bleek	
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		-
Handling Fees		Ė,
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	4
Pe	ald receipt number	
X	Balance due	7
I hereby certify I am the Successon	r Trustee of the above named deced	ient
and this is your authority to make dispositional that I have the right to make this authorization	ation and Lagree to hold Mt. Hope Cemetery harmless tron and Interment. Engine William to the desired	rom
and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorization hereby authorize the interment in lot I	thon and lagree to hold Mt. Hope Cemetery harmiess to on and interment. Engene William fathodoxidad Sugar Valler Tetrodes to the Sugar Sug	TE
and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	on and I agree to hold Mt. Hope Cemetery harmiess to on and interment. Engene William fathe de atual to the second	TE
and this is your authority to make disposit that I have the right to make this authoriza	thon and lagree to hold Mt. Hope Cemetery harmiess to on and interment. Engene William fathodoxidad Sugar Valler Tetrodes to the Sugar Sug	TE

Q Pennind on ricycled paper

This information is available in alternative formats upon request.

REVOCABLE TRUST AGREEMENT

This Trust Agreement is entered into this 4th day of Thay, 1993, by and between CAROL JESSICA STURTEVANT, as Settlor, and CAROL JESSICA STURTEVANT, as Trustee. This trust shall be called the CAROL JESSICA STURTEVANT FAMILY TRUST.

ARTICLE I

TRUSTEES

1.01 During her lifetime, CAROL JESSICA STURTEVANT shall serve as Trustee of the trust created herein. Upon the incapacity (as determined in accordance with Paragraph 4.013 hereinbelow) or death of CAROL JESSICA STURTEVANT, Settlor's brother, EUGENE WILLIAM STURTEVANT, also known as EUGENE WILLIAM PATNEDE-STURTEVANT, is hereby named sole successor Trustee. In the event EUGENE WILLIAM STURTEVANT is unable or unwilling to serve as successor Trustee, Settlor's sister-in-law, RUTH PATNEDE-STURTEVANT, is hereby named as alternate successor Trustee. In the event RUTH PATNEDE-STURTEVANT is unable or unwilling to serve as successor Trustee, Settlor's niece, JOY ELLEN STURTEVANT, is hereby named as alternate successor Trustee. The Trustee and successor Trustee are hereinafter referred to as "Trustee".

TRUST PROPERTY

1.02 The Settlor has transferred and delivered, or will transfer and deliver, to the Trustee, without consideration, the property described in Schedule A attached hereto. Also, the Settlor has designated or will designate the Trustee as beneficiary of the life insurance policies described in Schedule B

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200037 0 1 4 8 9 0

-			V#-1					NUMBER
	CAROL		2. Middle	JESSICA	- 22	STURTE	VANT	
	01/08/1914	B6	MONTHY 34	THE HOUSE THIS	F	09/23/20	00	2210
DECEDENT PERSONAL DATA		10	YES X NO []-UNK 12	Nev. Mar.	18		
	Caucasian		Vas_		_ x	Rancho Lo	s Amigos Reh	abilition Ctr.
	Nurse/Teacher		AR HIND OF BU	Rehabili	tation	THEFT	15 YEARS IN 0	ECURATION
USUAL	710 West 13th A	venue	COUNTY	123	2m cock	24. Yes IN CO	ONTY UN STATE	OR FOREIGN COUNTRY
	Escondido	WITTE	an Diego	The second secon	025-5598	39	C/	
INFORMANT	Eugene W. Sture	100000000000000000000000000000000000000	ther so. woods	3605 Firs		#202 San D	iego CA	92103
SPOUSE AND PARENT	31, NAME OF PATHER—FIRST Jess	7	32. HIDDLE Gra		93- LAST	Sturtevant		38 OHTH STATE
INFORMATION	35 NAME OF HOTHER-FIRST		36 HIDOLE		37. 345	Bowles		NS ENTER STATE
CHAPCHITIONIS	09/20/2000	t sea off	DISCOSITION		ego Coun	THE STATE OF THE S		1 400
PUNERAL BIRECTOR	CR/SEA		>	Not Em	balmed			Nas Nit
AND LOCAL REGISTRAR	Humphrey Chula Vi		ry FD-964		Linny	C Charen MI	09/2	7/2000 0
PLACE OF DEATH	Redwood Terrace H	AND NUMBER OR	D D	PIOP DOG	X conv	THEN THAN HOPPITAL GARE OTHER	San Di	ego
	107. DEATH WAS CAUSED BY					4 Mos.	108. BIGHTY	X No
CAUSE								
DEATH	DUE TO (D)				100			X No
	DUE TO (D) OUE TO (D) TIE OTHER SIGNIFICANT CONDI-	trons confineuti	NG TO SEATH BUT	NOT ASLATED TO	EAUSE GIVEN	HI 103		X No
	DUE TO (D). 112 OTHER S-GMIFICANT COND. NONE. 113 WAS DESAUGH PERFORM. NO.	ED FOR ANY CONDI					111. USED IN E	X No
	DUE TO (0). 113. OTHER SEMIFICANT COND. NONE 113. WAS DESASTION PERFORM. NO 114. CASTIVE THAT TO THE SEXT AND FACE STATE FROM THE COLUMN OF THE COLUMN	OF MY KNOWL HE HOUR, DATE IS CAUSES STATED, IT LEST SERVICE LIVE 19 T-CEY F	112. HIGHATURE	OR HIST IF YES	THE OF DE	110 MENNEY C 23 7	111. Uses in a ves	HITEMPHONE CANES
PHYSI- CIAN'S CENTUPICA-	DUE TO (D) 112. OTHER SIGNIFICANT CONDI NONE 113. WAS OPERATION PENPERNI NO 114. CRETIFY THAT TO THE SET AND PLACE STATE PROM TH OCCUPIES AT THE TO PROM TH OCCUPIES AT THE TO THE SET AND ADD PLACE STATE PROM TH	OF MY ENGINE OF MY ENGINE HE HOUR, DATS E CAUSES WAYED I LEAF SERVE I TO SERVE I TO SERVE ATT SHID PLACE ATTED HOWEDE COULD HOT SE COULD HOT SE	Abraham J	and TITLE OF CERT COULDED OROTHONO OROTH	TOTAL THE OF OR	110 MEXAGE C-257	111. Used to 117. Date of 117.	No N

A0545429

County of San Diego - Department of Health Services - 3851 Reservans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required for paid.

DATE ISSUED: September 29, 2600

GEORGE R. FLORES, M.D. REGISTRAR OF VATAL RECORDS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrer





CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

3/30/1968

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Carol J. Sturtevant	for the sum of \$	0.00 (DOLLARS)
LEGAL DESCRIPTION Lot 1800 Section	Division 8	
AS DESCRIBED ON PURCHASE ORDER NUMBER _	E-9593	

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:

21 % 11 Flush Carker Only

Karpmond W. Takne

FORM PR-584

Park and Recreation Director

IST Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 14, 2001

or Charles	Edward	FORD	r the remains
ina DBL, CRYPT	Funeral, date, ti	ime Sat. Feb. 17	11:00a
Church, Chapel, Graveside		Ragsdale	Mortuary
All Funeral cars must arrive before 3:	90 p.m. of regular work	day or an extra charge of	s 150.9
will be applied and billed to undersign	ned. X		
Lot 3/05 Grave - R			10
	low Section		* 10
Orate opaco a care i dila		TRUST E-16015	0
Additional spaces and care fund. Si	Hunday Over	time Change	6000
Opening/Closing & Seturo	D		8
Burial Container			0
Handling FeesFFR 45.	2001	2	0
Flower vasds - Marker settion fee	Ribon (1)		9
Recording and filling THE CE	METANY DIEGO, C		9
Sales taxes	7,200, 0		0
R-52997		Total Due	600-00
	Paid receipt number	R-53361	600.0
70.4		Balance due	-0
I hereby certify I am the		of the above nar	
and this is your authority to make dis that I have the right to make this auth	orization and I agree to	hold Mt. Hope Cemetery h	
any liability on account of said author	ization and interment.	Carolyn For	eD.
hereby authorize the interment in los	t I Signature		
hold under deed.	X		
Signature of recorded holder of deed	- X		
	Teleghone)	Zip Code
	Invoice #		
Work Order # E 16197	Invoice i		
Work Order # E 10137	Acct. #		1 1 10 10

O Printed on recorded paper

MT HOPE CEMETERY

E-16197

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: DBL, CRYPT

3104	3105	3104	3107	3108
ADSIT Elizabeth	X	open	Buttles. John W.	Buttles, Pauline A.
Franklin Minnie Lee	Robbets Henry Stamon	_	Clark	

Interment space for: Charles Edward	Food
Interment Date: Sat. Feb. 17th Time: 11:1	00am
Lot: 3/05 Grave: Sect:	Div: 10_
Grave Laid out by: Now & Low	1
Agrees with Legal Card: Yes No	(Klag
Agrees with Map: Yes No	Gran
Blind Check & Verified By: NEUIN	Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AGE 57

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

TA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Edward			IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 12/02/1943 02/12/2001 M
	Diego		58 COUNTY OF DEATH ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANY Carolyn M. Ford, Wife
7A. TYPED NAME AND Anderson	Sa	n Diego, CA 921		F APPLICABLE	4349 Robbins St. San Diego, CA 92122 8A SIGNATURE OF APPLICANT—Person toming permit, 8B. DATE SIGNED
ACKNOWLEDGMENT O	Section 10	376 of the Health and Salety Code, and wa	ed disposition stated terein is one of the a authorized pursuant to Section 7100 of th	e Health and Safety Code	Webbre Weller 02/15/2001
* PERMIT AUTHORIZATION OF LOCAL REGISTRAF	SIONS OF THE CALIF AND IS THE AUTHORIT F IN THIS PERMIT.	JED IN ACCORDANCE WITH PR CORNIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI IO MIGHT OF DISPOSAL OUTSIDE OF CALFF	FIED \$7.00	82715728	SSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	Vital Reco	edistrar of district of district of district of the causeman o	5222		OF DISTRICT OF DISPOSITION— III IN ANOTHER DISTRICT IN CALIFORNIA
ATHORIZED DI	SPOSITION(S) CHECK A	ACCOUNT OF THE PARTY OF THE PAR			FOR CORONER'S USE ONLY
B CREMATION	ON OF CREMATED REM CEMETERY	AINS OTHER	E TEMPORARY ENVA	ORNIA.	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	HE. Hope	Cometery; 3/51 San Diego,		Z-17-0/	1 // -
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128 DATE CREMATE	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA FAC	SILITY RECEIVING REMAINS	138. DATE RECEIV	PED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETE	FIGIENT TO IDE	PIEST POINT ON SHOPELINE C ENTIFY FINAL PLACE AND CA (15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

URN GORDEN INTERMENT ORDER

REA-104 (7-96)

in a	1111	111	E		_	_			ds.	Feb	25	2 1	0:00
Service Control	A PROPERTY OF	orial Containe	wit										
Church, Chap												Mortua	iry.
All Funeral ca					of reg	ular wo	rk day	or an	extra c	harge o	18_		-
will be applie	d and b	iled to un	dersigne	d			-		-		-		-
10 15)	re	-				1	1	25	20.0		8	
20,											7.0	10	00
Grave space	& Care	Fund									20	001	_
Additional sp	eces an	d care lur	id	********							In	2 0	_
Opening/Clos	sing & S	etup									10.	5.0	0
Burial Contai	ner										_	_	-
Handling Fee	s												- 10
Flower vases	- Mark	er setting	fee	,,,,,,,,				*******			- 11	1	-
Recording an	nd filing	lee									4	516	70
Sales taxes.											-		= 0
MORTUI	MRY	+0					To	otal Du	à		45	0.	00
BRING	CHEC	ck		Paid	receip	t numb	er	53.	40	3	4	50.	00
* New York Park			-						Balan	ce due	_ <	0	
I hereby certi		lite.	So	20 Control					f the a	bove na	med a	deced	ent
and this is you that I have the	e right t	o make th	is author	rizatio	n and	agree	to hole	ve indi	cated.	I certify	and r	epres less fr	ent om
any liability o	n accou	nt of said	authoriz	tation	and in	terment	4			1	4	6	
I hereby auth	orize th	e interme	nt in lot l		Q	100	ait	has	2 te	3/1	ndi	no	
hold under de	eed.				X	Signature	0.	BOY	1/3	747	5		
Signature of reports	and holder of	dund	- 1		X	Apriss	20	49	1) (49	12,	120	1475
	an interest at				/	7.4	- 2	10%	97	96	-	Zip.C	inde .
					1	Telephan		ww		-			
						Invoice	#						

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This information is available in alternative formats upon request.

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.

			V29			
			441	ÄAS	DISEN	
PPV	450	451	SOHWS	6.F ¥53	454	425
BUEH	LER					
			TRE	E		
Interme	ent space for the contract of			Time:	n: 4 I)iv: 8
Grave I	Laid out by:				Se N	ev-
Agrees	with Legal	Card:	Yes	☐ No	alt	y on
Agrees	with Map:	☐ Yes	0	J No	7	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16198 AGE 171

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Mattie		Alice	Johnson		11/25/1923	02/03/2001	F
SA. CITY OF DEATH	Béggo		58. COUNTY OF DEAT ENTER STATE San Diego		NAME RELATIONSHIP, FULL I		P CODE
7A. TYPED NAME AND AL Anderson—R.	agedale Mor San	A FUNERAL DIRECTOR ON PERSON t.; 5050 Federal Diego, CA 92102	Blvd.	F APPLICABLE SA	an Diego, CA 9	2170-1475	TE SIGNED
, ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dis 376 of the Health and Safety Code, and was auth			Keptra telest	02/	07/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED DIRECTOR DISPOSAL OUTSIEF OF CALFORMA.		DE DATE PERMIT ISS		DCAL REGISTRAR ISSUIN 2102801	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VIENT RECO	EGISTRAR OF DISTRICT OF DEAT PRESS P.O. Box 852 in Diego, CA 92186	222		DISTRICT OF DISPOSITION- N ANOTHER DISTRICT IN CALIFO		
JTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	RONER'S USE ONL	Y
B. CREMATION		AINS OTHER	E TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF. H. TRANSIT TO OUTS	DRNIA	I. DISPOSITION (Name and A	PENDING—REMAINS LO Address)	DICATED AT
BURIAL	Mt. Hope	Cometery; 3751 Ma San Diego, CA 9	rket St.	118. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BI	URIAL
CREMATION	Pacinic C	coress of Californa CREMA CREMATORIYM; 601 D Lake Elsinors,		2-17-01	12C SIGNATURE OF PER	BON IN CHARGE OF CR	EMATION
SOIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	RSON IN CHARGE OF FA	ACILITY
TRANSIT		ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O INTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CHEM	MATED RE- DISPOSER

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-01

OF SEFFERY JE	NNIN6 >	17
in a LINER	_ Funeral, date, time SAT 2-	11 11,0
nurch Chapet Graveside	RAGSDALE	Mortuary,
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra charg	ge of \$
will be applied and billed to undersigned.		
Lot 177 Grave 5 Row	Section 2 Division	Allock 12
Grave space & Care Fund	VID	₩95.00
Additional spaces and care fund	2001	
Opening/Closing & Setup	16 LO THAY	375.00
Burial Container	TEB 16 2001 THOPE CEMETARY CHOPE SANDIEGO, CA CHOPE SANDIEGO, CA	190.00
Handling Fees	THOP SAN DIL	145.00
Flower vases - Marker setting fee	pollay rolline	600.00
Recording and filing fee		45.00
Sales taxes	**************************************	14.25
of cranton	Total Due	र्वाप, व
of hade prince	aid receipt number 53362	2264,25
X .30x	/ Balance o	tue 8
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authorizational liability on account of said authorization.	tion of remains as above indicated. I ce tion and I agree to hold Mt. Hope Ceme	e named decedent rtify and represent tery harmiess from
I nereby authorize the interment in lot I hold under deed.	X Cyagar Jenn × 195 Cas	200
71.30	(419 846-S	106 ap Code
Work Order # E 16199	Acat, #	

100A-10- " 951

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.

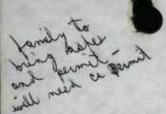
the burial		THE APPIO		1	are aujai	
2	3	4	5	6		
Minaphonis Delfine	open	AMBRO GERARDO Harold	Х	Bazan ELOY P (No Mor Vec)		
	LaMarre Kennish	510.0				
Interment	20	1 Jeffe	m &	rime: \\	00	
Lot: 177			Row:	Sect:	2 D	iv: 13
Grave Laid	i out by: _	Nour	+ 1	ou _		
Agrees wil	th Legal Ca	ard: 🗆 Ye	es l	J No	Mar	fare
Agrees wi	th Map:	J Yes	P	No		
Blind Che	ck & Veril	fied By:	Kfer		_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

20

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	7	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Jeffery		Jefferson	Jenning	8	01/11/1981 02/05/2001 R
5A. CITY OF DEATH ORGAN	side	The own run	San Dies	EATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sione Jermings, Jr., Father
7A. TYPED NAME AND AD Anderson-	Ragsdale M	A-FUNERAL DIRECTOR OR PER Drt.; 5050 Feder an Diego, CA 92	son acting as such 78.		195 65th St. San Diego, CA 92114 BA. SIGNATURE OF APPLICANT—Person being person, 88. DATE SIGNED
ACKNOWLEDGMENT OF AP		chrowledge as applicant that the propose 376 of the Health and Safety Gode, and wa		of the Health and Safety Code.	Alethe Ukilliam 102/13/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECIAL DIRECTION OF CALFO	900E PNED \$7.00	02/14/20	TISSUED OC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2102870
	Vital Reco	edistrar of district of d b n calegoesa rds; P.O. Box 8 n Diego, CA 921	5222		OF DISTRICT OF DISPOSITION— LIR IN ANOTHER DISTRICT IN CALIFORNIA
THORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	11A. NAME AND A	DRESS OF CALIFORNIA CEN CEMETERY; 3751	ETERY larket St.	UTSIDE OF CALIFORNIA	D , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
EMS	12A, NAME AND A	San Diggo, O		Z-17-0	TED 1 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION	REMATION				
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECE			S 138, DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTR REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
BCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				F- 158. DATE OF DISPOSITION	N CHARGE OF DISPOSITION OF CREMATED RE- MAINS DISPOSER — IF APPLICABLE



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-14-01

You are hereby subscized and instructo	d, subject to your rules and regulations, to inter	the remains
of Mayne I H	uply of	the remains
ina The ASH VAILLE	_Funeral, date, time=TVES . APRIL	3rd 2:0
Church, Chapel, Graveside	Family Deliver	No. of the last of
	p.m. of regular work day or an extra charge of	T. F. A
will be applied and billed to undersigned	010	
	- 2	
Lot S Grave Row		12
Grave space & Care Fund	1	3000
Additional spaces and care fund	<u> </u>	
Opening/Closing & Setup 7 1 9	not -	10500
Burial Container FLD 6 1 2		65.00
Handling Fees MT. HOPE CEN	(ETAR)	1300
Flower vases Marker setting fee	erryer	25.17
Recording and filing fee		501
Sales taxas	4-	50201
	Total Due#	£93,01
	and toolips manuar 19	012.01
I hereby certify I am the X	Balance due _	
and this is your authority to make dispos	of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above name of the above	nd represent
any manny on account of our authoriza	* Dama & Box	P
I hereby authorize the interment in lot I hold under deed.	Signature () and a co	227
	Address August A	A gigil
Signature of recurded holder of deed	X Chant 1131H	Ca 71711
	Temphane Tour 18 18	
10 Section 10	Invoice #	THE R. L.
Work Order # E 16200	Acct #	

O Printed on regulat paper

This information is available in alternative formats upon request.

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.

	KIT FU MA				
5	6	7	8		
no manke	Natalie Deuse Copeland	Walnus	open	1	

Interment space for: Wayne			24	
Interment Date: The America	3. T	ime: 2	100 pm	7
Lot: 281 Grave: 7 Roy	w:	Sect:	2 D	iv: 12
Grave Laid out by:				
Agrees with Legal Card: Yes	C	J No	THE PERSON NAMED IN	n)
Agrees with Map: Yes	0	Vo .	(n Rave
Blind Check & Verified By:			_ Date: .	

E-16200

- 16200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

39

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX
MAYNE 5A. CITY OF DEATH SKATTI		JAMES	58. COUNTY OF DEATH	CHITCHE CALE 6	NAME, RELATIONSHIP, FULL MAILING AT DE DESCRIPTION BREED - 307	DORESS AND ZIP CODE
GREENHOOD	DORESS OF CALIFORNI	NUE, SAM DIECO	PERSON ACTING AS SUCH 7B. CALL	F LICENSE NUMBER APPLICABLE	1425 2HD AVENUE, SPA CHULA VISTA, CA 9191	ACE #337
ACKNOWLEDGMENT OF A	naverage I hereby a	idopoledge at applicant that the pro-	spound disposition stating herein is one of the di it was authorized personnt to Section 7100 of the	ispositions authorized by	Culture mese	03/08/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORMIA HEALTH AND SAFET BY FOR THE DISPOSITION SP TO BEST OF DEPOSAL OUTLINE OF CO	PROVI- V GODE ECIFIED 9A AMOUNT OF FEE PAI * 7.00	The state of the s	21044//	istrar issuing Permit
ANY CHANGE IN DISPOSE TION REQUIRES A NEW BEAUTY TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF RE	EGISTRAR OF DISTRICT O	ir Di		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUPORNIA 2 92186-5222	
TO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B. CREMATION	ITA NAME AND AS	DDRESS OF CALIFORNIA		RNIA DE OF CALIFORNIA 11B. DATE BURIED	L DISPOSITION PENDING (Name and Address)	
CREMATION	3751 MARKET STREET, SAN DIEGO, CA 92102			128. DATE CREMATE	D 120. SIGNATURE OF PERSON IN C	HABISE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B, DATE RECEIVE	13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

	112	L
Bu	KIO	
1	-	ral
om	Aker	
	Bu	Buria

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 14, 2001

You are hereby authorized and instru	ucted, sybject to your rules and regulations, to	inter the remains
	L'ARlington Robinson	
ina DBL. CRYPT	Funeral, date, time Thur. Fet	6. 22 1:00
Church Chapel Graveside	. Rags Dale	Mortuary.
	p.m. of regular work day or an extra charg	A Committee of the Comm
will be applied and billed to undersign	ned. X pHONON KILP	minch
Lot 3537 Grave F	tow Section 1 D Division	Direct 10
Grave space & Care Fund		995,00
	FEB 2 1 2001	275.00
Opening/Closing & Setup	C PY MIT HOPE CEMETARY	380.00
	CUADE SAM DIEGO, OL	22/105
Handling Fees	Trion & (12 X30) Setting	(171 88)
Flower vases Marker setting fee	18100 4 (12 X 30) Fee!	15.00
Recording and filing fee		45.5
Sales taxes		28,30
	Total Due	2,315.3
	Paid receipt number 53373	2,315,3
	Balance di	ue S
I hereby certify I am the X SI	Ster of the above	named decedent
and this is your authority to make dis that I have the right to make this auth any liability on account of said author	sposition of remains as above indicated. I cer conzation and I agree to hold Mt. Hope Cometrization and lighterment.	tity and represent ery harmless from
BHOWOA TOLDA	TOLLY ALL THE	6
hold under deed.	X 92 9 VIA V	rede
Signature of recorded holder of dead	- X hula VISTA	6,91911
	(elephone) 656-96	96 20000
E10004	Invoice #	
Work Order # E16201	Acct. #	
REA-104 (7-96) This	s information is available in alternative forma	ets upon request.

C Printed on recycled paper

E - 16201 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.

Note: DBL, CRYPT

-	-	-				
	3535	3536	3537	3538	3539	
	Harris	Robinson, Frank Jr.	DELX	Gardner Katie Mary	open	

Interment space for: REGINALL ARLINGTON ROBINSON
Interment Date: Thur Feb. 22 Time: 1:00 PM
Lot: 3537 Grave: Row: Sect: Div: 10
Grave Laid out by: North & Rok
- /E136 \
Agrees with Legal Card: Yes No
Agrees with Map:
Blind Check & Verified By: Date:

c- 16201

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		U	SE BLACK INK UNLT-MAKE	NO EHASUHES,	WHITEOUTS ON O	HITEH AL	TENATIONS		
REGINALD ARLINGTON		ROBINSON 2. DATE OF MORPY 2.		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX			
57	ENCINO			EOS ANGE	LES	8. NAME, OF INF	DRIMANT	HECTOR, MOTH	
A		SDALE MORT	UARY-5050 FEDERAL		ALIF. LICENSE NUMBER HE APPLICABLE	SAN D	AS FLORES S TEGO CALIF	T 92114 erose taking permit, BB. DAT	E SIGNED
Ξ	ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed dispo- 0376 of the Health and Safety Code, and was pulled			1	rrest tel	ace 102/20	/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- PORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN BIGHT OF DISPOSAL OUTBOX OF CALFORNIA.	7.00	02/20		Must be to	CAL RESISTRAR ISSUIN	G PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW BAIT TO SHOW FINAL ISPOSITION.	"313 N. I	EGISTRAR OF DISTRICT OF DEATH ER IN CAUFORNIA St. RM L-1 Ples, CA 90012	s	an Diego, Ci	alth"B	ept. P.O. B	ox 85222	U
te	AUTHORIZED DISP	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONLY	
name and other party	B. CREMATION		IAINS OTHER	E TEMPORARY ENG. F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OU			I. DISPOSITION (Name and A	PENDING REMAINS LO	OCATED AT
	BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEMETER CEMETERY-3751 MARK , CALIF. 92102		2-22-0		SIGNATURE OF PER	SON IN CHARGE OF BI	JRIAL
IBLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERS	SON IN CHARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT 14A NAME AND ADDRESS IN RECEIVING STATE OR CO				148, DATE SHIPP	ED 14C.	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN HE CARRIER	CHARGE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRIP</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		KSPOSER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-15-01

You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
of MARY TUR	NER
ina	Funeral, date, time TVES 2-20 11
Church Chapel Graveside	S. D. MEMORIAMOTTUAN.
	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	
Lot Grave	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
X	Batance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dis that I have the right to make this auth any liability on account of said author	eposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
I hereby authorize the interment in lot hold under deed.	X Signature
Signature of recorded holder of deed	- X Addres 2-16-01
	tement a 1110 a
	Les bothers 177
F16969	- man from you
Work Order # E 16202	- Acct be tremetion -
DEA ING IT OF	information is ava

O Printed on recorded in

Bu-new MT. HOPE CEMETERY TERMENT ORDER

City of San Diego

or Jack d)	ne	2 0	Sh	id	se		
ina + S. VAULT		Funeral,	date, tim	e	0		
Type of Banul Container Church, Chapel, Graveside							Mortuary.
All Funeral cars must arrive before 3:3	00 p.m.	of regula	r work d	ay or	an extr	a charge	of \$
will be applied and billed to undersigne	ed	0.000		200000			
Lot 149 Grave 7 18 AG	JW		Section	1		ivision/BL)/ Hook
Grave space & Care Fund	2	क्र	8	15	00		1790.00
Additional spaces and care fund	5	+	27	-	00		750.00
Opening/Closing & Setup	2	7	3 1	2	00		500.00
Burial Container. P. A. I. D	or .	+			**********		
Handling Fees	3 5	v.	10 =	0, 2			370.00
Flower vases - Figure beging 001		_		00			
Recording MY. HOPE CEMETAR	2	a		airen an	ا و		90.00
Sales INCHES SAN DIEGO, C	A	at	18	•	5		37.50
J. D.L.GO, (3)		Auto Contra	Total	Due		3537,50
	Paid	receipt nu	_nedmu	1-	533	51	3537.50
					Ba	lance due	-0-
I hereby certify I am the and this is your authority to make disp that I have the right to make this authority in a liability on account of said authority.	rization	and I ag	gree to h	bove i	ndicate	ed. I certif	amed decedent y and represent y harmless from
I hereby authorize the interment in lot hold under deed.	1	X AN	mahan 5	600	hu	relie	and St
Signature of recorded holder of deed		X Ton	610 sphania	7-	26	5-71	a 92114 Hb
Work Order # E 16263			voice #_				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 16, 2001

The state of the s	subject to your rules and regulations, to inter the remains Roberts
	Funeral, date, time TUES Feb 20 11:08
Church, Chapel, Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:00 p.n	n. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	LAG.
	eed Lot + Trust Paid 0
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container LineR	<u>D</u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	8
Sales taxes	Q
	Total Due
Pai	d receipt number
	Balance due
I hereby certify I am the HUSE and this is your authority to make disposite that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and Lagree to hold Mt. Hope Gemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X 332 Law Flores Jerres
Signature of recorded holder of dood	X (Ly) 263-7996 Zip Coop
Work Order # E16204	Invoice #



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

block mar existing n	rked with "	X". Place the appro	the name	e's, lot # ace(s) th	and grave at are adja	# of all
	Cheal Fairy	spen	Kallay, Ender (No Marker)			
8	q	10	lu l	1 %		
Can mary	Bernard (Normander)	open	Reberts			
	Goeden Calford alfonso	Gerden Shirley Grahen	Price Jesse Los			
Interment	space for:	Jea	n	Rot	perts	
Interment	Date:		т	ime:	1	
Lot: 43	2 Grave		Row:	Sect:	D	iv: 12
Grave Lai	id out by: _					
Agrees w	ith Legal Ca	ard: 🗆 Y	es C	J No	(F)	on on one
Agrees w	ith Map:	J Yes		No	/	(Pra)
Blind Cho	eck & Veril	fied By:	Maria		Date:	
EI	6201.					

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



	US	BE BLACK INK ONLY-N	IAKE NO ERASURES, W	HITEOUTS OR O	THER ALTERATIONS 435 -2001
IA. NAME OF DECEDE JEAN		1B. MIDDLE	ROBERTS		2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 02/13/2000 F
CHULA VISTA	CHULA VISTA SAN BIEGO				8 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROSCOE ROBERT-HUSBAND 332 Las
CALIFORNIA	BURIAL CHA	A—FUNERAL DIRECTOR OR PER LPBL IATIONAL CITY CA	-	FAPPLICABLE	FLORES TERRACE SAN DIEGO CA CA 92114 8A SIGNATURE OF APPLICANT—From taking provid, 8B. DATE SIGNED
ADMINISTRATION OF AP	PLICANT I homby a Section 10	cknowledge as applicant that the propose 326 of the Health and Solety Code, and war	6 disposition stated herein is one of the mathematic pursuant to Section 7100 of th	dispositions authorized by a Health and Salely Cride	► Charactet 1 up 02/16/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH PROOFING HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECIE O RENT OF DEPOSAL ORISSE OF CALFO	9 7.00	C. RUSS	rissued, 90 Signature of Local registrar issuing Permit 2103164
TION REQUIRES A NEW PERMIT TO SHOW FINAL	THAT WEEDS	CA 92186-5222			LOF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUPORNIA
AUTHORIZED DISPO	SETTON(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REM METERY	AINS OTHER	E TEMPORARY ENVA	DRNIA	L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	HT. HOPE	The state of the s		118. DATE BURIE	1/ -
	3751 MARK	ET STREET SAN D	EEGO, CA 92102	2-20-0	The second
CREMATION	12A, NAME AND AL	ODRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	ISA. NAME AND AL	DDRESS OF GALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND GA D		15B, DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE

Burial RIGHT

MT. HOPE CEMETERY

INTERMENT ORDER

But 210 cm	y of San Diego
* upper Sig. Cit	Date Feb. 16, 2001
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Hildegard N	1. Whalen (X)
ina Ash Vault	Funeral, date, time Weds Mare 7 1:00 pm
Type of Burni Container	D-sel-le
Church, Chapel, Graveside	17.00
	m. of regular work day or an extra charge of \$ 150
will be applied and billed to undersigned.	V VVS AV
Lot 1461 Grave Row_	ed Double Ash Plots Paid 8
Grave space & Care Fund	B-E394
Additional spaces and care fund	D 3307
Opening/Closing & Setup	105,00
Burial Container ASN Val	HPAID 55.°°
Handling Fees	(00.ge
Handling Fees	MAR 0 5 2001
Recording and filing fee	25.00
Sales taxes	CITY OF SAN DIEGO, CA 4, 13
Sales taxes	21013
	Total Due
Pai	d receipt number 33421 36711
V 1	Alance due
I hereby certify I am the and this is your authority to make dispositions that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery har iless from a and interment.
I hereby authorize the interment in lot I	X Konald K Shaw &
hold under deed.	X 3327 Cavley way #1
	Address Cin Disco 93.117
Signature of recorded holder of deed	College 1411
	Tolestone
	Invoice #
Work Order # E 16205	Maria di
Work Order # = 1 0 10 0	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

	Lot 1453 thru	1464 (SEC 3) (DIV
	DECEASED	OWNER
1453	IVERSON, Dorothy	Estate of:
1454	STEADMAN, Hugh M.	STEADMAN, Hugh M.
1455	STLADMAN, Sarah J.	п п
1456	CRAWFORD, Orville LeRoy	CHAWFORD, Norah
1457	CRAWFORD, NORAH BROWN	CRAVFORD, Norah
1458	DEANS, Elizabeth Lily	DEANS, Gilbert
1459	DEANS, Gilbert Carter	Estate of:
1460	FOLENZ, marie	POLENZ, Adolph G
1461	E-16205	WHALEN, Hilegard N
1462		
1463		
1464		

TAYL

ASH Vault Right ... 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 ST ASH BULLAL						
1958	1459	1460	1461			
Elizaboth Li Deans	Cilbert C. Deans	Polenz	Х			
Interment	space for:	Hilde	egard	M.	Wha	len
Interment Lot: 144		<u>, —</u>	Row:		3 1	0iv: 8
Grave Laid	d out by: _				-	
Agrees wi	th Legal C	ard: 🗆 Ye	es [J No	P	on Grave
Agrees wi	th Map:	J Yes	ON	lo	1	Gro

Date:

Blind Check & Verified By: .

E-16205

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Hildegar	d	Martha	Whalen		09/03/1915	02/16/2001 F
SA. CITY OF DEATH Sprin	g Valley		5B. COUNTY OF DEAT ENTER STATE San Diego	H-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL OF INFORMANT Patricia Davie	MAILING ADDRESS AND ZIP CODE
7A. TYPED NAME AND A		A FUNERAL DIRECTOR OR PERSONEL; 5050 Feder Diego, CA 9210		1220	3173 Bancroft Spring Valley,	Dr. #9
ACANOWLEDGMENT OF A		chnowledge as applicant that the proposed 376 of the Health and Salety Code, and was			Wiffe Whe	(02/2022001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPORTINA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF ID MIGHT OF DISPOSAL OUTSIDE OF CALFOR	S7.00		2001 Barye R	OCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VICATI REC	EGISTRAR OF DISTRICT OF DE DIN CAUPONNA COTOS: P.O. Box San Diego, CA 92	85222		OF DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALL	
THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	AINRC	I DISPOSITIO	N PENDING—REMAINS LOCATED AT Address)
BURIAL		Cometery; 3751 San Diego,	Market St.	3-7-01	11C SIGNATURE OF PE	RSON IN CHARGE OF BURIAL
CREMATION		coress of California Cres Crematorium; 601 Lake Elsinore,	D Crane St.	28. DATE CREMATE	D 120 SIGNATURE OF PE	BSON IN CHARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B, DATE RECEIVE	ED 13C SIGNATURE OF PE	ASON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AI REMAINS OR	DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO	OR COUNTRY WHERE BE SHIPPED	14B. DATE SHIPPED	0 14C. ADDRESS AND SK OF PLACING WITH	INATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA DI	R OTHER DESCRIPTION SUF- STRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	

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

Luma Lei

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 20, 2001

You are hereby authorized and instructed, su	bject to your rule	es and regulations, to in	ter the remains
of FRANK R. E.	SQUET	2	1:00
in a DBL CRYPT	Funeral, date, tir	me Weds Feb. 2	28 -12:00,
Church, Chapel Graveside		Feathering	111 Mortuary.
All Funeral cars must arrive before 3.90 p.m.		day or an extra charge of	ors 15000
will be applied and billed to undersigned.	N-2.	1 5	
Lot 99 Grave 3 Row R	Section	2 Division B	7
Grave space & Care Fund	in the	~~	
Additional spaces and care fund			32000
Opening/Closing & Setup	0.1.0-		3/3.00
Burial Container PASD	сурт		380.00
Handling Fees		enconomium monteners	320,00
Flower vases - Marker setting fee 2001			11 2 2 5
Recording and filing fee			45.00
Sales taxes MT. HOPE CEMETAR CITY OF SAN DIEGC.			28,50
		Total Due	1,148,50
Paid	eceipt number _	M-53379	1118.50
		Balance due	-0-
I hereby certify I am the	and I agree to I	above indicated. I certify	and represent
I hereby authorize the interment in lot I	XXX	osothyles	ta
hold under deed.	X 793	o Pat St.	
Signature of recorded holder of deed	XLa	mesa	91942
	X Cal	9) 497-2.	477
	Invoice #		
Work Order # E 16206	Acct. #		

Bueral of Expertine + Frank Esquer 4/14/95. R. Esquer. Maria d. Ponce Emestine a. Esquer bine A. Esquer Enestine Daniel E. Porce, per Extertible time A. Esquer Emestine Esquer Wants Daniel Economer of Grave 4 and can do with 1. Ponce. Ernestine a. Esquer .00 paid 8/19/1970 C-9020 9/4/1970 Cement burial liner \$63.00 paid

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.

Note: DBL CRYPT

		0					
	Thomas	2 Tom Fon	3	4	5 Maria	Tda	
	Mez a	Tay	X	open	Aonce	Andorson	
	t space for:						
	Date: W					oiv: Z	
	id out by: _						
Agrees with Legal Card: Yes No Flate							
Agrees w	vith Map: [J Yes		No	/	or)	
Blind Ch	eck & Veri	ified By:	25	36.7	Date:		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
Frank		Rendon	Esquer		11/02/1904 02/18/2001 M
SA CITY OF DEATH			SE COUNTY OF DEA	TH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	The second second second			-	Dorothy Testa, grand-niece
Featheringi	11 Mortuary	6322 E1 Cajo		-IF APPLICABLE	7930 Pat St. La Mews, CA 91942
San Biego,	CA MATI2		l m	11083	BA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED
MUNICIPALITY OF N			pused disposition stated herein is one of t d was authorized pursuant to Section 7100 of		Judelole 102/21/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORINA HEALTH AND SAFETY BY FOR THE DISPOSITION SP O MENT OF DEPOSAL OUTSIDE OF CL	CODE ECIFIED	PAID 98. DATE PERM 02/22/20 C.Maggar	
DON REQUIRES A NEW	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF IN CALIFORNIA 22, San Diego, C			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA
IO. AUTHORIZED DISPO	OSITION(5) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	Mt. Hope (DORESS OF CALIFORNIA C	CEMETERY	FORMIA ISIDE OF CALIFORNIA 118. DATE BURIE	
CREMATION	San Diego,	DERESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 120. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AL REMAINS OR	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN 15O. UCENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-01

ina T.S. VAULT	Funeral, date, time FRI	2-23 13
Church Chapel Graveside	: RAGS DA	
All Funeral cars must arrive before 300 p.s		
will be applied and billed to undersigned.	*	
Lot 89 Grave 8 Row	Section & D	ivision/ Blook 12
Grave space & Care Fund	1- need E- 483	(Y B-
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID	250.00
Handling Fees	PPS 0 1 2001	185.00
Flower vases - Marker setting fee	FEB 2 1 2001	
Recording and filing fee	MT. HOPE CEMETARY	45.00
Sales taxes	CITY OF SAN DIEGO, CA	18.75
Lamarcan	Total Due	873.75
THE CLEAN PAI	d receipt number 5337	4 873.75
~	Bala	ance due
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization liability on account of said authorization	on of remains as above indicate ion and I agree to hold Mt. Hope	above named decedent d. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I	×	
hold under deed.	Signature	
Signature of recorded holder of deed	X Cey	Zip Code
	X Telephone	
- 10005	Invoice #	
Work Order # E 16207	Acct. #	

€- 16207

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.

	_	_				7
1 2						
		open	OPEN 3	3	4	5
	MORROV	spen 7	89 X 8	MARGARY 9 Steven 9	10	HEITMAN
		Open	open			
		1				
	t space for:					
						iv: 12
Grave La	aid out by: _	Mour	IN O	REN)	
Agrees v	vith Legal C	Card: 🗆 Y	es [J No	Alex	on grow
Agrees v	vith Map: [J Yes		No		
Blind Ch	neck & Ver	ified Byi	APPE	yc	Date:	2.22.01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE	IC LAST (FAM			2 DATE OF BIRTH	3 DATE	OF DEATH	4. SEX
	mal City		San Di	ego	CHE TAKE	RELATIONSHIP, FULL NORMANI ge Stevens,		DRESS AND Z	IP CODE
Anderson-R		Diego, CA 92102		B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	San	Selma Place Diego, CA S	2114		And Color Administration
ACKNOWLEDGMENT OF A	PPLICANT I bereby a	cknowledge as applicant that the proposed 376 of the Health and Salots Code, and was a	dispesition stated hereis is or authorized pursuant to Section 2	ne of the dispositions authorized by 100 of the Health and Safety Code.	- Hel	the Wiel	cam	_ 02/20	0/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY CO- TY FOR THE DISPOSITION SPECIFI ID ARRIT OF DISPOSAL OUTSIDE OF CALFORN	DE \$7.0	02/21/20	OO1	BC. SIGNATURE OF LO	OCAL REGI	STRAR ISSUE 21033	35
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW ISSUED TO SHOW FINAL DISPOSITION		EGISTRAR OF DISTRICT OF DE DIN CAUFORNA OTOS; P.O. Box 8 San Diego, CA 9	5222	HE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC					
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	RONER'S	USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE	ORESS OF CAUFORNA CEN	The Englishment	Converse of the second		SIGNATURE OF PER		HARGE OF B	URIAL
BURIAL	ner nope	San Diego, CA		2-23-0	11	Stay	Sne	edu	/
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CREM	MATORY	128. DATE CRIEMA	ITED 12C	SIGNATURE OF PER	SÓN IN CH	MARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACIL	ITY RECEIVING REMA	INS 138. DATE RECE	IVED 13C	SIGNATURE OF PER	ISON IN CI	HARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	rest point on shoreline, or entify final place and ca <u>dis</u>				SIGNATURE OF PER CHARGE OF DISPO		I MAINS	NUMBER MATED RE- DISPOSER PLICABLE

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

1ST Right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Fels. 20, 2001

	subject to your rules and regulations, to inter the remains
or Bertha Cov	
ina DBL Crypt	Funeral, date, time Weds Feb 21 9:00
Church, Chapel, Graveside	Berge-Roberts Mortuary
All Funeral cars must arrive before 3:00 p.n	n. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	XI
Lot 4696 Grave Row	Section
Grave space & Care Fund	1095~
Additional spaces and care fund	
Opening/Closing & Setup	375°
Burial Container DBL Co	380°° 320°°
Handling Fees	32000
Flower vases - Marker setting fee	
Recording and filing fee	45=
Sales taxes	28,50
Sales taxes	Total Due
Q.B.M.C.C. Paid	d receipt number 53366 2,243,5
	Balance due
I hereby certify I am the SON and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X 323 W-++ 18th st
Signature of recorded holder of deed	> National city CA 9ASO
	→ (6.19) 474- 7851 Zp Code
	Invoice #
Work Order # E16208	Acct. #
District Control	mation to available to alternative formate upon request

@ Printed on recycled paper

.

COVARRUBIAS MT HOPE CEMETERY E-16208

13 T	GR	AVE BL	IND CH	ECK FO	RM	
olock mar existing m	ked with " narker's in	X". Place the appr	e the name	e's, lot # ace(s) th	e grave is for and grave if at are adjace LRYPT RIPL	f of all
		1	131	154	RIOL	1
			Fig.			
		(4696 X	Jina David	Vladimir Arzumiyim	
Interment	space for:	Ber	otha	COR	Varre	lbias
Interment	Date: W	eds. Feb	.21	rime: 9	:00 an	1
Lot:469	6 Grave		Row:	Sect:	pi	v: 10
Grave Lai	d out by: _					1
Agrees wi	th Legal Ca	ard: 🗆 Y	es [J No	(FI	as Grave
Agrees wi	th Map:			No		GRAVE

Blind Check & Verified By:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF D		EX
BERTHA		COVARRUB	TAS	07/12/1950 02/17/200			001	2
SA. CITY OF DEATH		5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.	B. NAME, F	RELATIONSHIP, FULL N	MAILING ADDRESS	AND ZIP CODE	2
NATIONAL.	CITY		AN DIEGO		COVARRUBI	AS - SON		
	CORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACCEPTS MORTUARY, 607 NATIONAL C	COLUMN TO SERVICE STATE OF THE PARTY OF THE	LIF LICENSE NUMBER F APPLICABLE	III water to come	N 18TH ST	CA 91950		
BLVD, NAT	IONAL CITY, CA 91950	· FD	-284		TURE OF APPLICANT-		B. DATE SIGN	ED
ACHNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed disposit Section 10376 of the freath and Salety Code, and was authorize			► Po	metale back	to 1	2/20/20	00
. PERMIT	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE P	02/20/2	001	C SIGNATURE OF LC 2103265	CAL REGISTRAR	ISSUING PERI	TIM
LOCAL REGISTRAR	HOTE: THE PERMIT WAS NO INCHES OF DISPOSAL OUTSIDE OF CALIFORNIA.	les an	P Valent		-			_
TION REQUIRES A NEW PERMY TO SHOW FINAL	# DRATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 8522	1 11	DRESS OF REGISTRAR			RN6A		
SPOSITION.	SAN DIEGO. CA 92186-5222	1		- 2	-			
IO. AUTHORIZED DISPO	OSITION(5) CHECK APPLICABLE ITEMS				FOR COR	ONER'S USE	ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		O DISPOSITION (Name and A	PENDING-REMA doress)	INS LOCATED) AT
BURIAL	NT HOPE CENETERY, 3751 MARKS SAN DIEGO, CA 92102		2-21-0	The same	SIGNATURE OF PER	SON IN CHARGE	OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	ay.	12B. DATE CREMA	TED 12C	SIGNATURE OF PER	SON IN CHANGE	OF CREMATIC	IN
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECEI	VED 13C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARG	Æ
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		ISB. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	ITION C	CENSE NUMBER F CREMATED RE MAINS DISPOSER -IF APPLICABLE	E-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-0

ina Bell Linear	Funeral, date, time (Mon. Feb	26 1:000
Church, Chapel, Graveside	Gobles - Fortur	
All Funeral cars must arrive before 3:00 p.n		1 PH 00
will be applied and billed to undersigned.	Χ	M. A.
Lot 168 Grave 1 Row	Section Division/Ble	ook
Grave space & Care Fund	-1000	
Additional spaces and care fund	- • 6	275.00
Opening/Closing & Setup	DAI	190,00
	1000	145,00
Handling Fees		1
Passetten and Electric	HOPE CEMETANT	45.00
Flower vases – Marker setting fee	MT. HOPE CEMETO, CA CITY OF SAN DIEGO, CA	14.25
Jaco 14,405	Total Due	769,25
Pair	t receipt number VISA	769.25
	Balance due	·X
I hereby certify I am the Soy and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above no of remains as above indicated. I certify	and represent
I hereby authorize the interment in lot I hold under deed.	X Signature X P. O. Box 802	
Signature of recorded holder of deed	X Woodbridge, CA	95258
organización escalados recuest de aque	X (707) 786-4936/ (20	9) 365-7145
- 10000	Invoice #	
Work Order # E 16209	Acct. #	

@ Prended on recorded paper

REA-104 (7-96)

This information is available in alternative formats upon request.

FORM 61

	LOTS 168 - 169 - 170 - 1	OWNER
GR.		
1	€- 16209	Box, Robert Lee
2	BOX, Eulah Rose	Box Rose W.
3 L-169	WILSON, Lee Jesse	Wilson, (Mrs.) Ajm
Gr.1	AND AND PROPERTY OF TAXABLE PARTY.	Wilson, (Mrs.) Alm
_ 2	SISSON, Austin I.	SISSON, Austin/Edn
3 L-170	SISSON, Edna M.	n n
Gr.1 L-171	SAWYER, Everett	
Gr.1	PETERSON, Walter	
2		
L-178	CHRISTELLER, Alice	
Gr.1	COLLINSON, Elizabeth	
2	MAYERS, Harold	

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

	mory	Hetman Heuston	earne Hines	port bodi Chanses Hines	
		1	2	3	
		X	Rose Box		
WAR EN					

Interment Da	10: MON. F	16.26	Time:	1:00	om
Lot: 168		Row: _	Sec	:	Div:

Grave Laid out by: Noem

Interment space for: .

Agrees with Legal Card: Yes] No

Agrees with Map: Yes No

Blind Check & Verified By:

Date:

F-16209

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

14	1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC LAST (FAMILY)	N. M. B.		DATE OF BIRTH		OF DEATH	4. SEX	
	ROBERT		LEWIS	8ox		03/25/19 26 02/17/2001 M				M
5/	RIO DELL			SEL COUNTY OF DEA ENTER STATE HUMBOLDT	TH-OUTSIDE CALIF.	OF MEOR	CE BOX (WI	FE)	RESS AND Z	P GODE
74	. TYPED NAME AND AD	ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR I	PERSON ACTING AS SUCH 78. C			PAINTER ST			1
	GOBLES FOR	TUNA MORTE	JARY		-IF APPLICABLE	RIO	DELL, CA 9	5562		6
	P.O. 80x 886.	FORTUNA, CA	. 95540		FD-697	BA. SIGNATU	RE OF APPLICANT-P	ersor taking per	mt 88 DAT	E SIGNED
4	ACKNOWLEDGMENT OF A	Section 10	375 of the Health and Safety Code, and	posed dispusition stated herein is one of t I was authorized purposed to Soction 7100 of	the Health and Safety Code	> Mely	114		02/18	-
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY POR THE DISPOSITION SPI 0 HIGHT OF DISPOSAL OUTLINE OF CA	CODE ECIFIED 7.00	98. DATE PERMIT	1	Ann Lindse			G PERMIT
7	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERWIT TO SHOW FINAL DISPOSITION.	HUMBOLDT C	GISTRAR OF DISTRICT OF	DEPARTMENT .	DORESS OF REGISTRAR SAN DIEGO C 3851 ROSECR	SUNTY,	HENT WORK		CA 92	184
,	ALTHODISED OIGH	OSITION(S) CHECK A	I, EUREKA, CA	70001	3031 KUSECK	AND SIN	FOR COR			10.000
-	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E TEMPORARY EN			L DISPOSITION (Name and A		REMAINS LO	OGATED AT
	BURIAL		DERESS OF CALIFORNIA OF CEMETERY,	DEMETERY	2-26-0		GNATURE OF PERI	SON IN CH	ARGE OF BI	IRIAL
VALE ITEMS	CREMATION	N/A	ODRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMAT	ED 120. Si	GNATURE OF PERS	GON/IN CHA	RGE OF CRI	EMATION
ILL APPLICX	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEN	VED 13C. SI	GNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPPE		DORESS AND SIGN. F PLACING WITH TI			CHARGE
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE		OF OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITION		GNATURE OF PERS HARGE OF DISPOS		OF CREM MAINS D # APP	ATED RE-

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

Burial Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-01

You are hereby authorized and instructe	ed, subject to your rules and regulations,	to inter the remains
of Jane B. Camp	shell	
ina Double Depth	Funeral, date, time 200 2-3	13 11:00
Church, Chapel Graveside	grishlast:	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra char	rge of \$
will be applied and billed to undersigned	d,	
Lot 10 Grave 11 Roy	Section 7 Division	WEST BUILDING
Grave space & Care Fund	11- 1000 E-1174	0 -0
Additional spaces and care fund		
Opening/Closing & Setup	9	
Burial Container		380.00
Handling Fees FFB 20 20	901	320.00
Flower vases - Marker setting fee		-
Recording and filing of SAN DIE		45.00
Sales taxes	.do, 05	28.50
	Total Due	1148,50
	Paid receipt number R-5336	1 1148.50
X	Lawrence W. Balance	-
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of said authorizany	of the above indicated. I control is a second of the above indicated. I control is a second of the above indicated. I control is a second of the above indicated. I control is a second of the above indicated indicated in the above indicated indicated indicated in the above in	etery harmless from
I hereby authorize the interment in lot I hold under deed.	X Lilliam Lland	
Signature of recorded holder of deed	- X Address Escan pluo	CA 92008
14526-0092	1019-544-2502 Tolophopul-840-449	
	Invoice #	
Work Order # E 16210	Acct. #	THE RESERVE

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.

ne bunai	space.					
4			ENNINGE	2.		
FAIR SHILL	FAIRCHILD	Shiler	to X	TRESSB#T		
			PANP			
Interment Interment Lot: 10	space for:	2-2 11	Cam Row:	ime: Sect:_	7 D	iv: <u>'5</u>
Grave Lai	d out by: _					
Agrees wi	th Legal Ca	ard: 🗆 Ye	es C	J No	*Dy	more
Agrees wi	th Map:	J Yes				
Blind Che	ck & Veril	fied By:			_ Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88 88

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Jane	Burkholder	Campbell	0670971912 0271872061 P
SA. CITY OF DEATH		SE COUNTY OF DEATH-OUTSIDE CALIF	OC BICOGNANT
Irvine		Orange	Lawrence W. Campbell/Son
	ODRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A	ACTING AS SUCH 78. CALIF LIGENSE NUMBE	
	ringill Mortuary	No constitution	Escondido, CA 92029
CONTRACTOR OF THE PROPERTY OF	Cl Cafon Blvd. San Diego, CA	92115 FD-1083	BA SIGNATURE OF APPLICANT—Fersion taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10376 of the Health and Selvity Code, and was author	and pursuant to Section 7100 of the Health and Safety Code.	art criginal of the or
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH FROM- SIONS OF THE CALIFORNIA HEALTH AND SAPETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE THE PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00 02 / 2 0	/ 2001 Wash B Liver 6 Y
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA P.O. Box 234, Santa Ana, CA	IF DISPOSITION IS TO C	PAR OF DISTRICT OF DISPOSITION— OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 22, San Diego, CA 92186
THORIZED DISP	OSITION(8) CHECK APPLICABLE ITEMS	The same of the sa	FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	9€	F. DISINTERIMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORN	NAME OF THE PARTY
BURIAL	Mt. Hope Cemetery, 3751 Mar San Diego, CA 92102		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRIY 128, DATE CRE	EMATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B, DATE RE	CEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		IPPED 140: ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 Feb. 20, 2001

of DORTHY	BATTLE
in a T. S. VAVLT	Funeral, date, time Wed. Feb. 28th 11:00am
Church, Chape, Graveside	: ANDERSON-RAGSDALEMortuary.
	30 p.m. of regular work day or an extra charge of \$ 150,00
will be applied and billed to undersign	ed. X
Lot 68 Grave 1 R	ow Section Division/Diock
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	PAID 350.00
Handling Fees	185.60
Flower vases - Marker setting fee	FEB 20 2001 125.00
Recording and filing fee	MT. HOPE CEMETARY 45 GO
Sales taxes	CITY OF SAN DIEGO, C.
	Total Due
	Paid receipt number R- 53372 1893.75
0	Balance due
I hereby certify I am the X AVV and this is your authority to make dis	position of remains as above indicated. I certify and represent
any liability on account of said author	orization and I agree to hold Mt. Hope Cemetery harmless from zation and interment. Mr. James Applin
I hereby authorize the interment in lot hold under deed.	X3163 Imperial are
Signature of recorded holder of deed	X 235-0156 7 24 Code X 235-0156
	Invoice #
F16911	

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.

			OPE N			
			box 1	open	10	Ч
			OPEN	ofen	opeN	HERNANDE
Interment	space for:	DORTHY	BATTLE			
			th,2001 T	ime:	11:00am	
Lot: 68	_ Grave	.1	Row;	Sect: _	D	iv: 12
Grave Lai			1			
Agrees wi	th Legal C	ard: 🗆 Y	es C	J No	Affect) on
Agrees wi	th Map:	J Yes		No		n Just
Blind Che	ck & Veri	fied By:	ARKE	XC	_ Date:	10754

E16211

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMI	LYY		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	4. SEX
Dorthy		Mae	Batt!	Battle		09/05/1925	02/19/2001	F
SA CITY OF DEATH	Diego		SB. COUNTY OF ENTER STAT San Die		OF IN	RELATIONSHIP, FULL N FORMANT DB Applin, P	riend	IP CODE
Anderson-R	agedale Mon	rt.; 5050 Fe Diego, CA 92	ALL STREET, ST	CALF, LICENSE NUMBER —IF APPLICABLE FD1329	3163 San	Diego, CA 9	ve.	TE SIGNED
ACHNOWLEDGMENT OF AF	PLICANT I hereby a Section 18	cknowledge as applicant that to 376 of the Health and Safety Co.	he proposed disposition stated hoven is on its, and was authorized pursuant to Section 7	of the dispositions authorized by 100 of the Health and Safety Code	-al	the when	Cum 02/2	21/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE V ORNIA HEALTH AND SA TY FOR THE DISPOSITION ID BOSHT OF DISPOSAL OUTSIDE	FETY CODE SPECIFIED \$7.00	02/26/2	001	DC. SIGNATURE OF LC	OCAL REGISTRAR ISSUE 2103	
ANT CHANGE IN DISPOSI- TION REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	Vital Rece	edistrar of Distriction in California order: P.O. Ben Diego, CA	lox 85222	E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			MINIA	
10. AUTHORIZED DISPO	THE RESERVE THE PARTY OF THE PA	THE RESIDENCE OF THE PARTY OF T				FOR COR	ONER'S USE ONL	Y
B. CREMATION	E	DORESS OF CALIFORN	751 Market St.	п	-	(Name and A	PENDING REMAINS L	
		San Die	go, CA 92102	1	1	Kranch	Char	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	TED 120	C. SIGNATURE OF PER	SON IN CHARGE OF CR	REMATION
CREMATION SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			INS 138. DATE RECE	IVED 130	C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPF	PED 140	OF PLACING WITH 1	NATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ER					SIGNATURE OF PER	SITION OF CHE MAINS	NUMBER MATED RE- DISPOSER PUCANCE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 Feb, 20, 2001

You are hereby authorized and instructed,	subject to your rules and regulations, to inter t	he remains
or Marshawn	Darnell Washin	gton
ina Liner	Funeral, date, time FR: Feb. 23	12:00
Church, Chapel Graveside	: CA BURIAL	Mortuary.
All Funeral cars must arrive before 3:60 p.n.	n. of regular work day or an extra charge of \$	150.00
will be applied and billed to undersigned.	XUM	
Lot 146 Grave 12 Row -	Section 2 Division/B	12
Grave space & Care Fund	<u>\</u>	195,00
Additional spaces and care fund	_	
Opening Closing & Setup	PAID	575
Burial Container Sell L	iner [AID	1900
Handling Fees	FFR 2 2 2001 -	145
Flows, vases - Marker setting fee	A STATE OF THE PARTY OF THE PAR	A ====
Recording an infilling fee	CITY OF SAN DIEGO	45
Sales taxes	T SAN DIEGO, CA	14 25
	Total Due	664.
Pai	d receipt number K-53387 I	001
	Balance due	0
I hereby certify I am the And this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	of the above name on or remains as above indicated. I certify and in and I agree to hold Mt. Hope Cemetery har in and interment. ### PELLIA INC.	represent mless from
I hereby authorize the interment in lot I hold under deed.	> Adellia McCle	ese.
Signature of recorded holder of deed	> San Dugo, CA (49) 262-6307 Freepoor 501-1193 (home	Yally Ep Code (mem)
	Invoice #	
Work Order # E16212	Acct. W	

O Printed on recorded paper

REA-104 (7-96)

This information is available in alternative formats upon request.

9 10 Barnett, Michael Vernon Jr. Barnett, Michael 11 SMITH, HAZEL ALBERTY, ANNETTE

E-16212

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

he burial	4	5	6			
Della Robertson	Minnie Lue Scott	Robert alan Smith	Annie Ruth King			
9	10	11	12		1	
open	Barnett Michael Verenon	Annelle	X			
	THE P					
nterment :	space for:	Mai	eshau	onD	arnell	Washin
nterment	Date: Fie	Feb. 23	3 т	ime:	2:00	
ot: 144	2 Grave	12	Row:	_ Sect:	2	Div: 12
		Non		ON		
Agrees wil	th Legal C	ard: 🗆 Ye	es C	J No	(FI	as Grave
		1	9			Geave

Date:

Blind Check & Verified By: .

E-16212

From:

Lori Girard

To: Date: F4U@SD_CITY.PR_MET

Subject:

4/5/01 11:10AM Re: Marker Dispute

Ray, sorry for the delay in getting back to you on this. The Health and Safety Code gives the wife the authority to disinter and move her husband's remains with the consent of the cemetery authority. She does not need a "quitclaim" of interment "rights."

>>> Ray Snider 04/02/01 04:55PM >>>

Lori-

Sorry "Quit Claim" - document for transfering interment rights from legal owner to another party.

>>> Lori Girard 04/02/01 04:36PM >>>

What is a "Quick Claim"?

>>> Ray Snider 04/02 3:46 PM >>>

Mrs Washington just called. I informed her about placing the marker. Now she wants full rights to the Interment Rights, so if she decides to move she will be able to move her husband without problems. Should I just have her sign a Quick Claim and make note of this situtation?

Ray

>>> Lori Girard 04/02/01 02:48PM >>>

Hi Ray, were you able to contact Mrs. Washington? Thanks, Lori

€ 16212

SCIPORNIA CREMATION & BURGAT CHAPPI

TO CHY SYNDER SON CHILDREN TO BE WITH THE CHANGE THE

AND STREET FOR THE PARTY OF THE

PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF

THE REAL PROPERTY AND CASE

E- 16212 Mr. Hope Brieting Ore Thousand Six Aurabed Six Egy from dollars & 35 # E16212 Al Washington PRODUCT BERROOMSER DESCRIPTION



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
MARSHAWN	MARSHAWN DARNELL		1	08/16/1974	02/02/2001 MALE
SA. CITY OF DEATH		58. COUNTY OF DEATH			MAILING ADDRESS AND ZIP CODE
SAN DIEGO		SAN DIEGO		BERTHA RHODA W	ASHINGTON-WIFE
· RALIFORNI	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO A CREMATION & BURIAL CHAPEL AJON BLVD., SAN DIEGO, CA 9		FAPPLICABLE	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	92105 Person taking person, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	I I book allowhole as one of the second	nountion stated leven a one of the	dispositions authorized by	I with Bes	ujud 02/09/2001
* _PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS FERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COOR AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN 7965 PERMIT (NET 300 MONTH OF DEPOSAL OUTSIDE OF CALIFORNIA	\$7.00	02/09/200 J. BENYARD		OČAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TICAL REQUIRES A NEW POSITION.	DE ADDRESS OF REGISTRAR OF DISTRICT OF DEA W DEATH OCCURRED IN CAUPONIA VITAL RECORDS-P.O. BOX 852 SAN DIEGO, CA 92186-5222			DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFO	MINIA
TO-AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY
B. CREMATION		E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PENIA	I. DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT ddress)
BURIAL	MT. HOPE GEMETERY 3751 MARKET ST. SAN DIEGO		2-23-01	TIC SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATED	12C SIGNATURE OF PER	SON IN CHARGE OF CREMATION
SCIENTIFIC	USE -			19C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT .	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DIST	OTHER DESCRIPTION SUF- TREET OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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



2 nd Burial Right
Ash Prace Upper Right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 20,2001

You are beret	y authorized and ins	structed cubi	act to your su	las and radul	ations to inter-	the esmaine
of	Fumil		Momi	+a	allors, to alter	me remains
ina A	sh Vau	1 1		ime MON.	Feb. 26	11:00
Church, Chape	Type of Buriel Container el Graveside		-	Commi	14	Mortuary.
All Funeral car	s must arrive before	3: 0 0 p.m. of	regular work	day or an ex	tra charge of \$	150,00
will be applied	and billed to unders	signed. X	(2			
Lot 13	Grave 3	ROW_	Section Section	oned E	Division/Block	7
Grave space 8	Care i onoq	KE-TOOC!	X LOI U	PIRO	91.2.1	0
Additional spa	ces and care fund					INT OO
Opening/Closi	ng & Setup		14			FF 00
Burial Contain	erttS	h Va	W. H.			55.
Handling Fees		PA	10			60.
Flower vases -	- Marker setting fee		~ 2001			
Recording and	- Marker setting fee	FEB 2	O Cool	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		45,00
Sales taxes				RY		4,13
	,	MI. HOLS	AN DIEGO	Total Due	, d	269-13
			ceipt number		0 2	269,13
				В	alance due	8
that I have the	I am the Sur authority to make night to make this au account of said authority	uthorization a	and I agree to	above indica	he above name ted. I certify an e Cemetery ha	d represent
I hereby autho hold under des	rize the interment in ad.	lot I	> 211	8 Well	ing Way	/
Signature of recorded	holder of deed		→ Capabane		eso, U -8463	4 92114 Pip Code
	- 10040		Invoice #			
Work Order #	E16213		Acct. W		NIL TO	

E 162 13

TAYLOR SYSTE

E-16213

LOTS 13-14-15-16 SEC.	11 DIV. 7
Lot-13 DECEASED	OWNER
Gr.1 ITAMI, Kichijiro	Itami, Masami
2 ITAMI, Umeno	п
3 Momita, Asao ₪	MOMITA, Asao & Fumik#
Gr.1 BRIDGE, Louis Raymond	U.S.Government
3 OGIHARA, Koyo	Phillips, Ethel
Lot-15 Gr.1	YAMADA, (remarried)
2 MASUMOTO, Shigeru	MASUMOTO, Fred
3 MASUMOTO, Yuki NMN	, ,
Lot-16	
OTSUKA, Kiyoshi & OTSUKA, Kiyoshi & OTSUKA, Masaharu & OTSUKA, Nohu OTSUKA, Nobutaro &	& Sek. David S.
3 FURUKAWA, Henry Sumis	Estate

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

block mar	ne name of ked with "? narker's in space.	X". Place the appro	the name	's, lot # ace(s) the	and grave at are adja H Bui	# of all acent to	
		FLOC	C HOV	C V	Fron	NIGH	,
	1	2 .	3				
	Itami Kichijiro		MOSH-3				
							-
Interment	space for: _	Fum	Ko	Mon	ita		
	Date: Mo					AM	
	_ Grave:						_
Grave Lai	d out by:				19	-	_
Agrees w	ith Legal Ca	ırd: 🗖 Ye	es C	J No	(FI	96 96	e
Agrees w	ith Map:	J Yes		lo .	1	600	1
Blind Che	eck & Verif	ied By:			Date:		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Funiko	EDENT—FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMLY)			2. DATE OF BIRTH MONTH, DAY, YEAR 09/18/1920	3. DATE OF DEA MONTH, DAY, Y 02/18/20	
SA CITY OF DEATH BODICA			58. COUNTY OF DEAT		OF INF	RELATIONSHIP. FULL A ORMANT Floreite - 1		ND ZIP CODE
Communit	y Mortuary sta, Calif		/ n	LIF. LICENSE NUMBER IF APPLICABLE 01652	1431 San	O Seabridge Diego Ca 9 TURE OF APPLICANT—	Lane So 2128	DATE SIGNED
ACKNOWLEDGMENT O		cknowledge as applicant that the proposed dis 176 of the Health and Safety Code, and was suffi			> 100	May H	1 Siliko	reletion
PERMIT AUTHORIZATION OF LOCAL REGISTRAS	SIONS OF THE CALIF AND IS THE AUTHORIS IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DIRENT OF INSPOSAL QUISES OF CALFORNIA.		02/22/2 D.Heldenl	001	2103397	ICAL REGISTRAR IS	SUING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FINA ISPOSITION.	90. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEAT D IN CAUFORNIA rds P.O. Box 8522 Calli 92126-5222	2	DIRESS OF REGISTRAR DISPOSITION IS TO OCCI			RHA	
UTHORIZED DI	SPOSITION(S) CHECK A	PLICABLE ITEMS				FOR COR	ONER'S USE	ONLY
B. CREMATION	ON OF CREMATED REM.	AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT:			L DISPOSITION (Name and A	PENDING—REMAIN ddress)	IS LOCATED AT
BURIAL	Mount hop	DRESS OF CALIFORNIA CEMETE Cameterye3751 H Ca 92102		7-76-01	110.	SIGNATURE OF PER	SON IN CHARGE O	OF BURIAL
CREMATION	Pacific C	oness of California CREMA rematorium Inc 60 inore Ca 92530		12B. DATE CHEMAT	ED 120	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCHENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACI			OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CH OF PLACING WITH THE CARRIER			IN IN CHARGE
SCATTERING AT SOME DISPOSITION OTH THAN IN A CEMETE	FIGENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION IN OTHER			156 DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION 1 OF	ENSE NUMBER CREMATED RE- INS DISPOSER F APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-01

	GAMBITO Funeral, date, time FR1 2-23 3:0
Church, Chapel, Graveside	TEATH Mortuary.
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lox 102 Grave 3 Row	Section Division/Black
Grave space & Care Fund	895.00
Additional spaces and care fund	PAID 375.00
Opening/Closing & Setup	190.00
Burial ContainerF	EB 2 1 2001 145.00
Flavor sees Marker colling to MT. I	HOPE CEMETARY
Recording and fling fee	HOPE CEMETARY OF SAN DIEGO, CA 113.00 15.00
Sales taxes	14.23
P	aid receipt number R-53375 1664-25
Υ	Balance due
thereby certify I am the Wife and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization.	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	× + gameito × superior Decena Drive
Signature of recorded hunder of doed	> Spring Valley CA 91975 Cay (619) 479-7099 Violepoone
Work Order # E 16214	Invoice #

E-16214 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.

			General			
E			BRINKER			
	MATHEN 5	DUNNS	108 X 3	4	5	GREEL
	BURKS	8	BROM BEAG	10	- 11	POLEN
Interment	Date: FR	2-2			00.	iv: _\\
	rith Legal Ca	ard: 🗆 Y	es [) No	gul &	en en
Agrees w	vith Map:) Yes		lo		
Blind Ch	eck & Veril	fied By: _			Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

132 32

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

1A NAME OF DEC	EDENT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	S. DATE OF DEATH 4. SEX	
RONALD L		GAMBIT	GAMBITO		02/20/2001 M	
SA. CITY OF DEAT		58. COUNTY OF DEA	TH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL M	AILING ADDRESS AND ZIP CODE	
	San Diego	5		Imelda E. Gambit	o - Wife	
Heath P	D ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON UNERAL Home		-IF APPLICABLE	2550 Violet Stre San Diego CA 921	05	
THE RESIDENCE OF THE PARTY OF T	nland ave., National City CA 5	11930		SA SIGNATURE OF APPLICANT—	erun taking permit, 8B. DATE SIGNED	
ACKNOWLEDGMENT (Section 10376 of the Health and Selects Gode, and was puth	organ parament to Section 7100 of	the Health and Safety Code.	thousand t	02/22/2902	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE GALIFORNIA HEALTH AND SAFETY CODE	The state of the s	PAID BB. DATE PERMIT	ISSUED BO SIGNATURE OF LO	CAL REBISTRAR ISSUING PERMIT	
AUTHORIZATION C		\$7.00	02/23	1 2001 Dang 182	Dire NO	
ANY CHANGE IN DISPO TION REQUIRES A NEW DISPOSITION.		1 #		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUPO	ENGA	
10. AUTHORIZED D	ISPOSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
B. CREMATIC	ON OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	(COMESSANDERS 1)	I DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT ddress)	
	11A NAME AND ADDRESS OF GALIFORNIA CEMETE	RY	1 11B. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL	
DURKAL	Mt. Hope Cemetery, San Dieg	o CA	2-23-01	King F	komme	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	TORY:	12B. DATE CREMATI	ATED 120. SIGNATURE OF PERSON IN CHARGE OF CREI		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	ISB. DATE RECEIV	PED 18C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER		
SCATTERING AT SOME OR DISPOSITION OT THAN IN A CEMET	FIGENT TO IDENTIFY FINAL PLACE AND CA DISTI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		

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

gre-trul

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-0

ina LINER	Funeral, date, time	
Type of Burul Container Church, Chapel, Graveside		_Mortuary.
All Funeral cars must arrive before 3.60	p.m. of regular work day or an extra charge of \$	15000
will be applied and billed to undersigned.		
Lot 71 Grave 5 Row	Section Division/Block	15
Grave space & Care Fund	Pre- Mud E- 3386	-0-
Additional spaces and care fund Opening/Closing & Setup	MAIL 3	75.00
Burial Container		90,00
Handling Fees	FEB ZZ Zdd	4 8:00
Flower vases - Marker setting fee	AT DOME DEMETABLES	47.50
Recording and filing fee	MT. HO SAN DIEGO, CA	15.00
Sales taxes		4-45
F	Total Due	16.75
and this is your authority to make dispos that I have the right to make this authoriz	Balance due of the above name sition of remains as above indicated. I certify an eation and I agree to hold Mt. Hope Cemetery ha	d represent
any liability on account of said authorizat I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed	tion and interment. X Edma, M. Hugtas Significant Australia San Deigo Caly	92102
Work Order # E16215	(6/9) 239-38550 Invoice #	Zip Code

*UPPERT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 21, 2001

or ZOE COI	VGER - COWHICK (X)
ina Ash Vault	Funeral, date, time Mon. Mar. 5 9:00 an
Church, Chapel, Graveside	: ERICKSON-Andersomortuary.
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.	of regular work day or an extra charge of \$ 150.00
Lot 9 Grave 8 Row - Grave space & Care Fund Pre-Need	
Additional spaces and care fund	\$
Opening/Closing & Setup	
Burial Container	9
Handling Fees	<u> </u>
Flower vases - Marker setting fee()	(24) Flat-Granute 125.00
Recording and filing fee	<u> </u>
Sales taxes	<u> </u>
Paid r	Total Due
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery narmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Significe Meade Significant Market Made
Signature of recorded horder of deed	→ Westminster CA 92683 → (714) 897-7786 Exp Cade
Work Order # El 6216	Invoice #

Weed, Ethel Hope Ø WRED. Fredrick A.

COWHICK, HOWARD ELWOOD

E-16216

HENKING, Lillian

McCONOUGHEY, Elvira A.

McCONOUGHEY, VICTOR E.

WEED, Mary D.

5

6

7

10

11

OWNER

DIV. 6

City of San Diego Mt. Hope

City of San Diego Mt. Hope

COWHICK, Zoe Conger

COWHICK, Zoe Conger

Morse, Mrs. Philip (deed McComoughey, Mrs. V. E.

Howard E. &

Howard E. &

TAYLOR SYSTE

City of San Diego Mt. Hope Wood, Fr-A.

Ħ

*

11

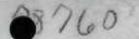
11

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.

	Howard Etweed Cowhick	X X	Sammy A. Deleje		
	* * .				
Interment space for:	Zo	e co	on Gek	2- Cou	ohick
Interment Date:			ine:		
Lot: 9 Grave	8	Row:	_ Sect:	4 D	iv: <u>6</u>
Grave Laid out by: _					_
Agrees with Legal Ca	ard: 🗆 Yo	es C	J No (F136	ceave
Agrees with Map:	J Yes		No \	1	60
Blind Check & Veril	fied By:			_ Date:	



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

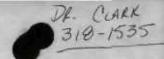
(89) 755

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

TA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE			TO. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SE				
ZOE CONGER				COWHICK			02/19	9/2001	T COOL	
SA CITY OF DEATH EL CAJON			ENTER STATE	SAN DIEGO	6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LYNNE HEADE — DAUGHTER					
EL CAMINO	MEMORIAL -	A-FUNERAL DIRECTOR OR P ERICKSON AND MESA, CA 9194	CRSON CHAPEL	CALIF LICENSE NUMBER —IF APPLICABLE D—296	WES	THINSTER, CA	92683		E SIGNED	
* ACKNOWLEDGMENT OF A	and screen I benefit a	rimowinder as applicant that the prop	osed disposition stated herein is one of was authorized pursuant to Section 7100	the dispositions authorized by of the Health and Safety Code.	>	and kall	L		1/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE IN HIGH OF DISPOSAL OUTSIDE OF CAL	CODE CIFIED \$7.00	P Valent	001	9C. SIGNATURE OF LOC 2103380	CAL REGIST	RAFI ISSUIN	IG PERMIT	
	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF	DEATH— 9E.	ADDRESS OF REGISTRAR	OF DIST	PRICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	MIA			
10. AUTHORIZED DISP						FOR CORE	ONER'S L	SE ONLY	*	
B. CREMATION		ains other	F. DISINTERMENT G. SHIP IN TO CAL			L DISPOSITION I		REMAINS LO	OCATED AT	
BURIAL	MT HOPE C	DERESS OF CALIFORNIA CONTROL OF CA. 92102	MARKET ST,	2-5-01	1	SIGNATURE OF PERS	SON IN CHA	ARGE OF BL	IRIAL	
CREMATION	CYPRESS V	DIEGO, CA 9211	3953 IMPERIAL	2/23/0	TED 120	C. SIGNATURE OF PERS	ON IN CHAS	RGE OF CR	EMATION	
SOMENTIFIC USE	13A, NAME AND AC	DORESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138, DATE RECEI	VED 130	C SIGNATURE OF PERS	ON IN CHA	RGE OF IPI	CILITY	
TRANSIT		ORESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP	ED 140	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, INTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUP DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		C. SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM MAINS D —IF APP	NATED RE- DISPOSER	

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





Night cipe

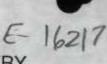
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-61

You are hereby authorized and instruct	ORNER	es and regulations,	to inter the remains
ina ASH VAULT	Funeral, date, ti	me THUR	3-8 1:00
Church, Chapel, Graveside	ESS - :	SD MEMOR	AL Mortuary.
All Funeral care must arrive before 3:30	p.m. of regular work	day or an extra cha	rge of \$
will be applied and billed to undersigne	d		
Lot 272 Grave 4 Ro	w Section	2 Divisio	Share and the same of the same
Grave space & Care Fund	***************************************	****	300.00
Additional spaces and care fund			
Opening/Glosing a Setup	PAID		105.00
Burisl Container FE	D 0 . 1 0 (0.1		55.00
rightening rees	********		60.00
Flower vases - Marker setting tMT. H	OPE CEMETARY		
Recording and filing fee	F SAN DIEGO, C	<i>.</i>	45.00
Sales taxes			4.13
		Total Due	567/13
1	Paid receipt number	N-53317	567.13
Xm.	1-0	Balance	due
I hereby certify I am the All and this is your authority to make dispithat I have the right to make this authorizany liability on account of said authorizany	ization and I agree to	above indicated. I c	
I hereby authorize the interment in lot I hold under deed.	Signature Signat	Isa u	JULIES CRT
Signature of recorded holder of deed	- X SPRIK	466-15	71 Zecose
E 16217	Invoice #	4 100	



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.

		MALIN	FERREL	oten	COMEAUX	
TR	EE ?	3 bpen	XX Y	ope N	opeN	
			STRE	FT		
Interment	space for	MAR	TUR	NER		
Interment Lot: 273	Date:			ime:	2 Di	v: <u>7 3</u>
Grave Laid	d out by:	Hen co	lling		FLAG	AVE
Agrees wi	th Legal C	ard: 🗆 Y	es C	J No	GR	MATEL
Agrees wi			01	Scorne	brox	2-4-01



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(49)

TA. N

5A. C

LOCA

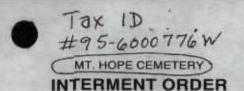
COMPLETE ALL APPLICABLE ITEMS

E16217

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

							BALL OF A PARTY OF THE PARTY OF	the state of the s	The second second
AME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE JEAN	IC. LAST (FAMILY)	NER		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH DAY, YEAR	4 SEX /2001
ITY OF DEATH	FIGRAL CITY		58 COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF., 6		RELATIONSHIP, FULL M ORMANT AWITEA D.			
PED NAME AND A	DIRECT MEN	A—FUNERAL DIRECTOR OR PERSON		APPLICABLE	A. SIGNA	2579 FRESH SPRING VAL	MATES	CA 9197	8
KNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposed disposits of the Health and Salety Code, and was author	ostion Rated become a one of the rived pursuant to Section 7100 of the	Sepositions authorized by Health and Safety Code.		1999	191	-4-	200
PERMIT ORIZATION OF AL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A AMOUNT OF FEE PA		SSUED;	001	3195	STRAR ISSUM	IG PERMIT
HANGE IN DISPOSI- REQUIRES A NEW T TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA 100 BU	X 85222 FD	RESS OF REGISTRAR C SPOSITION IS TO OCCUR	AND DESCRIPTION OF THE PARTY OF	ICT OF DISPOSITION— THER DISTRICT IN CALIFO	RMA		
UTHOR DISP	OSITION(8) CHECK A	PPLICABLE ITEMS			- 1	FOR COR	ONER'S	USE ONL	Y
B CREMATION		AINS OTHER	F. DISINTERIMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSI	INIA		L DISPOSITION (Name and A		-REMAINS LO	DCATED AT
BURIAL	HI	DORESS OF CALIFORNIA CEMETER HOVE CEMETERY; 375 DIEGO, CA 92102		3-08-01		SIGNATURE OF PER	SON IN C	HARGE OF B	URIAL
CREMATION	FAG	DORESS OF CALIFORNIA CREMATORIUM OF EXECUTION OF STREET	01- D CRANE S	128. DATE CREMATE	D 120	SIGNATURE OF PERI	BOK IN CH	HARGE OF CR	EMATION
SCHENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	ED 13C	SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148, DATE SHIPPED	140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
ATTERING AT SEA OR SPOSITION OTHER AN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		158 DATE OF DISPOSITION	150	SIGNATURE OF PER CHARGE OF DISPOS		MAINS I	NUMBER MATED RE- DISPOSER PLICABLE

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



City of San Diego

Date Feb. 22, 2001

Nothia)	ubject to your rules and regulations, to inter the remains
	Funeral, date, time TUE, Feb. 27. 11:00
Church, Chapel Graveside	CA BURIAL MORTUARY.
All Funeral cars must arrive before 3:60 p.m. will be applied and billed to undersigned.	of regular work day or an extra charge of \$ 150.00
Lot 74 Grave 12 Row_	
Grave space & Care Fund	895.00
Additional spaces and care fund Opening/Closing & Setup	375,00
Burial Container LINER	FEB 2 6 2001 190.00
Handling Fees Marker setting fee	HOPE CEMETARY
Recording and filing fee	OF SAN DIEGO, CA 45,00
Sales taxes.	14.23
Paid	receipt number R-53397 (664)
hereby certify I am the SON and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Sandal Baw Addington Ave
Signature of recorded horder of deed	→ Eleajonj Ca 42019 → (19) 749- 4591 Zio Code
Work Order # E 16218	Invoice #

@ Printed us recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

block mar	rked with " narker's in	X". Plac	e the name	e's, lot #	e grave is f and grave at are adja	# of all
9	ID.	ıl	2 X			
			Fee Prilliams			
Interment Chusch+C	space for:	1000	ttie . 27 T	7 100 100	1:00 An	a
			Row: _	7	: D	niv: 12
	ith Legal Ca			J No	F	on on Grave
Agrees wi	ith Map:	J Yes		No		()
Dilad Cha	ale 9. Vanis	God D.			Date	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDER	NT—FIRST (GIVEN)	1B. MIDDLE	IC. LAST (F.	BASS 2. DATE OF BIRTH 3. DATE OF DEAT MONTH DAY, YEAR 02/20/200				
SAN DIEGO 7A TYPED HAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A CALIBORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA \$2115			OF DEATH—OUTSIDE CALIF.	4. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KENDAL BASS-SON				
		PEL.	78. CALIF LICENSE NUMBER —IF APPLICABLE F-1357	1334 EAST LEXINGTON AVE. #Q EL CAJON, CA 92019 BA SIGNATURE OF APPLICANT—Forsin taking primit, BB. DATE SIGNED				
. ACKNOWLEDGMENT OF AP				one of the depositions authorized by an 7100 of the Houlth and Safety Gods.	► Council Buy 1 02/23/2001			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH ORINA HEALTH AND SAFET BY FOR THE DISPOSITION SE IN MORE OF DISPOSAL OUTSIDE OF C	PECFIED 07 00		PISSUED OC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2103555			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PENAIT TO SHOW FINAL DISPOSITION.	VITAL RECE	EGISTRAR OF DISTRICT OF BOX CA 11285-522	85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA			
IN MUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY			
B. CREMATION	É	(Mar = (Mar)	F. DISINTERA G. SHIP IN TO	O CALIFORNIA TO OUTSIDE OF CALIFORNIA	1. DISPOSITION PENDING—PEMAINS LOCATED A			
BURIAL	HT. HOPE (CA 92102	MARKET STREE	T 118. DATE BURIE	1 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL			
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION —				TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION			
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING RE	MAINS 138. DATE RECE	IVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY			
14A. NAME AND ADDRESS IN RECEIVING STATE OR COURT REMAINS OR CREMATED REMAINS ARE TO BE SHIP				RE 14B. DATE SHIP!	THE THE CARRIER OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OF DISPOSITION OF					15C. SIGNATURE OF PERSON N TO LICENSE NUMBER OF CREMATED RE MAINS DISPOSER OF APPLICABLE			

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

INTERMENT ORDER

City of San Diego

Date 2-22-01

ina LINER	Funeral, date, t	time FR	3 -	3 11:00
Church, Chaper Graveside		RAGSD	ALE	Mortuary.
All Funeral cars must arrive before 3:9	0 p.m. of regular work	day or an e	xtra charge	of \$ \50.00
will be applied and billed to undersigne		1		
Lot Grave 26 Ro	w 40 Section	5	Division#	Hook 7
Grave space & Care Fund	PRE-NEED	B-9	350	0
Additional spaces and care fund	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Opening/Closing & Setup				375.00
Bursal Container	AID			190.00
Handling FeesFEB	2 0 2001			145.00
Flower vases - Marker setting fee	2 0 2001			
	PE CEMETARY			45.00
Sales taxes CITY OF	SAN DIEGO, C+			14.25
		Total Due		769.25
	Paid receipt number	8-67	412	769.25
	Card receipt runner		Balance du	-0
X				
I hereby certify I am the and this is your authority to make disp	osition of remains as	above indic	ated I cert	named decedent ify and represent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to ration and interment.	hold Mt. Ho	pe Cemete	ry harmless from
	X De	or offer.	rment	
I hereby authorize the interment in lot I hold under deed.	Signature 7 3	88 4	e Cago	# 1.18.
	DESHIEDA X	200	~ ~~	8210 U
Signature of recorded holder of deed	- > car 2	sen die	to	Zip Code
	Y rategrains			

INTERMENT ORDER

City of San Diego

Date 2-22-01

	ect to your rules and regulations, to inter the remains
or LUCY WARFORD	FR1 3 - 2
Type of Burtal Container	ineral, date, time FRI 3 - 2
Church, Chapel, Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before 3:90 p.m. of will be applied and billed to undersigned.	regular work day or an extra charge of \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
will be applied and billed to undersigned.	maple migas
Lot Grave 26 Row 40	Section 5 Division/Olsek 7
Grave space & Care Fund	NEED B-9350 -0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	מת לעול
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.25
	Total Due
Paid rec	ceipt number
, ,	Balance due
I hereby certify I am the	of the above named decedent f remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from I interment.
I hereby authorize the interment in lot I hold under deed.	× mentle lugate
Signature of recorded holder of deed	Cay Zip Code:

Work Order # E 16219	Invoice #
Work Order # E 10413	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

@ Prouted on recorded more

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.

ine bunar space.				
100 min 100	14 moss	-		
	LEWARFOR	P		
campell	W X	PACOKS		
	SEALS			
	ROWHLKER			
Interment space for: Luc-	1 WK	RFORP		
Interment Date: FRi 3-3		ime:		
Lot: Grave:26	Row: 40) Sect: _	5 1	oiv:
Grave Laid out by:				-
Agrees with Legal Card: Y	es [J No	They	grew
Agrees with Map: Yes	0 1	No		
Blind Check & Verified By:		11.508	_ Date:	12.11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE Bell	Warford				DATE OF DEATH	4. SEX			
San D	iego	and the same	SB. COUNTY OF DE		OF INF	RELATIONSHIP, FULL MAILI ORMANT 1e L. Ross, N		ZIP CODE			
Anderson-		ort.; 5050 Fede n Diago, CA 921	CHIEF CONTRACTOR OF THE PARTY O	ACTING AS SUCH 76. CALIF. LICENSE NUMBER 391			7 Shadrack BEOD, TX 77013 NATURE OF APPUCANT—result taking permil, 88 DATE SIGNED				
ACKNOWLEDGMENT OF AF		cknowledge as applicant that the proportion of the Health and Salety Gode, and w			- See	bu Willia	m 02/	27/200			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPEC BY BURNEY OF DISPOSAL OUTSIDE OF CALL	\$7.00	98. DATE PERMIT 03/01/20	001	9C. SIGNATURE OF LOCAL	L REGISTRAR ISSU 21039	NG PERMIT			
ANY CHANGE IN DISPOSE TION REQUIRES A NEW TO SHOW PINAL ISPOSITION.	VIENT OCCURR	egistrar of district of the incapropha ords; P.O. Box San Diege, CA	85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU	Block Stock Making St. R.	ICT OF DISPOSITION— THER DISTRICT IN CAUPOINN					
EL CREMATION	DES ENTOMBMENT) OF CREMATED REM		E. TEMPORARY EN				IER'S USE ONL NDING FIEMAINS (ess)				
BURIAL	ALF HAMEOUR V	San Diego, Ca		3-2-01	D 11C	SIGNATURE OF PERSON	IN CHARGE OF	BURIAL.			
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CF	REMATORY	128, DATE CREMAT	ED 12C	SIGNATURE OF PERSON	IN CHARGE OF C	REMATION			
SCIENTIFIC	13A. NAME AND AI	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PERSON	N IN CHARGE OF	FACILITY			
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		14B. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE		N CHARGE			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SCATTERING AT SEA OR DISPOSITION OTHER 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION """				150	SIGNATURE OF PERSON CHARGE OF DISPOSITION	ON OF CRE	E NUMBER EMATED RE- DISPOSER PPLICABLE			

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

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

E- 16219

THE CITY OF SAN DIEGO

DP

3821366

		Rofe	and of parameter	purchase of Lucy	of tru Warford	st the	t was pa:	id for t	wice.			COM RESPONSI DEPT. NO. SORT KEY STANDAR	D DESCRIPTION (15 CHAP	RACTERS)
80	:	PAYEE FORMAT	· ·	ENDOR NUMBER	A ALPHA		INVOICE	PTION	INVOIC		LATE		/ 03 /	2	WITT-CK
2	OABOD	3286 1	Brown	1	12		Refu		DATE	CAT.	CON	\$769			
							8-6	10-							•
	0 9						-	in earli	тот	TAL AMOL	JNT	s 769	.25	1 1	
ACTING	CY	DISTRI	BUTION O	F CHARGE	ACCOUNT	JOB	D BY ORIGIN	BENF/	Mary of The Company of the Lorentz o	On the second	-0.000		AUTHORITY FOR	PAYME	ENT
Link	PY	100	072	Ond,	77181	ORDER	ACCT.	EQUIP.	FACILITY	\$375.	OUNT				
		100	072		77182					190.			RES/DOC. NO.		
		100	072		77185					145.	00		STRUE AND CO	SOVE C	AS STATED
		100	072		77183					45.	90			SERVICE OF	E al
		60101			78390					14,	25		Ray Skil	der	ans
-													DEPT HEA		The state of the s
														AGENT	O COLOR
													AUDITOR APPRO	JVAL	N

PREPARED BY Sue Shackelton 527-3400 DATE 7-31-01

Park & Rec/Netro MS 72 Mt. Hope Cemeter#

DP

	0 1
In July Payment of Grave	OFFICIAL RECEIPT WHITE WHITE CANARY PINK
Hermand &	CITY OF SAN COUNT HO CHAPTON MOUNT HO (610
40 W	MOUNT HOPE CEMETERY (619) 527-3400 Date:
07	TERY 28
15 (\$ 76 9 . 2 S	534120
	State New 40 Section 5 Block 769. 25

INTERMENT ORDER

City of San Diego

ina LINER	Funeral, date, time FRi 3 -	3 11:
Church, Chaper Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3.4	p.m. of regular work day or an extra charge	of \$ \50.0
will be applied and billed to undersign	ed. X	
Loi Grave 26 Ro	w 40 Section 5 DivisionA	Blook 7
Grave space & Care Fund	PRE-NEED B-9350	-0
		375.00
Opening/Closing & Setup	AID	190.00
	2.0.0001	145.00
Flower vases - Marker setting fee	3 28 2001	
Recording and filing fee	OPE CEMETARY	45.00
Sales taxes CITY OF	SAN DIEGO, CA	14.25
4	Total Due	769.25
	Paid receipt number R-53412	769.25
	Balance di	ue _
I hereby certify I am the	of the above	named deceden
and this is your authority to make dis that I have the right to make this author any liability on account of said author	position of remains as above indicated. I cer orization and I agree to hold Mt. Hope Cemetrization and interment.	tify and represent ery harmless from
I hereby authorize the interment in lot hold under deed.	x Address Der Diero	m Blad
Signature of recorded holder of deed	- > my Derlo	9210 4 Zer Cou

REA-104 (7-96)

This information is available in alternative formats upon request.

INTER	MENT GROER		
You are hereby authorized and instructed,	ity of San Diego D	eate <u>92</u>	
of Sucus	Wastoz	al all the state of the	er the remains
in a	Funeral, date, time		
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day o	or an extra charge	will be applied
and billed to undersigned. War time veter	an		
Lot 26 Grave Row _	10 Section 5	Division/Blo	
Grave space & Care Fund			
Additional spaces and care fund	*************	************	
Opening/Closing & Setup			320-cl
Burial Container	IN FULL	ā	175,00
Opening/Closing & Setup Burial Container Handling Fees	-6-89		120-00
Flower vases - Marker setting fee			
Recording and filing fee			35.00
Sales taxes	Total C		711.31
Pa	id receipt number 30	11/15	65.00
		Balance due	646.00
I hereby certify I am the	tion and lagree to hold to	indicated. I certif	
I hereby authorize the interment in lot I hold under deed.	Signature 50	tik'su	et .
Signature of recorded trouger of classic	State State Telephone	lego, CA	92113 Zip God
	(0.000, 1228.2)		

Invoice # Acct.# .

OFFICIAL RECEIPT WHITE CANARY CANARY CANARY COUNT CHAFT PROPERTY MOUNT HOS PROPERTY MOUNT HOS Address: Address
Address: Address: ANDIO FOR PURPOSE: IN THIS SPACE. QITY A SEP
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: Address: Row Row Se NOTVALIOFOR PURPOSE STATEDUNLESS STAMPED THIS SPACE SEP 29 1988 SEP 29 1988
Date: Date: Do CREDIT CREDIT Containers Opening/ Closing Buria) Containers Handling Fee Recording & Mito: Fees Fre-Need Trust Sales Tax TOTAL PAID
Pollars (\$ 65-37) Bollars (\$ 65-37) Fig. 100 Fig. 100

Work Order # E 7 4

			THE STREET PARTY AND ADDRESS OF THE PARTY.
0	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARRY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	№ 37154
	From Juney Wash	lord Address 3050 F Ali	Dollars (\$ 40.00)
11 14	N- n/		
W.	Lot do Grave	RowSection_	Division 7
	Invoice No.	1 / dr 80%	Sales Care 77184
	NO 2-7644	JAN OP OPE	100 ng 77181
*	BALANCE DUE 5-86, 00	7000	ainers 77182
\bigcirc		- Hance Reco	Illing Fee 77185 100 Fees 77183
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	_ / / / / / / / / / / / / / / / / / / /	9022 7 Tax 60101
N.	AC-212 (Rev. 10-87)	ISSUED BY TOTAL	PAID \$ 40 00

3000			
	OFFICIAL RECEIPT WHITE TO CUSTOMER	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT	Nº 36949 ●
4	OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR		Nº 36949
0	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY	11-9 38
0	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151 Date Address: 3050 K Date	teet, Sa Dieso
0	From: August Oak White To Gustomer Canary Cemetery Pink Auditor	MOUNT HOPE CEMETERY 264-3151 Date Oral Address: 3050 K Te	11-9 1008 teet, San Dieso Dollars (\$ 20.00)
0	From: Auditor Day	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date 1/100	teet, Sa Dieso
0	From: August Oak White To Gustomer Canary Cemetery Pink Auditor	MOUNT HOPE CEMETERY 264-3151 Date Oral Address: 3050 K Te	11-9 1008 teet, San Dieso Dollars (\$ 20.00)
0	From: Payment of Cave_ Lot	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date OLD Address: 3050 K JU PROPERTY DEPARTMENT DATE OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD A	11-9 19-8 Levet, San Division Division Block 67007. 1885 Care 77184
0	From: AUDITOR Payment of Lot Grave Invoice No.	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date OLD Address: 3050 K JU PROPERTY DEPARTMENT DATE OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD A	11-9 19-8 Lect, Sh. Deiso Dollars (\$ 20.61) Licett Sh. Deiso Division Block 100 77184 100 100
0	From: Lecty Water Canapy Canap	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date OLD Address: 3050 K JU PROPERTY DEPARTMENT DATE OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD A	Dollars (\$ 20.00) Division Block 67007. 77184 100 9 77184 100 100 100 100 100 100 100
0	From: AUDITOR Payment of Lot Grave Invoice No.	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date OLD Address: 3050 K JU PROPERTY DEPARTMENT DATE OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD Address: 3050 K JU PROPERTY DATE OLD ADDRESS OLD A	Dollars (\$ 20.01) Division Block 100 100 100 100 100 100 100 1
0	From: Lease Water Canapy Canap	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date Oral Address: 3050 K J Pauges Juliane d Common Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% S 80% S of Lot Openin Ciosin Burial Conta	Dollars (\$ 20.01) Dollars (\$ 20.01) Division Block Ales Care 77184 100 77184 100 100 100 100 100 100 100
	From: Local Water Canapy Canap	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date Oral Address: 3050 K J Paup Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR NOT VALID FOR PURPOSE STATED UNLESS STAMPED Closina Burial Conta NOV 2 I 1988 Handli Recorn Misc. 1 Press Trust	Dollars (\$ 20.01) Division Block Block 100 77184 100 77184 100 100 100 100 100 100 100

and the state of t	
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date: 6-6 1967 Address: 2050 K Ticot A 92//3	OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR From: 14 11 11 11 11 11 11 11 11 11 11 11 11
NOTVALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 PAID IN THIS SPACE. ON AND Section Block ON Sales 100 Of Lots 77184 Opening 100 Closing 77181 Surial 100 Containers 77182 Surial 100 Containers 77182 Bacarding 6	In Payment of Grave Invoice No Grave W.O. Pacal Ca Vall
ISSUED BY Organization Organization ISSUED BY Organization ISSUED BY Organization O	Pre-Need Lot D At Need D On Acct D Pre-need Trust D Cash Check D AC-212 (Mev. 10-87)
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date: 3/2, 1989 Address: 3050 10 Hunt Show Dollars (\$ 40-00) ALLE SAN DIEGO, CALIFORNIA DOLLAR DIEGO, CALIFORNIA D	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
RowSectionBlock	Invoice No. Acct. No. W.O. BALANCE DUE Pre-Need Lot Pre-need Trust At Need Cash Check
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Date: Dollars (\$ #0-00 LCD #7 Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. NOT VALID FOR PURPOSE STATED UNLESS STAMPED OF JOB Closing Types WAR 27 1333 MAR 27 1333 Pre-Need 63033 TOTAL PAID NO 37533 Dollars (\$ 100 Division Phock Division Phock PAID IN THIS SPACE. NOT VALID FOR PURPOSE STATED UNLESS STAMPED OF JOB Closing Types WAR 27 1333 War and In This Space Types Valuation of Job Closing Types Valua	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR In Payment of Grave Invoice No. Acct. No. W.O. BALANCE DUE 546 OD

INTERMENT ORDER

City of San Diego	1
	Date 3-22-01
(TRISTERN R	enee)
You are hereby authorized and instructed, subject to your rules	and regulations, to inter the remains
of TRIESTEEN H	ARR, SON
in a BELL LINEP Funeral, date, time	Tri 3-9 11:00
Church, Chapel, Graveside	D Memorial Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work da	y or an extra charge of \$
will be applied and billed to undersigned.	
Lot 3 3 Grave 5 Row Section	2 Division/arock
Grave space & Care Fund	795.00
Additional spaces and care full	
Opening/Closing & Setup	AL 375.00
Bunal Container FFR 2001 Man	190.00
Handling Fees MT. HOPE CEMETARMT. HOPE Flower vases - Marke CHUT DISSAN DIEGO OF SA	05 2001 145.00
Flower vases – Marke THY BESAN DIEGO OF SAN Sales taxes	2007
Recording and filing fee	NOMETARY 45.00
Sales taxes	DEGO, CA 14, 25
The state of the s	otal Due 1564.25
Paid receipt number	R-5>398 391,00
~	Balance due 1173 23
I hereby certify I am the MOTHER	of the above named decedent
and this is your authority to make disposition of remains as ab that I have the right to make this authorization and I agree to ho	ove indicated. I certify and represent
any liability on account of said authorization and interment	
I hereby authorize the interment in lot I	othy of Coleman
hold under deed. > #99	office are.
Signature of recorded holder of dewl	y Diego
JOHN HI	1. P. 92107
Telaphone	1
_ 10050 Invoice#_	
Work Order # E 16220 Acct. #	THE REAL PROPERTY.
The second secon	The state of the s

REA-104 (7-96)

This information is available in alternative formats upon request.

Date:

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. X Interment space for: IRisteen Renee Harrison Interment Date: Fri Mar. 9 Time: 11:00 am Lot: 133 Grave: 5 Row: - Sect: 2 Div: 11 Grave Laid out by: ___ Agrees with Legal Card: Yes Agrees with Map: Yes

Blind Check & Verified By: _

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IRISTEEN		1B. MIDDLE Rence RENNE	IC. LAST (FAMILY)	Harrison	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 02/10/1956 03/04/2001 P
SAN DIEG	00		58 COUNTY OF DEAT ENTER STANSAN		6. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY COLEMAN - MOTHER
SAN DIEG 2441 UNI SAN DIEG	O MEMORIAL VERSITY AVI CO, CA 9210		- T	LIF LICENSE NUMBER F APPLICABLE D-1575	SAN DIEGO, CA 92102
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, and was author	ored pursuent to Section 7100 of t	ne Health and Salety Code.	1105-7-1-20 05/01/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DIRECTOR OF DESPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE F	98. DAYE PERMI 03/06/20 J. JOHNS	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA RDS; POO. BOX 8522 CA 92186-5222	1 16		OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
OTHORIZED DISP	OSITION(S) CHECK A				FOR CORONER'S USE ONLY
BURIAL (INCLI	OF CREMATED REM EMETERY SE	ORESS OF CALIFORNIA CEMETER METERY; 3751 MARKI	18:	ORNIA	ED , 11C. SIGNATUBE OF PERSON IN CHARGE OF BURIAL
CREMATION	Budicini Blacks and other C	DRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMA	18466 1 14790
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or ot ntify final place and ca <u>distri</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 13D. LICENSE NUMBER OF CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 3-23-0

	ed, subject to your rules and regulations, to inter the r VRVZOV	emains
in a LINER	Funeral, date, time FRI 3-7 6	1:30
Church, Chapel Graveside	: MATER M	ortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$ 15	6.00
will be applied and billed to undersigned		
Lot 3368 Grave Row	Section Division/Block	0
Grave space & Care Fund	113	2,00
Additional spaces and care fund	AID	-
Opening/Closing & Setup	06 2001 375	00
Bunal Container	110	00,
Handling Fees MT. HO	PE CEMETARY 145	,00
Flower vases - Marker settin CATY OF	SAN DIEGO, OF	
Recording and filing fee	16.6	100
Sales taxes	19.	40
	Paid receipt number R-53390 44	1.00
X	MIC Balance due 132	3, 2 5
I hereby certify I am the	of the above named de isition of remains as above indicated. I certify and re- zation and I agree to hold Mt. Hope Cemetery harmle attorn and interment.	FESON
I hereby authorize the interment in lot I hold under deed.	Signature Address	
Signature of recorded heider of deed	Cey Telephone	Zip Code
Work Order # EL 6221	Invoice #	

A Printed on revisited paper

REA-104 (7-96)

This information is available in alternative formats upon request.

Helen 718-9777 Halen 718-9772

1.581

MT HOPE CEMETERY E- 1622 1

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.

			GILBERT			-
	3366 SAMERSON		V	3369 HALE	B370 PIERCE	NALVACE
			SANDERSO	W		
Interment	Date: FR	·i 3-	9 T	ime:	D	iv: 10
	d out by: _ th Legal Ca	ard: 🗆 Yo	es C	J No	The	on
	th Map:		0	No	6	siant!
Blind Che	ck & Veri	fied By:			Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF	
Guliy		-	Novruzo	V	1	04/28/1918	02/22/	2001 M
SA. CITY OF DEATH			58. COUNTY OF DEAT			RELATIONSHIP, FULL M.	AILING ADDRES	S AND ZIP CODE
San Diego			ENTER STATE S	an Diego	Hala	n Kaninsky.	friend	
tight with the classic control of		A-FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER		Camino del Diegon CA 92		Suite 201
Mayer Mort 2859 Adams		iego CA 92116	FD1	124	-	TURE OF APPLICANT—P		District Control of the Control of t
ACKNOWLEDGMENT OF A	PPLICANT I burely a Section 10	ctrowledge as applicant that the proposed dis 176 of the Health and Safely Code, and was suffi	unifien stated herein is one of the oriend pursuant to Section 7100 of 8	dispositions authorized by e Health and Safely Code.	> 0	thin May	1	03/07/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	VED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID HIGHT OF DISPOSAL OUTLINE OF CALFURNA.		109/08/	T ISSUED I	Dunge Ra	CAL REGISTRA	R ISSUING PERMI
Company of the Compan	P.O. Box	85222				ICT OF DISPOSITION— THER DISTRICT IN CALIFOR	ADM	
IU AUTHORIZED DISP	San Diego	, CA 92186-5222	1			FOR COR	ONER'S US	E ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DANIA		I. DISPOSITION (Name and A		MAINS LOCATED
BURIAL	Mt. Hope C	ooress of California Cemete Camebery ot St., San Diego,		3-9-01	1	SIGNATURE OF PER	SON IN CHARG	SE OF BURIAL
CREMATION		DORESS OF CALIFORNIA CREMAT	MARKET TO THE REAL PROPERTY OF THE PERSON NAMED TO THE PERSON NAME	128. DATE CREMA	TED 120	SIGNATURE OF PERS	ON IN CHARG	OF CREMATION
SCIENTIFIC	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B, DATE RECE	IVED 13C	SIGNATURE OF PER	SON IN CHARG	E OF FACILITY
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	ED 14C	ADDRESS AND SIGN. OF PLACING WITH TO		RSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' INTIFY FINAL PLACE AND CA <u>DISTR</u>		15B DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		UCENSE HUMBER OF CREMATED RE- MAINS DISPOSER IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date_ 2-23-0|

or MARK K MORE	Funeral, date, time TUS, Feb 27	11:00
Type of Burial Container	RAGSDALE	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$	B
will be applied and billed to undersigned.		-
Lot 14 Grave // Row	Section 2 Division/Block	15
Grave space & Care Fund	In- Ned	4
Additional spaces and care fund		-
		105.00
Burial Container		55.00
Haridiing Fees		60.00
Flower vases - Marker setting fee		_
Recording and filing fee		45.00
Sales taxes		4.13
	Total Due	969.43
P	aid receipt number 53402	269.13
	Balance due _	8
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorize any liability on account of said authorization.	of the above named the story of the above named to have a subject	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature >	
Signature of recorded holder of deed	Y Chy	Zip Code
	Virlephone	apcoa
F 10000	Invoice #	
Work Order # E 16222	Acct. #	

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. NOTE: INTO GRAVE OF MOTHER: NARVELLA MORGAN ASHES: UPPER LEFT

spell ?	ppe N 3	me coy 4	OPENS	WRILING 6	
	GREENS	GREENY	H X N	20NE 2	
		THE S			

Interment space for:MARK_KENT	MORGAN
Interment Date TUE. FEBRUARY 27	Time: 11:00 am
Lot: 14 Grave: 11 Row:	Sect:2 Div:12
Grave Laid out by:	
Agrees with Legal Card: Yes	O No Slay on Grave
Agrees with Map: Yes	J No
Blind Check & Verified By:	Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE Kent	1C. LAST (FAMILY)		2 DATE OF BIRTH MONTH DAY YEAR 02/28/1960	3. DATE OF DEATH MONTH, DAY YEAR 04/22/2000	
A CITY OF DEATH	Diego		SB. COUNTY OF DEATH		NAME RELATIONSHIP, FIRL OF INFORMANT Candi Horgan, W	MAILING ADDRESS AND	ZIP CODE
Anderson-	Ragadale M	A-FUNERAL DIRECTOR OR PERSO DIESO, CA 92102	N ACTING AS SUCH 78 CAL	LIF LIGENSE NUMBER	425 S. 66th St. San Diego, CA 9 BA. SIGNATURE OF APPLICANT-	2114	TE MONES
ACKNOWLEDGMENT OF AP	m scant (hereby s	cknowledge as applicant that the proposed of \$75 of the Health and Safety Gode, and was au	isposition stated herein is one of the otherized partialnt to Section 7100 of the	dispositions authorized by	SA. SIGNATURE OF APPLICANT		5/2000
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV CRIMA FIEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE DISPITOR OF COLFORNIA	\$7.00	AD SEA PATE PERMIT	IRSUED, BC. SIGNATURE OF L	OCAL REGISTRAR ISSUI	NG PERMIT
TON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Recor	GISTRAR OF DISTRICT OF DEA D IN CALLEDRINIA ds; P.U. Box 852 Diego, CA 92186-	22		OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CAUS		
UTHORIZED DISPO	SITION(S) CHECK A				FOR CO	RONER'S USE ONL	.γ
B. CREMATION	11A. NAME AND A	DORESS OF CALIFORNIA CEMET CONSTRUCTORY 3751 Ha	rket St.	DRNIA	(Name and		
CREMATION		cenatorium; 601 D Lake Elsinore.	ATORY Crane St.	4-27-0	ED 120. SIGNATURE OF PER	CONTRACTOR SECURIOR S	REMATION
1050	13A. NAME AND A	DORESS OF CALIFORNIA FACILI		13B. DATE RECEIV	ED 13C. SIGNATURE OF PE	RBON IN CHARGE OF I	FACILITY
TRANSIT		DORESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		148. DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY RINAL PLACE AND CA <u>DIS</u>		158. DATE OF DISPOSITION	15C. SKSNATURE OF PE CHARGE OF DISPL	SITION CF CRI	SE NUMBER EMAYED RE- DISPOSER PPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 2- 23-0

You are hereby authorized and i					er the remains
OF JENNIE				THE RESERVE OF THE PERSON NAMED IN COLUMN 1	0 0.0
ina LINER		Funeral, date,	time WF	D 5-30	9 9:0
Church Chapel, Braveside		F ONLY			Mortuary.
All Funeral cars must arrive befo	ore 3:10 p.m.	of regular wo	rk day or ar	extra charge o	150.0
will be applied and billed to under					
Lot 705 Grave	-	Section	5	Division /Dic	- 8
Lot Grave		- Need		O 7 7	D-
Grave space & Care Fund		i-Need	p - '	V 1 1	
Additional spaces and care fund		1357C	**********		
Opening/Closing & Setup	**************	13255			-5
Burial Container	16		***************************************		-0
Handling Fees		16			-0_
Flower vases - Marker setting fe	ie	((
Recording and filing fee		٤(************	*****	-0
Sales taxes		The state of the s	*****************		0
Clement co.				ue	
Morumen	Paid	receipt numbe	ır	Balance due	-0
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a	authorizatio	n and I agree I	s above inc to hold Mt. I	of the above na dicated. I certify Hope Cemetery	and represent
I hereby authorize the interment hold under deed,	in lot I	Appross		chery	
Signature of recorded holder of deed		Cny Cny	4) 23	5-2355	Zup Coolin
E 1000	9	Invoice	#		
Work Order # E 1622	3	Acet. #	-		

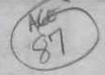
GRAVE BLIND CHECK FORM

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.

HAN			OPEN			
		GEORGE WRIGHT	705 _X	TO 6 SULLIVAN		
			OPEN			
Interment	space for:	ZEN	NIE W	RIGHT	Mill	-5
- Interment	Date: WE	0 2-	28	ime:9		
Lot: 70	5 Grave			Sect:		iv: 8
Grave La	id out by: _	NF	Ro	W)		
	ith Legal C			J No	N.	den de
Agrees w	ith Map:	J Yes	0	No		
Blind Cho	eck & Veri	fied By: S	DAPRE	W_	_ Date	22701

E 16223

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE		1B. MIDDLE	1G. LAST (FAMILY)	LLS		DATE OF BIRTH	3. DATE OF DEAT	
SA. CITY OF DEATH			SB. COUNTY OF DEA	OPCIA		ELATIONSHIP, FULL N	MAILING ADDRESS AND	ZIP CODE
7A. TYPED NAME AND AL GREENWOOD I	DORESS OF CALIFORNI	A-FUNERAL INFECTOR OR PERSON		LIF LICENSE NUMBER IF APPLICABLE	SAN D	MALCOLM DR		DATE SIGNED
ACKNOWLEDGMENT OF A	no many 1 hereby a	acknowledge as applicant that the proposed disp G76 of the Health and Salvin Code, and was author	outhor stated ferroin is use of th	e dispositions authorized by the Health and Safety Code.	· 0,	eteres?	The state of the s	/27/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MICHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	VICTORIA	HEZA	C. SIGNATURE OF LO	OCAL REGISTRAR ISS	UING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL EXPOSITION.	9D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF DEATH TO IN CALIFORNIA	P	DORESS OF REGISTRAR DISPOSITION IS TO OCC	22	HER DISTRICT IN CALIFO	ORNIA	
10 UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			7220	THE RESERVE OF THE PERSON NAMED IN	NONER'S USE OF	ILY
B. CREMATION	6E			SIDE OF CALIFORNIA		L-I (Name and A		
BURIAL	MOUNT HOPE	DDRESS OF CALIFORNIA CEMETE CEMETERY ET STREET, SAN DIE		1 118. DATE BURIE	D 11C.	SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
CREMATION CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED Sec.	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 190.	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH 1	NATURE OF PERSON THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION DE C	NSE NUMBER REMATED RE- IS DISPOSER APPLICABLE

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



INTERMENT ORDER

City of San Diego

Date Feb. 23, 2001

	icted, subject to your rules and regulations, to	
or Edgle	Wilkerson, JR	
in a LINER	Funeral, date, time TUE, FEb.	.27 1:00
Church Chapel, Graveside	Ragsdale	Mortuary.
All Funeral cars must arrive before 3:	60 p.m. of regular work day or an extra charg-	e of \$ 150,00
will be applied and billed to undersign	ned. X AK	
Lot 223 Grave 12 R	low Section Division/	Dock-12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	37500
Burial Container	II LINER 26 2001	19000
		14500
Flower vases - Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, CA	45.00
27/L/M-15/M/M		14.23
	Total Due	1,664.25
	Paid receipt number 533 95	1,664.25
	Balance du	10 0
that I have the right to make this auth	of the above indicated. I cert orization and I agree to hold Mt. Hope Cemete ization and interment—Alice Robb	named decedent tify and represent ary harmless from
I hereby authorize the interment in lot hold under deed.	> 5/80 Leng Dr	
Signature of recorded holder of deed	→ SAN Diego → (619) 263-2412	92114 Zip Code
F 100C4	Invoice #	
Work Order # E 16224	Acct. #	
REA-104 (7-96) This	information is available in alternative forma	ts upon request.

O Penns of an recycled paper

*	Hare hack	00 31.10	* / /	<i>†</i>		€-10	224
	/	\\/	MT HOI	PE CEME	TERY	€-16	
		GR	AVE BL	IND CHE	CK FO	RM_	
	block mar	rked with " narker's in	X". Place	the name	's. lot # :	e grave is fand grave at are adjace	# of all
190.00	open	Fulcher Nata Starvon	Pre-Need open	open			
od	9	10	11	12			
[Boton	open	open	open	witkerson			
	Interment	space for: _	Eddie	WILK	erso	n	
	Interment	Date: Tue	s. Feb.	27 Ti	ime:	1:00 PM	
	Lot: 22	3 Grave	12	Row:	Sect:	2 D	iv: 12
	Grave Lai	d out by: _	Norm	4 Kon			
	Agrees wi	ith Legal Ca	urd: 🛛 Yo	es C	J No	nex	ر ب
	Agrees w	ith Map:	J Yes	ON	Io	don	
	Blind Che	eck & Veril	ied By:	Kfe	_	Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST D'AMI	LY)		2. DATE OF BIRTH	3. DATE OF		SEX
Eddie		-	Wilkers	on, Jr.		03/05/1942	02/15/	2001	H
SA. CITY OF DEATH				DEATH-OUTSIDE CALIF.,	OF INFO	RELATIONSHIP, FULL M			30C
Mt. Pleas	ant		Texas			Robb, Ex-	wife		
7A. TYPED NAME AND AC	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 71	. CALIF. LICENSE NUMBER —IF APPLICABLE		Lennox Dr.			
	Ragsdale Mo Diego, CA	rt.: 5050 Fed	eral Blvd.;	FD-1329		Diego, CA 9		88. DATE SI	IGNED
ACKNOWLEDGMENT OF A	neurosart Literally a	dynomically as applicant that the pr	opesed disposition stated herein is one of was authorized pursuant to Section 71	of the dispositions authorized by 00 of the Health and Safety Code.	Mal	nuti Tim	lux-	02/26/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP 0 MIGHT OF DISPOSAL OUTSIDE OF C	Y CODE PECIFIED \$7.00	98. DATE PERMIT		C. SIGNATURE OF LO	CAL AEGISTR	21036	
TO SHOW FINAL	Vital Rec	GISTRAR OF DISTRICT OF DIN CALIFORNIA CORDS: P. O. B.	ox 85222	E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC			RIMA		
10. AUTHORIZED DISP	NEW YORK STREET, STREE	A STATE OF THE PARTY OF THE PAR				FOR COR	ONER'S US	E ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	5E	AINS OTHER		ALIFORNIA OUTSIDE OF CALIFORNIA		Name and A		OF OF DIRIL	
BURIAL	Mt. Hope	Cemetery: 375 , CA 92102	SECTION AND ADDRESS OF THE PARTY OF THE PART	118. DATE BURIE	D 11G.	SIGNATURE OF PER	SON IN CHAH	GE OF BUHIA	4
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	128, DATE CREMA	TED 12C.	SIGNATURE OF PER	SON IN CHARG	E OF CREMA	TION
' SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAI	NS 13B. DATE RECE	VED 13C.	SIGNATURE OF PER	SON IN CHAR	GE OF FACIL	ITY
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPP	ED 140.	ADDRESS AND SIGN OF PLACING WITH 1		RSON IN CH	ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E. OR OTHER DESCRIPTION S CA <u>DISTRICT</u> OF DISPOSITION			SIGNATURE OF PER		OF CREMATED MAINS DISPO	D RE-

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

INTERMENT ORDER

City of San Diego

Date 2-26-01

of	EUGF	NIA	OR	TEGA	THO	23/1	10:00
in a D	Type of Buring	DEPTI	T_F	uneral, date, l	time W	7	40-1100
Church, C	hapel, Grave	side			GUADA	LUPAH	Mortuary.
All Funera	l cars must a	rrive before 3:	30 p.m. o	f regular work	day or an	extra charge	e of \$
will be app	lied and bille	d to undersign	ed				
Lot 8	O Grave	4 A	ow	Section	2	_ Division#	THE RESERVE OF THE PARTY OF
Grave spa	ce & Care Fu	ind		***************************************	***************************************		895.00
Additional	spaces and	are fund	AI	n		***************************************	
	losing & Set		71				134 50
Burial Con	tainer	FER	267	0.01			380.00
	ees						320.00
		MT. HO	PE CEN	ACTAPA.			-
		TOTPYOF					45,00
Man San							38.50
Dales lake						······	2-112 6
			Daidso	ceipt number	R-53	101	2013.50
			raio re	ceipt number	-		-
u and the and	THE PERSON NAMED IN COLUMN	2000				Balance du	
and this is that I have	your authori	ty to make dis nake this author of said author	position or prization a	and I agree to	above indic	cated. I cert	named decedent lify and represent any harmless from
I hereby as hold under		nterment in lot	1	The second secon	8 Gara	CONTRACTOR CONTRACTOR	-
Signature of rec	cettest holder of de-	A .		X Sa Y Salay	n Dieg) 569	9 743	4 92/23 32 - Zip Cody
				Invoice	#		The Late
Work Orde	# E 1	6225		Acct. #			
REA-104 (7-9	961	This	informati	ion is availab	ole in alterni	ative forma	ts upon request.

O Personal on recycled paper

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.

B -100				18. 19	200	
		THE R				
1	REE	CONNOR	80 X 4	5 open	ope N	
LASTER 7	LASTER 8	open	LEWIS	OPEN	OPE N	
Interment Interment 80 Lot:	space for: Date: Description: Date: Description of the control of the contro	un 2	28 T	ime: Sect: _	a Div	v: 000 / 3
Grave Lai	d out by: _		-			
Agrees wi	th Legal C	ard: 🗆 Ye	es C	J No	palt	have
Agrees wi	ith Map: [3 Yes	D 1	No	G	non
Blind Che	ck & Veri	fied By:			_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

198)

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (F/	MILY)		2. DATE OF BIRTH		OF DEATH	4. SEX
EUG	ENIA	-	ORTEGA			0971171932	02722	72001	F
5A. CITY OF DEATH	DIEGO		SAN DI	OF DEATH—OUTSIDE CALIF.	OF IN	RELATIONSHIP, FULL M. FORMANT MARTA BARR	Street Street		
		ORTUARY, 2601		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	2118	DIEGO, CA, 92	RIVE	20101011	
SAN	BDIEGO, CA,	92102		FD-1425	A CONTRACTOR OF THE PARTY OF TH	ATORE OF APPLICANT		Nt 88 DAT	E SIGNED
ACKNOWLEDGMENT OF A		acknowledge on applicant that the po 1376 of the Health and Safeta Code, on		new of the dispositions authorized by 1 7100 of the Health and Safeta Code.	> <	fre Clian	ev	02/2	8/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORINIA HEALTH AND SAFET TY FOR THE DISPOSITION SP 60 RIGHT OF DISPOSAL ONTEDS OF C	PECFIED \$7.00	JOSE CH/ 02/28/20	VEZ	9C SIGNATURE OF LO	CAPREGIST	FRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF IN CAUCONIA BOX ORDS, P.O. BOX CA. 92186-322	S. T.	RE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		RICT OF DISPOSITION— THEIR DISTRICT IN CALIFOR	RHIA		
UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	1
B. CREMATION	SE		F. DISINTERN G. SHIP IN TO			I DISPOSITION (Name and Ac		TEMPORE CO	
BURIAL	MOUNT HOP	E CEMETERY, 37: , CA, 92102	SI MARKET ST	, 118. DATE BURB	ED 110	SIGNATURE OF PERI	SON IN CH	UPGE OF BU	IRIAL
CREMATION	12A NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	128 DATE CREMA	TEO 120	, SIGNATURE OF PERS	ON IN CHA	RGE OF CRI	MATION
SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA	FACILITY RECEIVING REP	MAINS 13B. DATE RECE	OVED 190	SIGNATURE OF PERS	SON IN CH	ARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE		RE 148. DATE SHIPS	PED 140	OF PLAGING WITH THE			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		MEST POINT ON SHORELIN ENTIFY FINAL PLACE AND C				SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM MAINS D —IF APP	ATED RE-

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

INTERMENT ORDER

City of San Diego

marsh

REA-104 (7-96)

Date 2-26-01

of work water	na Benjamin	
in a:	Funeral, date, time	EBREAL
Church, Chapel, Graveside	1	Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra	charge of \$
will be applied and billed to undersigned.		
		11
Lot 40 Grave 13 Row_	Section Div	ision/Plock
Grave space & Care Fund	1 1 1	
Adduonal spaces and care fund	1 1)	
Opening/Closing & Setup		
Burial Confainer		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	ansfer Zee	45.01
Sales taxes		
	Total Due	45.00
Pair	d receipt number	
	Balar	nce due
I hereby certify I am the	of the	above named decedent
and this is your authority to make disposition that I have the right to make this authorization	on of remains as above indicated on and I agree to hold Mt. Hope C	I certify and represent emetery harmless from
any liability on account of said authorization	and interment.	Service Control of the Control of th
I hereby authorize the interment in lot I	Signature	Laborate Contract
hold under deed.	X	
Signature of recorded holder of deed	Address	
	City	Zip Code
	V	
	Telephone	
Work Order # E16226	Telephone Invoice #	

& Proxied on respeited paper

This information is available in alternative formats upon request.

INTERMENT ORDER

City of San Diego

Date Feb. 26, 2001

Emma Louis	
na Bell Liner	Funeral, date, time Mon. Mar. 5 11:00
Church, Chapel Graveside	: Ragsdale Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of fegular work day or an extra charge of \$ 150.00
vill be applied and billed to undersigned.	5.7
ot 191 Grave 9 Row_	Section 2 Division/Marck 12
Grave space & Care Fund	895,00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375°°
Surial Container	190 00
landling Fees M	IAR 0 1 2001 145°°
lower vases - Marker setting fee	HOPE CEMETARY
Recording and filing fee	
Sales taxes	14,25
	Total Due
Paid	receipt number 53416 1,664,25
7	Balance due
hat I have the right to make this authorization	of the above named decedent of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I lold under deed.	Serum M. Johnson
Egnature of recorded holder of dead	> 19 236-8543 zip Cool
	Invoice #
Vork Order # E16227	Acct. #

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.

6	7	8	9	10	n	
open	open	open	X	Smego		
Interment :	space for: _	Emr	na lo	u/se	BROWI	7
Interment	Date:		Т	ime:	*	
Lot: 19/	_ Grave:	9	Row:	Sect:	2 D	iv: 12
Grave Lai	d out by:	R.T.	4.55			-
Agrees wi	th Legal Ca	ard: 🗆 Y	es C	J No	F7, GRA	30
Agrees wi	th Map:	J Yes		No	CER	eve)
Blind Che	ck & Verif	ied By:			Date: _	

E- 16227

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY) Brown	1.044	2. DATE OF BIRTH MONTH, DAY, YEA 10/16/1913	3. DATE OF DEATH MONTH, DAY, YEAR 02/23/2001	4. SEX
5A. CITY OF DEATH San Die	go		58. COUNTY OF DEATH		NAME, RELATIONSHP, FULL OF INFORMANT Lers M. Johnson	MAILING ADDRESS AND 2	
TA TYPED NAME AND AL Anderson	Sea	Diego, CA 921		F APPLICABLE 1329	137 N. 30th St Sab Diego, CA A. SIGNATURE OF APPLICANT	92102 Forum taking permit 88. DA	The second second
NONNOWLEDGMENT OF A			sed disposition stated herein is one of the as authorized puriount to Section 7100 of th	e Health and Safety Code.	Delfulle	un-	01/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE WITH PLORINA HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIAL PROPERTY OF DEPOSAL OUTSIXE OF CALF	ST.00	03/01/200	SSUED 9C SIGNATURE OF	LOCAL REGISTRAR ISSUI 21039	NG PERMIT
ANY CHANGE IN DISPOSI- TICH REQUIRES A NEW TO SHOW FINAL ISPOSITION.	Vital Reco	edistrar of district of the causeman Box 8 an Diego, CA 92	5222		OF DISTRICT OF DISPOSITION IN AMOTHER DISTRICT IN CAL		
10. AUTHORIZED DISP				100000000000000000000000000000000000000	FOR CO	PRONER'S USE ONL	Y
B. CREMATION	SE .		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA	L DISPOSITIO	ON PENDING—REMAINS L (Address)	OCATED AT
BURIAL	Mt. Hope	San Diego, C		3-5-01	11C. SIGNATURE OF P	F. Line	BURNAL
CREMATION	12A, NAME AND AL	DORESS OF CALIFORNIA CR	EMATORY	12B DATE CREMATE	D 19C SIGNATURE OF PI	ERSON IN CHARGE OF CH	REMATION
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C SIGNATURE OF P	erson in Charge of F	ACILITY
- THANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	OF PLACING WITH	GNATURE OF PERSON IN 1 THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF P. CHARGE OF DISP	OSITION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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





MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-01

You are hereby authorized and instructed,	subject to your rules and regulations, to int	er the remains
OF GWENDOLYN	KINCADE	
in a LINER	Funeral, date, time THUR 3-1	11.30
Church, Chapel Graveside	:CLAIREMONT	Mortuary.
All Funeral cars must arrive before 3:30 p.r.	m. of regular work day or an extra charge of	18
will be applied and billed to undersigned.		
Lot Grave Row	Parallando Division	3
Grave space & Care Fund		
Additional spaces and care fund		275 00
Opening/Closing & Setup)	3/2,00
Burial Container		190.00
Handling Fees FER 4 / /	01	145.00
Flower vases - Market Petting PE CEME	ETARY	110
Recording and filing@HY OF SAN DIE	GO, C/	45.00
Sales taxes		14,25
- 53407 1000.00	Total Due	769-2
busterney Pa	id receipt number R-53101	769.25
peinterment has	Balance due	-0
I hereby certify I am the Solar and this is your authority to make dispositional I have the right to make this authorization any liability on account of said authorization	of the above not on of remains as above indicated. I certify ion and I agree to hold Mt. Hope Cemetery in and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	> Supplier Tren	FAV#
Signature of recorded halder of deed	> SAN JUSE	95128
	1858 292-5386 Lo	CAL)
	Invoice #	
Work Order # E16228	Acct. #	



THE CITY OF SAN DIEGO E-16 228

AUTHORITY TO DISINTER, REMOVE OR REINTER

February 27, 2001

MONTH YEAR

disinter the rem			N G. KINCADE			and regulations, to
from Lot1	_ Grave _	6	_ Section _	6	Row	Block
Division 3	And to	remov	e the same to	o and	reinter said	remains in Lot _1
Grave 6	_ Section _	6	Row		Block	Division 3
Cemetery MT.	HOPE CEME	TERY	132 10			
related to the d hold Mount Ho authorization,	lecedent a pe Cemete	s indi ery ha ent, re	cated below rmless from moval, and r	The any li	undersign ability on a	ed further agree to account of said
Signature			Relation to	decea	sed Ad	Idress
I hereby authorize	zed the abo	ove di	sinterment:			
		6.1				the state of the s
(Lo) owner mus	-00	les			2	27 81

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



E-16228

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	NT—FIRST (GIVEN) 18, MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE	OF DEATH 4. SEX
GWENDOLY		KINCADE		6370471921 6272	4/2001 7
A CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF 6	NAME, RELATIONSHIP, FULL MAKING AD	Control of the last of the las
LA JULLA		ENTER STATE	N DIEGO	BARRY W. KINCADE -	SON
The second secon	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO			997 BAVENSCOURT AVE	MUE, #1
CLAYREMOR	T MORTUARY: 4266 HT. ABERNA	THY AVE	APPLICABLE	SAN JOSE, CA 95128	
Allower or The John	SAN DIEGO, CA 9		D TYPE	BA. SIGNATURE OF APPLICANT—Person links I	ernt 88 DATE SIGNED
ACKNOWLEDGMENT OF A	PELICANT I bereity acknowledge as applicant that the proposed d Section 19376 of the Health and Salety Gode, and was au			· Outline mare	02/28/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAN	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODIAND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT DIVISIONS NO SECTION SPECIFIC WITH PERMIT DIVISIONS NO SECTIONS OF THE PERMIT DIVISIONS OF THE PERMIT DIVINISMENT DIVISIONS OF THE PERMIT DIVISIONS	\$7.00	98. DATE PERMIT VICTORIA 03/01/200	ISSUED 9C SIGNATURE OF LOCAL REGIONEZA 2103930	STRAR ISSUING PERMIT
Course the same transit	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO. CA 92186-5222	TH- FRE ADDI		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA	
THORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS	C	2 3	FOR CORONER'S	USE ONLY
B CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	RNIA	(Name and Address)	-REMAINS LOCATED A
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET HOURT HOPE CEMETERY 3751 MARKET STREET, SAN D		118. DATE BURIED	1 11C. SIGNATURE OF PEGSON IN C	HARGE OF BURIAL
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMA			ED 12C. SIGNATURE OF PERSON IN CH	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER / OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02-27-2001

You are hereby authorized and instructed, s of JOSEFINA RODE	RIGUEZ			AVH SS	
ina DBL CRYPT / 2nd Buris	Funeral, date, time	Thur.	March	1,	10:00a
Church Chapel, Graveside		A BURI		ACC	ortuary.
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.				\$ 15	0.00
Lot 126 Grave 1 Row _	- Section	3 6	ivision Bloc	<u> 1</u>	2
Grave space & Care Fund Pre-Need	Lot E- 13880)		-	ø
Additional spaces and care fund			*************		Ø
Opening/Closing & Setup	PAID			0	75.00 Ø
Burial Container	ED 27 2001			Ø	1000
Flower vases – Marker setting fee	EB - C			-	Ø
	OF SAN DIEGO,	2		\$	45.00
Sales taxes CITY	OF SAN DIEGO.			y	Ø
OTE: 2nd Burial		al Due			20.00
nona.			ance due	X	2
I hereby certify I am the X Obv c/i and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and Lauree to hold	e indicate	above nar	and re	present ss from
I hereby authorize the interment in lot I hold under deed.	X NOR I	UA .	SAL	6 A	00
Signature of recorded holder of deed	> San Di	66-0	CA1,	97	Zip Code
Work Order # E16229	Invoice #	Total Co			
	nation is available in a	altarn ativ	formate i	non re	amount.

& Printed on recycled paper

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.

ACC ACC	Davis		13	
	JEST FURB	2 Aldin B. Hudson	3 Jeanette Contagy	Belta Kuth Tisrael
Interment space for: Jose	Cia	Ra	de vi	
Interment Date: Thuse Ma				
Lot: 126 Grave: 1				
Grave Laid out by:		3,6	15	
Agrees with Legal Card: Y	es C	J No	(t 13	Rave
Agrees with Map: Yes		No	6	
Blind Check & Verified By:		Mag	Date:	

	LOT 125	SECTION	3	DIVISION	12
	DECEAS	ED		OWNER	
1	GAONA, EVERTINA		SALGAD	O, EFRAIN	
2	HUDSON, ALAN B.		Bornho	oldt, Helen	
3	Conley, Jeanette		Jeffr	ey Conley	
4	ISRAEL, Betty	R.	WINGE	R, Jerry L	
5	JORDAN, Margan	ret Marië	WEST,	Velma	
6	TAYLOR, L. V.		WALTON	, Fred	
7	BARNES, BARBARA	LURENE	GALKOSI	I, JC.	
8				DAVIS LOCKE	
9	Davis Cheryl Lyn	n	Davis-	-Locke, Heler	1
10	Edgar, Crenshaw		Crensh	аю, Kim	
11	I the same				
12	FULLER, Lonnie	G.	FULLES	, Percy	AYLO

INFRI

= 2307,10 - W0999-A " Che n. 2650,10 399-B W. E. 284110 gr Hely Hely E The Co

E-16229

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NO 89

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

	ME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY) PINEDA-RODS	RIGUEZ	2. DATE OF BIRTH	3. DATE OF DEATH 8272572081	4. SEX
	Y OF DEATH			SAW STEGO	1	NAME, RELATIONSHIP, FULL INFORMATION SALGADO-C	GRANDDAUGHTER	
C	ALIFORNI	A CREMATION	SAN DIEGO,		APPLICABLE 1	1143 SO 41ST ST SAN DIEGO, CA S BEGINATURE OF APPLICANT	2113	TE SIGNED
ACH	HOWLEDGMENT OF A	PFLICANT 1 hereby a Section 10	cknowledge as applicant that the 376 of the Health and Salety Gode	proposed disposition states hereis is use of the and was authorized participal to Section 7100 of the	dispositions sufficient by Health and Salety Code.	Claimin Be	m 1 02/2	27/2001
AUTHO	PERMIT DRIZATION OF L REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI ORINIA HEALTH AND SAF TY FOR THE DISPOSITION 0 NIGHT OF DEPOSAL DUTSIDE O	SPECIFIED \$7.00	02/27/200 J. BENYA	211137142	OCAL REGISTRAR ISSUM	IG PERMIT
TION R	EQUIRES A NEW TO SHOW FINAL	VITAL RECOR	EGISTRAR OF DISTRICT D IN CAUFORNIA RDS-P.O. BOX CA 92186-522	85222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUSE		
(Organi)	THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COL	RONER'S USE ONL	Y
B	CREMATION		AINS OTHER	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	L DISPOSITION (Name and	I PENDING—REMAINS LI Address)	DCATED AT
•	BURIAL	MT. HOPE	CEMETERY 375	MARKET ST.	118. DATE BURIED	110 SISNATURE OF G	SON IN CHARGE OF B	URIAL
BLE ITEMS	REMATION	12A. NAME AND AL	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREMATED	120. SIGNATURE OF PER	ISON IN CHARGE OF CR	EMATION
LL APPLICA	CIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PEI	RSON IN CHARGE OF F	ACILITY
OMPLETE	TRANSIT		ODRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCA	TTERING AT SEA OR POSITION OTHER I IN A CEMETERY			INE OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	168 DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION I OF CHEA	MATED RE-

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



Family bringing ashes LEFT sive

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 27, 2001

You are hereby authorized and instructed, s	THE PROPERTY OF THE PROPERTY O	to inter the remains
or Esteban Zam	brano (X)	
ina Ash Vault	Funeral, date, time Fiel Mar	2 10:00 am
Type of Burial Container Church, Chapel Graveside	Berge-R	lober 13 Mortuary
All Funeral cars must arrive before 3:00 p.m		Colombia Colombia
will be applied and billed to undersigned.		
Lot 131 Grave 5 Row_	- Section 2 (Division	on Block 12
Grave space & Care Fund	<u> </u>	30000
Additional spaces and care fund		
Opening/Closing & Setup		105 00
Burial Container 55.00 ASh Vaul	+ a Temp. Marker	51.50 8650
Handling Fees P	AID'	6000
Flower vases - Marker setting fee	2 7 2001	
Recording and filing fee	27 2001	_45.**
Sales taxes	PE CEMETARY	4,13
CITY OF	SAN DIEGO, Total Due	600.63
Paid	receipt number 53465	600.63
10	Balance	due 8
I hereby certify I am the WIFE and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I	netery harmless from
I hereby authorize the interment in lot I hold under deed.	X den Kern 3.	oroghove !
Signature of recorded holder of orest	→ San Diego → 2619) 501-27	CA 72105
-10000	Invoice #	
Work Order # E16230	Acct. #	

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
						OPEN 4
			131 X 5	open b	open	TEMPLE
			OPEN			
Interment s				Zi	ambr	Rano (
					2 1	Div: 12
Grave Laid			es	J No	galf (2)	on and
Agrees with	п Мар:	J Yes	0	No	5	
Dlind Chan	le P. Maril	Tarl Dan			Data	

78797

€-16230

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

ALIFORNIA—FUNERAL DIRECTOR OR PRIVARY, 607 NATION OF THE ACCORDANCE WITH HE CALIFORNIA HEALTH AND SAFET AUTHORITY FOR THE DISPOSITION SPORT OF REGISTRAR OF DISTRICT OF OCCURRED IN CALIFORNIA DISTRICT OF OCCURRED IN CALIFORNIA DISTRICT OF DISTRICT	PERSON ACTING AS SUCH 78 CONAL CITY FD INDUST Exposure appropriate form of the ethic subspiced pursuant to dection 7:00 at 1 PROVI TY CODE PECIFICE \$7.00 DA FORMA F DEATH— X 85222 E TEMPORARY ENV G SHIP IN TO GALIF	SAN DIEGO CALIF LICENSE NUMBER IF APPLICABLE 10-284 SIN dispariors submirero in 10-284 PAID 98 DATE PERMIT IS 102/27/200 P Valenti ADDRESS OF REGISTRAR OF F DISPOSITION IS TO OCCUR	08/24/1929 02/ NAME RELATIONSHIP, FULL MAILING OF INFORMANT SAN JUANA ZAMBRANO 3825 41ST ST, #9 SAN DIEGO, CA 9210 A SIGNATURE OF APPLICANT—PURME IN PRINCED PC SIGNATURE OF LOCAL R 11 2103750 THE PRINCED POSITION— IN ANOTHER DISTRICT IN CAUFORNIA FOR CORONER	O - WIFE OS O2/27/2001 EGISTRAR ISSUING PERMIT
RTUARY, 607 NATION ITY, CA 91950 Thereby acknowinge as applicant that the person to the person of t	PERSON ACTING AS SUCH 78 CONAL CITY FD INDUST Exposure appropriate form of the ethic subspiced pursuant to dection 7:00 at 1 PROVI TY CODE PECIFICE \$7.00 DA FORMA F DEATH— X 85222 E TEMPORARY ENV G SHIP IN TO GALIF	SAN DIEGO CALIF LICENSE NUMBER —IF APPLICABLE 0-284 the departors subtracted to 1 De Health and Salvey Gode PAID 9B. DATE PERMIT IS 02/27/200 P Valenti ADDRESS OF REGISTRAR OF P DISPOSITION IS TO OCCUR	NAME RELATIONSHIP. FULL MAILING OF INFORMANT SAN JUANA ZAMBRANG 3825 41ST ST, #9 SAN DIEGO, CA 9210 A SIGNATURE OF APPLICANT—PURSH IN SUBED BC SIGNATURE OF LOCAL R 1 12103750 THE PROSTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUFORNIA FOR CORONER	O - WIFE OS INCOMPRENTAL SE DATE SIGNED IO2/27/2001 EGISTRAR ISSUING PERMIT R'S USE ONLY NG REMAINS LOCATED A
RTUARY, 607 NATION ITY, CA 91950 Thereby acknowinge as applicant that the person to the person of t	PERSON ACTING AS SUCH 78 CONAL CITY FD INDUSTRIAN STREET MEAN 1 SHE OF 5	CALIF LICENSE NUMBER JF APPLICABLE 10 – 284 1th disparation authorized by 10 to Health and Safety Gods PAID 9B DATE PERMIT IS 102/27/200 P Valenti ADDRESS OF REGISTRAR OF PUSPOSITION IS TO OCCUR VAULTMENT	SAN JUANA ZAMBRANG 3825 41ST ST, #9 SAN DIEGO, CA 9210 A SIGNATURE OF APPLICANT—PRIME IN PRIME TO SIGNATURE OF LOCAL R 11 2103750 The FOSTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUFORNIA FOR CORONER	05 102/27/2001 102/27/2001 EGISTRAR ISSUING PERMIT B'S USE ONLY NG—REMAINS LOCATED A
RTUARY, 607 NATION ITY, CA 91950 Thereby acknowinge as applicant that the person to the person of t	PNAL CITY FD request approximate spiret forms it are of a not was subspiced pursuant in Section (100 at a period). FPROVI 9A. AMOUNT OF FEE PECIFIED ST.00 CALFORNA F. DISINTERMENT G. SHIP IN TO GALIF	THE APPLICABLE 0-284 Its department authorized by the Health and Safety Code PAID 9B. DATE PERMIT IS 02/27/200 P Valenti ADDRESS OF REGISTRAR OF PUSPOSITION IS TO OCCUR VAULTMENT	3825 41ST ST, #9 SAN DIEGO, CA 9210 A SIGNATURE OF APPLICANT—PRIME IN PRINCETO VARIATION SUED 9C SIGNATURE OF LOCAL R 11 2103750 The FOSTRICT OF DISPOSITION—IN ANOTHER DISTRICT IN CAUFORNIA FOR CORONER	05 102/27/2001 102/27/2001 EGISTRAR ISSUING PERMIT
Section INVE of the Hestilt and Salaty Code, and 18 ISSUED IN ACCORDANCE WITH HE CALIFORNIA HEALTH AND SAFETY AUTHORITY FOR THE DISPOSITION SPORT GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CO. S. OF REGISTRAR OF DISTRICT OF OCCURRED IN CAUFORNIA L. RECORDSPO BOY DIEGO, CA 92186-52 CHECK APPLICABLE ITEMS.	T PROVIDE SA. AMOUNT OF FEE STORMA SA. AMOU	PAID 98 DATE PERMIT IS O2/27/200 P Valenti ADDRESS OF REGISTRAN OF DISPOSITION IS TO OCCUR	FOR CORONER	EGISTRAR ISSUING PERMIT R'S USE ONLY NG REMAINS LOCATED A
I IS ISSUED IN ACCORDANCE WITH HE CALIFORNIA HEALTH AND SAFET HE DISPOSITION SPORT OF DISPOSITION SPORT GIVES WO RIGHT OF DEPOSAL OUTSIE OF COCCURRED IN CALIFORNIA L RECORDSPO BOY DIEGO, CA 92186-52 CHECK APPLICABLE ITEMS	# PROVI PA AMOUNT OF FEE PECIFIED \$7.00 CALFORMA 9E A # X 85222 222 E TEMPORARY ENV F, DISINTERMENT G, SHIP IN TO GALIF	PAID 98 DATE PERMIT IS 1 02/27/200 2 P Valenti ADDRESS OF REGISTRAR OF PUSPOSITION IS TO OCCUR VAULTMENT	D1 2103750 THE FORTHER DISTRICT IN CALIFORNIA FOR CORONER	N'S USE ONLY
DIEGO, CA 92186-52 CHECK APPLICABLE ITEMS SMENT)	X 85222 222 E TEMPORARY ENV F. DISINTERMENT G SHP IN TO GALIF	F DISPOSITION IS TO OCCUR	FOR CORONES	NG-REMAINS LOCATED AT
SMENT)	G. SHIP IN TO GALLE		DISPOSITION PENDS	NG-REMAINS LOCATED AT
	G. SHIP IN TO GALLE			
AND ADDRESS OF CALIFORNIA OF CEMETERY, 3751 IEGO, CA 92102	CEMETERY	118. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
SS VIEW CREMATORY,	, 3953 IMPERIAL	2/28 01	12C SIGNATURE OF PERSON	CHARGE OF MEMATION
AND ADDRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	I'AB DATE AECEIVE	D 130 MIGNATURE OF PERSON IN	CHARGE OF FACILITY
		14B DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	130. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE
The state of the s	AND ADDRESS OF CALIFORNIA SS VIEW CREMATORY SAN DIEGO, CA 921 AND ADDRESS OF CALIFORNIA AND ADDRESS IN RECEIVING ST NS OR CREMATED REMAINS ARE	AND ADDRESS OF CALIFORNIA CREMATORY SS VIEW CREMATORY, 3953 IMPERIAL SAN DIEGO, CA 92113 AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE NS OR CREMATED REMAINS ARE TO BE SHIPPED SS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	AND ADDRESS OF CALIFORNIA CREMATORY SS VIEW CREMATORY, 3953 IMPERIAL SAN DIEGO, CA 92113 AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE NS OR CREMATED REMAINS ARE TO BE SHIPPED 148 DATE SHIPPED SS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF 158. DATE OF	AND ADDRESS OF CALIFORNIA CREMATORY SS VIEW CREMATORY, 3953 IMPERIAL SAN DIEGO, CA 92113 AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE NS OR CREMATED REMAINS ARE TO BE SHIPPED 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN OF PLACING WITH THE CAL SS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF 15B. DATE OF 15C. SIGNATURE OF PERSON IN

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 OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE PERMIT AFTER ONE YEAR PROMISSUE DATE.

4 ma

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3.27-01

You are hereby authorized and instructed,	subject to your	rules and reg	ulations, to in	ter the remains
or OVINTEL D. W	ADLEY	ZK		
ina	_ Funeral, date	time In	3-3	9:00
Church Chapel Graveside		: Rigo	dule	Mortuary.
All Funeral cars must arrive before 3:30 p.r	n. of regular wo	rk day or an e	extra charge o	of \$
will be applied annihilled to undersigned.		3.5		
/虚		1	21000000	q
Grave Row	Secti		_ Division/Blo	William Street
Grave space & Care Fund				100.00
Additional spaces and care fund	- 0001	······		1200
Additional spaces and Jaire fund Opening/Closing & Setup	28 2001			125.00
Burial Container	SEASONE TA	RY	·····	
Handling Fees	SANDIEBO	MONRYE	<u> </u>	31,50
Recording and filling fee				45,00
Sales taxes			,	
		Total Due		301.50
Pa	id receipt numbi	st 5340	08	301.50
L. 11.			Balance due	R
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizat any liability on account of said authorization	ion and I agree	s above indic	cated. I certify	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under used.	Signature	60 149 0 149	7 Mal	nauks #1
Signature of recorded holder of deed	Cary	TU AC	es le	792
	Invoice	. #		-
Work Order # E 16231	Acct. #			

MT HOPE CEMETERY €- 16231

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: Measurements:

-	- 1 N		1 04	111		
1						
	Vauid			1	120	
	Grana-	Rice	1057		El aine	
					8	3
					4	P
	t space for: _					R.
Intermen	Date: 03	3-02	-01 7	rime:	9:00)
	Grave:					-
11	nd out by: _					
Agrees v	vith Legal Ca	rd: Y	es [J No		
Agrees v	vith Map:	Yes	7	No)	7	
Blind Ch	neck & Verif	ied By	#ay	nedi	_ Dates	3-1-01

E-16231

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Nos Mos

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
Quintel		DeShawn	Wadley, .	Jr.		10/27/2000	02/26	/2001	M
5A CITY OF DEATH La Mes	a		SE COUNTY OF DEATH	H-OUTSIDE CALIF., 6	NAME, OF INF	RELATIONSHIP, FULL NORMANI ORMANI OT J. FORBI	, Moth	RESS AND ZI	CODE
ADDETSON-R		iego, CA 92102	ERSON ACTING AS SUCH TRE CAL	01329	7487 La M	Mohawk St. esa, GA 919	#18 41		E SIGNED
* ACKNOWLEDGMENT OF A			used dispusition stated herein is one of the was authorized pursoont to Section 7100 of th		the	bulle	clean	03/0	1/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMIA HEALTH AND SAFETY IN FOR THE DISPOSITION SPEND BROWN OF DISPOSAL OUTSING OF CALL	CODE CIFIED 87 00	98 DATE PERMIT II	SBUED S	OC SIGNATURE OF LO	CAL REGIS	2104	
ANY CHANGE IN DISPOSE TION REQUIRES A NEW Y TO SHOW FINAL ISPOSITION.		Edistran of district of Dride; P.O. Box San Diego, CA	85222	DRESS OF REGISTRAR C DISPOSITION IS TO OCCUR			RNIA		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	THE RESERVE TO SERVE THE PARTY OF THE PARTY			FOR COR	ONER'S	USE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNIA		I. DISPOSITION (Name and A		REMAINS LC	CATED AT
BURIAL	Ht. Hope	Cemetery; 3/51 San Diego,		3-2-01	110	SIGNATURE OF PER	SON IN CH	ARGE OF BL	RIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DORESS OF CALIFORNIA CI	REMATORY	128. DATE CREMATE	D 12C	SIGNATURE OF PER	SON IN CHA	VAGE OF CAR	MATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138. DATE RECEIVE	130	SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
TRANSIT TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPPEL	140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C	SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS D —IF APPS	ATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_FEBRUARY 27, 2001

You are hereby auth	orized and instruc	ted, subject to your	rules and regula	ations, to inter	the remains
ofN	NAZARIO R	UVALCABA			
	LINER Suntal Container	Funeral, date	, time(
Church, Chapel, Gra	veside		HEATH		_ Mortuary.
All Funeral cars mus	at arrive before 3:3	0 p.m. of regular wo	ork day or an ex	tra charge of \$	150.00
will be applied and b					
Lot 173 Gran	ve_2_ Ro	ow Secti	ion 2 (Division/Mask	12
Grave space & Care	Fund			\$	895.00
Additional spaces ar	nd care fund		<u> </u>		
Opening/Closing & S	Setup			\$	375.00
Burial Container			111	\$	190.00
Handling Fees		101	201	<u>\$</u>	145.00
Flower vases - Mark	ker setting fee	111	-		
Recording and filing		11 -	V	\$	45.00
Sales taxes	***************************************	1 2		\$	14.25
				\$	
		Paid receipt number	er		
			B	alance due	
I hereby certify I am and this is your auth that I have the right I any liability on accou	ority to make disp to make this autho	rization and I agree	s above indicat to hold Mt. Hop	ne above name ed. I certify an e Cemetery ha	d represent
I hereby authorize th	a interment in let	×			
hold under deed.	e intentient in lot	Signature		MIN'S	
		Address	11110		
Signature of recorded holder of	deed	→ Telaphone	.)		Zip Code
E	-16232	2 Invoice			
Work Order #	3232	Acct. #	3/1/5	A COL	LIB
REA-104 (7-96)	This	information is availa	able in alternati	ve formats up	on request.

O Printed on recycled paper

E-16232

Date:

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.

	Daylo Keliy	2 X	3 open	4 Nancy Sams	5 marie bineal
			CONTRACTOR OF THE PARTY OF THE		
iterment Date:		т	ime:	21	Div: <u>12</u>
nterment space for the space f	ve:2	т	ime:		Div: 12

Blind Check & Verified By: .

Transfer of

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-27-00

of 10, Va	rmes I. dems
in a	Funeral, date, time
Type of Burlet Container Church, Chapel, Graveside	Mortuary
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 150 Grave Row_	Section Division/Black _ 8
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
a man a man a	Control of the Contro
Handling Fees	La joule
Flower vases - Marker setting fee	gues
Recording and filing fee	
Sales taxes	
	Total Due
Pai	id receipt number
	Balance due
and this is your authority to make dispositi that I have the right to make this authorizat	of the above named decedent ion of remains as above indicated. I certify and represen- tion and I agree to hold Mt, Hope Cemetery harmless from an and interment.
and this is your authority to make dispositi that I have the right to make this authorizat any liability on account of said authorizatio I hereby authorize the interment in lot I	ion of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make dispositi that I have the right to make this authorizat any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	ion of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmless from on and interment.
and this is your authority to make dispositi that I have the right to make this authorizat any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	ion of remains as above indicated.) certify and represention and I agree to hold Mt. Hope Cemetery hamiless from and interment. Signature Address
and this is your authority to make dispositi that I have the right to make this authorizat any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	ion of remains as above indicated.) certify and represention and I agree to hold Mt. Hope Cemetery hamiless from and interment. Signature Address
that I have the right to make this authorizate any liability on account of said authorizatio	ion of remains as above indicated.) certify and represention and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address City Zip Code



THE CITY OF SAN DIEGO

E- 16233

April 24, 2001

Jerald N. Andry
First Floor
710 Carondelet Street
New Orleans, Louisiana 70130

Re: Lot 1149 and 1150, Section 1, Division 8

Dear Mr. Andry:

Enclosed is a copy of letter to you dated February 27, 2001. The transfer has been made and Mr. Lewis has a deed for lot 1149 and 1150.

Thank you.

Very truly yours,

Sue Shackelton Clerical Assistant II

Enclosure



ANDRY & ANDRY

L.L.C.

FIRST FLOOR
710 CARONDELET STREET
NEW ORLEANS, LOUISIANA 70130
TELEPHONE (504) 581-4334
FAX (504) 586-0288

JERALD N. ANDRY GILBERT V. ANDRY, III

JERALD N. ANDRY, JR. JEANNE ANDRY LANDRY BROOKE C. ANDRY

April 17, 2001

City of San Diego Mount Hope Cemetery "Real Estate Assets" 3751 Market St. San Diego, CA 92102

Re: Lots 1149 and 1150, Section 1, Division 8

Gentlemen:

Please respond to my letter of February 14, 2001, a copy of which I have enclosed.

Yours very truly,

Jefald N. andry

JNA/ppr enclosure

ATT THE PARTY OF T



THE CITY OF SAN DIEGO

E-16233

February 27, 2001

Jerald N. Andry First Floor 710 Carondelet Street New Orleans, Louisiana 70130

Re: Lot 1150, Section 1, Division 8

Dear Mr. Andry:

You did send the correct documentation to transfer the lot into the name of James I. Lewis. Enclosed is a deed showing that he is the lot owner. It would be helpful to have an address and phone number for Mr. Lewis.

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

Very truly yours,

Sue Shackelton Clerical Assistant II

Sue Whileton

Enclosure



E - 16233 JERALD N. ANDRY GILBERT V. ANDRY, III

ANDRY & ANDRY

L.L.C.

ARST FLOOR
710 CARONDELET STREET
NEW ORLEANS, LOUISIANA 70130
TELEPHONE (504) 581-4334
FAX (504) 586-0288

February 14, 2001

JERALD N. ANDRY, JR.
JEANNE ANDRY LANDRY
BROOKE C. ANDRY
RICHARD M. EXNICIOS

City of San Diego Mount Hope Cemetery "Real Estate Assets" 3751 Market St. San Diego, CA 92102

Re: Lots 1149 and 1150, Section 1, Division 8

Gentlemen:

Enclosed please find copies of two Deeds in the name of Lillian Rinehart, dated August 24, 1970 and January 16, 1971, respectively. Mrs. Rinehart died on February 1, 1979. I have enclosed a copy of her death certificate for your records.

On Mrs. Rinehart's death, Dora E. Miller and James I. Lewis were sent into possession of Lillian Rinehart's interest in and to the above described property. I have enclosed a copy of the Judgment of Possession for your records. On July 8, 2000, Dora E. Miller died, leaving her son, James I. Lewis, as her sole heir.

Please advised as to whatever documentation you will need to transfer the above described property into the name of James I. Lewis.

Thank you for your cooperation.

Jerald N. Andry

JNA/ppr enclosures

THE RESERVE THE PROPERTY OF THE PARTY OF THE				
OFFICIAL RECEIP				
BATTATA BLUE CEI	METERY	TY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT MOUNT HOPE CEMETERY	NO.	17936
8:00	· AP.	1 + 2	DATE /-/	5 1071
Jung her	nerel +	no ADDRESS JY	15 yosas	neta 185/5200,00
ingfull p	AYMENT OF Die 7	read lot	70117	100 (3
LOT_1/50	GRAVE	ROW	SECTION	DIVISION
INVOICE NO	954 NO 51	T VALID FOR PURPOSE STATED UNLE	SALES CARE	306 /00
w.o.C- 960	24	PAID	OF LOTS	100 100 O
		JAN 1 5 1971	OPEN INGS BOXES	7781 100 7782
UNPAID BALANCE AFTER THIS PAYMENT	A	MT. HOPE CEMETER	P. REMOVALS	100 7783
FOHM AC-212	19	SUED BY JUNEONA	TOTAL PAID \$	_0200 pm
		DIEGO, CALIFORNIA DE CEMETERY		5365 1/16/ 1 971
E	OWNERSHIP AND IN	TERMENT PRIVILEGES		
To Lillian J. Rine	Management	for the sum of \$ Division 8	200.00	(DOLLARS)
LEGAL DESCRIPTION Lot AS DESCRIBED ON PURCHA		C-9624		T .
According to a map of said of held for burial privileges on hereafter be adopted, includi Cemetery. The rights hereby of the Cemetery Authority in It is expressly understood h	Cemetery filed in the of ly with endowed care. ng the right to ingress conveyed for interment each and every case an lowever, that said Cem	Subject to all rules and and egress with essential privileges shall not be ruled d must be recorded in the etery Division does not u	regulations now in ls for care and op- elinquished withou office of Mount Ho undertake or agree	of force or may eration of the the consent ope Cemetery.
airs to any monument, hear after be erected or placed on of plot. In no case will the natural causes of deterioration ment of the Cemetery. The for 12"	said lot or plot. Cost of Cemetery Division be r on, but reserves the rig	f same shall be assumed by esponsible for damage, ma the to remove any object to all will be permitted:	y legal owner or re dicious mischief, v	presentative and
P. H. Dehne Cemetery Manager		Directo	r of Parks and Publi	Carce C c Facilities
PW-584 (REV. 5-70)				

51 market

1-7/19-264-3151

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

5140

August 24, 1970

OWNERSHIP AND INTERMENT PRIVILEGES

ro <u>Lillian Kine</u>	hart			_ fo	r the sum of \$ 200.00	(DOLLARS)
LEGAL DESCRIPTION_	Lot	1149	Section	1	Division 8	
AS DESCRIBED ON PU	RCHAS	E ORDE	R NUMBER	C-	3772	

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:

Single r ve nurchase - St ndard flush merker 12" x 24"

Cemetery Manager

PW-584 (REV. 5-70)

Director of Parks and Public Facilities

Black Ink or Typewiller Russell Mandelory Black Law.	BIRTH NO.	CERTIFICATE C	£ 14.1	119			
	TAL LAST NAME OF DECLASED	TR. FIRST NAME	TO SECOND NAME	47% 27% UVD	ONTH DAY	YEAR	25.11
	Rinehart,	Lillian	Earl	DEATH OF	Feb 1,	1979	3
PERSONAL DATA	A STATE OF THE PARTY OF THE PAR	4. COLOR ON HACE	5- Married Never Married		OF HUSBAND	DR WIFE	LP.
	Female	White	Widewed Up Diverced	O Wil	bur Rin		
Type or print names.	7. DATE OF BIRTH OF BECEASED	8. AGE OF DECEMBED COME AS HOUSE	9A. B.PTIADLACE CTO SHIPS	TATE	Be CITIZEN	OF WHAT CO	DUNTRY
month of death.)	Feb. 3, 1903	75]	New Orleans,	La.		;A.	-
	Public Relt	W. IF RETIMED!			11. SOCIAL 5		
	124 CITY TOWN OR LOCATION		l- U. S. Gover	ment	128. PAHISH	3-871	0
	Chalmette				THE PROPERTY OF	Bernar	rd
PLACE OF DEATH	12C. TAME OF HOSPITAL OR INS	ENTERIOR OF NOT THE PERSONAL TIRE IN	STITUTION GIVE STREET RESIDENCE	OR LECATION	120 IS PLAC	E OF LEATH	HINSIDE
	2512 Packingh	am Drive			A ALIEN DE LE LEVE TOUR DE LEVE	#非 ト	No []
USUAL RESIDENCE	Chalmette		Ct. Downer	4	13c. STATE	2	2-9-5
Where deceased lived, If	130. STACET ADDRESS -IN HUANI	Toke (Brayen)	St.Bernar	u	Louis		HELD TO
institution: Residence	2512 Packingh				CITY LIMITST		
-	TAL PARKERS LAST		DIA 15. WOTHERS LAS		FURNIT.	1C,3	411
PARENTS	Earl,	George	1 NGS 10 1 20 27 1	ndera,		10027	
INFORMANT'S	I certify that the above sto		2512 Packing	ham Dr	IGH DATE OF	SIGNATUR	
CERTIFICATION	to the best of my knowledge	or 1- XI alar inc	e miller		Feb	1000	1979
	DART I DIATH WAS CAUSE		EN COLO DAE ENGLE PER CICE TO	W TALL INC. A	HO -C+	****** v	
	17.	use arteful defore	h & Coma			3 1	41
	Conditions, if any, nut to						.0
CAUSE OF DEATH	stating the underly (b)	recommental of St	u-			min	off.
	ing cause last hur to	OR AS A CONSTOURNED OF					
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	о п с	MANUFACTURE OF THE PROPERTY OF	STATISTICS STREET, TROUBLESS OF	rensultation.	Of Som Parket Hose	CENTRAL SECTION	
DEATH DUE TO	TOC. TIME OF IMJUNY		n			_	
EXTERNAL	M MONTH DAY YEAR						-
		THE PLACE OF INJUNY AS HERE FRO		OCATION	PARIS	National Property	-
	WORK AT WORK	SPECIFY	1 0 /	<u> </u>	-		
PHYSICIAN'S CERTIFICATION	DECEASED THAT I ATTENDED	on the date and hour_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ravier	35.759	29 .	-
FUNERAL	224. Buriol # 0411 1	Shoted chove	N.O. La. 23 1	Scho	OD ADDUESS OF	FUNTAL.	Dentale
DIRECTOR'S CERTIFICATION	Cremation 2/3/		le Paul #3 Cem.		anal St	n, Heli	2009
BURIAL TRANSIT	24. BURIAL TRANSIT PERMIT NUL	ANEN 125. PENISH OF 1850E	26. DATE OF ISSUE		TOPHATURE	Brau	REGISTA
PERMIT	27564 .						

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE OFFICE OF VITAL RECORDS OF THE STATE OF LOUISIANA, PURSUANT TO LSA-R.S. 40:33, ET SEQ.

| FEB 1 2 1979

State Registrar

E16233

34TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. BERNARD

STATE OF LOUISIANA

NO. 34-039

SUCCESSION

OF

LILLIAN EARL RINEHART

Filed: (1911) 34, 1979

15/ an Dergor Deputy Clerk

JUDGMENT OF POSSESSION

Considering the foregoing Petition for Possession, together with the attachments thereto, the Affidavit of Death, Domicile and Heirship heretofore filed herein, and the Last Will and Testament of the Decedent duly probated herein, and the Court finding that the Petitioners are entitled to the relief prayed for:

IT IS ORDERED, ADJUDGED AND DECREED that the following legatees be placed in possession of the property opposite their names:

Dora E. Miller - One diamond dinner ring

Vera S. Lewis - One wedding ring set of a wedding bank (sic) and engagement ring.

It is further ordered by the Court that Dora E. Miller and James I. Lewis be placed in possession in and to the property described below as joint residuary legatees in the proportion of one-half to each:

- Bank account in the name of Lillian Rinehart or James Lewis at the St. Bernard Bank, Arabi, La., account No. 132-369-2 having a balance of \$2,273.03
- Bank account in the name of Lillian Rinehart or James Lewis at the First Homestead Association, account No. 030051588110, having a balance of \$30,147.04.
- A six-month savings certificate at the Security Homestead Association in the name of Lillian Rinehart, account No. 7-5000131 of \$11,440.82.
- A bank account in the name of Lillian Rinehart at the Security Homestead Association, No. 134789 having a balance of \$8,578.38.

€-16233

 A burial plat in Southern Memorial Park, Harrison County, Miss.: Section G, Lot 172, sites 1 and 2.

 A burial plat in the Mount Hope Cemetary, San Diego, California: Lot 1149, Section 1, Division λ.

Judgment read, rendered and signed at New Orleans,

Louisiana this 24 day of april , 1979.

THE STORE

A TRUE COPY

SIDNEY D. TORRES
CLERK OF COURT
PARISH OF ST. BERNARD
STATE OF LOUIS JANA

DEPUTY ELEK

A TRUE COPY

SIDNEY D. TORRES

CLERK OF COURT

PARISH OF ST. INSTINATO

SPATE OF LONISIANA

DEPUTY CLERK

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date FEBRUARY 28, 2001

THOMAS IFF IDTOUR	s, subject to your rules and regulations, to inter the remains
of THOMAS LEE WRIGHT	Funeral, date, time FRI. MAR. 2nd 11:00am
Church, Chapel Graveside	: RAGSDALE Mortuary.
All Funeral cars must arrive before 3:00 p will be applied and billed to undersigned.	.m. of regular work day or an extra charge of \$ 150.00
Lot 4709 Grave - Row	- Section - Division NOW 10
Grave space & Care Fund Pre-Ne	ed Lot E-1392
Additional spaces and care fund	
Opening/Closing & Setup	\$375.00
Burial Container	\$250.00
Handling Fees	
Flower vases – Marker setting fee	MAR (1-1-2001
Parording and filing fee	\$ 45.00
Sales taxes	MT. HOPE CEMETARY STY OF SAN DIEGO, CA S 873.75
C	Total Due \$ 873.75
Pi	aid receipt number 53414 873.75
	Balance due
I hereby certify I am the X Days and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	tion of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	SER SEE ATTACHMENT
Signature of recorded holder of deed	7 Ser Zy Code Telephone
E-16234	Invoice #
Work Order # 46234	Acct. W

© Printed on recreiet paper.

REA-104 (7-96)

This information is available in alternative formats upon request.

E16234

INTERMENT ORDER

The second second

PAID

MAR () 1 2001

MT. HOPE CEMETARY CITY OF SAN DIEGO, CA.

5

873.75

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. NOTE:

SIDE-BY-SIDE GRAVES. ***UPRIGHT MONUMENT IN PLACE.

	4711	4710	4709	4708	4707	4706
	Richard B. Woods	Davtyan	Thomas	EVER LCE WRIGHT	Donald Contyle Wade, In	Frank W. Phillips
	nt space for:				00am Chu	rch
Lot: 470	9_ Grave	<u>-</u>	Row:	Sect: _	p	iv: 10
Grave L	aid out by: _					
Agrees v	with Legal C	ard: Y	es C] No		
Agrees	with Map:	7 Yes	П	No.		

Date:

Blind Check & Verified By:

	DECEASED	OWNER
1705	Anderson, Lesba L.	PHILLIPS, Rebecca B.
4706	PHILLIPS, Frank Wilson	PHILLIPS, Rebecca B.
4707	WADE. Donald Carlye JR	DUNBAR, Louise
4709	WRIGHT, Ever Lee	FRIGHT, Thomas Lee
4709) E-16234	WRIGHT, Thomas Lee
4710	Davtyan, Armenak	Emmanuil Raiskin
4711	Woods, Richard	James Woods
4712	TUNIYANTS, MARTIROS G.	Maisa Zabelinskaya
4713		Lee, Tressa & Tony
4714		Lee, Tressa & Tony
4715	SASE, Arthur T.	SASE, Jane A.
4716	SASE, Henry T.	SASE, Tokuko

F-16234

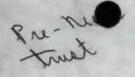
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH DAY, YEAR	4. SEX
Thom	as	Lee	Wright			12/30/1919		4/2001	M
6A. CITY OF DEATH San Diego			58 COUNTY OF DEATH	H-OUTSIDE CALIF., (8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COU OF INFORMANT Diane Waddell, Daughter			P CODE	
7A TYPED NAME AND AL Anderson-R		ia Funeral director or Per rt.; 5050 Federa Lego, CA 92102	SON ACTING AS SUCH 78 CA	LIF, LICENSE NUMBER F APPLICABLE	1537 San	Grewia Cg. Diego, CA 9	2114		E SIGNED
ACKNOWLEDGMENT OF A	PLICANT I hereby a Section 16	arknowledge as applicant that the proposed 0376 of the Health and Safety Code, and was	d disposition stated herein is one of the authorized pursuant to Section 7100 of the	to Health and Safety Circle	>40e	the whe	lean		7/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT, NOTE: THIS PERMIT GIVES A	UED IN ACCORDANCE WITH PROFOUND REALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIFIC WO MART OF DISPOSAL OUTSIDE OF CALFOR	\$7.00	Dukelear	200	9C. SIGNATURE OF LO	CAL REGIS	21039	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	edistrar of district of distri	5222	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUR			AIM		
UTHORIZED DISPI	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	-
BURIAL	ITA, NAME AND A	DDRESS OF CALIFORNIA CEM Cemetery: 3751	Market St.	Marine de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa del la completa de la completa del la completa de	1110	SIGNATURE OF PER		IARGE OF BL	UFRAL
4	12A. NAME AND A	San Diego, C DDRESS OF CALIFORNIA CREE	ARION AND PROPERTY.	13-2-01	ED 120	SIGNATURE OF PERI	SON IN CH	ARGE OF CR	EMATION
CREMATION	-								
CREMATION CREMATION SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIV			ED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY					
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OI ENTIFY FINAL PLACE AND CA D		168, DATE OF DISPOSITION	150	SIGNATURE OF PER CHARGE OF DISPOS			MATED RE- DISPOSER

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 - 28-0

	ject to your rules and regulations, to inter the remains
or 2001 GAB	DLF A
ina ASH VAULT FI	uneral, date, time
Type of Burial Container Church, Chapel, Graveside	; Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	STATE OF THE PARTY
Lot 138 Grave 1 Row	Section Division/Block
Grave space & Care Fund	u-New 0-3502 -0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	_55.00
Handling Fees	60.00
Flower vases Marker setting fee	25.00
Recording and filing PAID	45.00 4.13
FEB 28 2001 Paid re	Total Due 294, 13
MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Balance due
and this is your authority to make disposition of	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from id interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	Invoice #

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-01

You are hereby authorized and instru	sched, subject to your rules	and regulations, to in	nter the remains
1 150	21. 21 0 11	1 2 6	2120
Type of Burial Container	Funeral, date, time		4,50
Church, Chapel, Graveside Dalu	ungo sly : []	EATHER ING!	Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular work da	y or an extra charge	of \$
will be applied and billed to undersig	ned.		
Lot 2574 Grave	Row Section		10
Lot Grave F	Row Section _	Division/8	ock
Grave space & Care Fund	gre-reed a	- 5872	_
Additional spaces and care fund	THE RESERVE TO SECURITION OF THE PARTY OF TH		
Opening/Closing & Setup	PAID	·	375.00
Burial Container			190.00
Handling Fees	MAR U ∠ 2001		145.00
Flower vases - Marker setting fee	MT. HOPE CEMETA	kRY	
Recording and filing fee	CITY OF SAN DIEGO), Cr	45.00
Sales taxes			14.25
	Т	otal Due	769.25
	Paid receipt number	R-53420	769-25
X		Balance due	-0
I hereby certify I am the		of the above n	amed decedent
and this is your authority to make di that I have the right to make this auth any liability on account of said autho	orization and I agree to ho rization and interment.	ld Mt. Hope Cemeter	y harmless from
I hereby authorize the interment in lo hold under deed.	bignature 4834 Address	Mon nos Ar	CONTRACTOR OF THE CONTRACTOR O
Signature of recorded holder of deed	City 619 -	Diego CA 9	9 Zip Code
Work Order # E 16236	Invoice #Acct. #		

GRAVE BLIND CHECK FORM

			OPEN	
NUGENT	ECUN 5255	SNEED SNEED	ASAS MEINDL	TREE
			Wit som	
Interment	space for:	FRANC	LES SNEED	Hol
WAR DO AL			Time:	
Lot: 257	Grave	·	Row: Sect: -	Div: 10
Grave Lai	d out by: _			
Agrees wi	th Legal C	ard: 🛛 Y	es 🗆 No	FLAG
Agrees wi	th Map: [J Yes	□ No	ON GRAVE
Blind Che	ck & Ver	ified By:		Date:

€-16236

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(83)

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

1A. NAME OF DECE	THE STREET STREET	1C. LAST (FAMILY)	The state of the s			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
Frances	Edsall	Edsall Hoy			08723719TF	02/27/	2001	F	
SA. CITY OF DEATH		SB. COUNTY OF DEATH		6. NAME, R	RELATIONSHIP, FULL MA	AILING ADDRE	SS AND ZE	CODE	
. San Dieg	90	Sa	n Diego	Jack !	Sneed, Son				
	ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PE		P. A. Martini, S. H. A. Williams and		Monroe Ave.				
	ngill Mortuary		APPLICABLE	San D:	iego, CA 92	115			
, 6322 El	Cajon Blvd., SAn Diego, CA	92115 FD	1083	BA SIGNAT	URE OF APPLICANT-N	erson taking permit	BB DATE	SIGNED	
ACKNOWLEDGMENT OF	APPLICANT I hereby acknowledge as applicant that the proper Section 10376 of the Health and Safety Code, and w			DZ.	Isde	le	103/02	12001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION ISPEC IN THIS PERMIT GIVES NO BIGHT OF DISPOSAL DISTRICT OF CALIF	CODE SPIED	03/02/20	01	2104074	CAL REGISTR	IAR ISSUING) PERMIT	
ANY CHANGE IN DISPOSI FO SHOW FINAL SPOSITION	III DENTH COLUMNS IN CAUCORNIA	92186-5222	PRESS OF PREGISTRAR DISPOSITION IS TO OCCU		IT OF DISPOSITION— HER DISTRICT IN CALIFOR	INIA			
10. AUTHORIZED DIE	POSITION(S) CHECK APPLICABLE ITEMS				FOR COR	ONER'S US	SE ONLY		
B. CREMATION	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA	FIRMA		I. DISPOSITION (Name and Ad		EMAINS LO	CATED AT	
	Mt. Hope Cem., 3751 Mark		118 DATE BURIE	D 11C	SIGNATURE OF PERS	SON IN CHAR	IGE OF BU	FIAL	
BURIAL	San Diego, CA 92102		3-5-01		Kunt	F.	enus	-	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	TED 12G.	SIGNATURE OF PERS	ON IN DEFARE	GE OF CRE	MATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B DATE RECEI	VED 13C.	SIGNATURE OF PERS	SON IN CHAR	IGE OF FA	CILITY	
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE T		14B. DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH		ERSON IN	CHARGE	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA		15B DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CHEM MAINS DI —IF APPL	ATED RE-	

INTERMENT ORDER

City of San Diego

Date 3-1-01

ina	Funeral, date, time FR 3-2	1:00
Type of Burial Container Church, Chapel, Graveside	GREENWOOD	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of	s
will be applied and billed to undersign	ed.	
Lot 114 Grave R	MUSL'M SectionDivision/Block	k
Additional spaces and care fund Opening/Closing & Setup	PAID	450.00
Burial Container	R 0 1 2001	
7.71	THE STATE OF THE PROPERTY OF T	
Handling Fees Flower vases – Marker setting MJ. H Recording and filing fee	IOPE CEMETARY OF SAN DIEGO, CA	45.00
Sales taxes		6.00
	Paid receipt number VISA	501.00
XS	Balance due	-0-
I hereby certify I am the and this is your authority to make disthat I have the right to make this authorized in the second of said authorized in the second of said authorized in the second of said authorized in the second in	position of remains as above indicated. I certify a prization and I agree to hold Mt. Hope Cemetery hization and interment.	ind represent
Signature of iscorded holder of daed	X City 1694	Z I Q &
FLOODE	Invoice #	
Work Order # E16237	Acct. #	THE PARTY

E 16237

APPLICATION 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 SUSTAPHA ISSA		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF SEATH 4. SEX OZ/28/1938 0Z/28/2001 M				4 OEA	
		EL-AKEDAI							
SA. CITY OF DEATH			5B. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, PI	ELATIONSHIP, FULL M RMANT	AILING ADDR	ESS AND ZI	CODE
SAN DI	Market Colors		S		AYAD I	EL-AKHDAR -	- SON		
	DD MORTHARY		ERSON ACTING AS SUCH 7B. CA	F APPLICABLE		RANCHO MISS IEGO, CA 92		AD, \$2	262
. IMPERIAL	AVENUE, S	AN DIEGO, CA 92	2102 F	D-853	BA SIGNAT	URE OF APPLICANT-	erson taking perm	68. DAT	ESIGNED
ACKNOWLEDGMENT OF A			and deposition stated herein is one of the was authorized persuant to Section 7700 of t		> UL	Tour M.	en	03/01	/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC NO INDIT OF DISPOSAL OUTSIDE OF CALL	CODE CIFIED 27 00	VICTORIA 03/02/20	MEZA	2104036	CAL REGISTI	RAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW PINAL ISPOSITION.	P.O. BOX			DISPOSITION IS TO OCCU			RNIA		
B CREMATION	THE REAL PROPERTY.		E TEMPORARY ENV	Me - Marie III	77	(Name and A		Wall W. 19. (5-5)	
C. DISPOSITION THAN IN A C		IAINS OTHER	G. SHIP IN TO CALIF						
HAN IN A C	SE TIA NAME AND AS	ODRESS OF CALIFORNIA CE	G. SHIP IN TO CALIF	118. DATE BURIES	112	SIGNATURE OF PER	SON ON CHA	lec's	IFIAL
BURIAL	IIA NAME AND AS MOUNT HOP	ODRESS OF CALIFORNIA CE	G. SHIP IN TO CALIF H. TRANSIT TO OUT: EMETERY DIEGO, CA 92102	118. DATE BURIES	11	SIGNATURE OF PER	hus	lec	/
BURIAL	11A, NAME AND AI 20URT HOP 3751 NARE 12A. NAME AND AI	DDRESS OF CALIFORNIA CE E CEMETERY LET STREET, SAN DORESS OF CALIFORNIA CE	G. SHIP IN TO CALIF H. TRANSIT TO OUT: EMETERY DIEGO, CA 92102	118. DATE BURIES 3-2-0 128. DATE CREMAT	L	Kays	SON IN CHAR	GE OF CHE	EMATION
BURIAL BURIAL CREMATION SCIENTIFIC	SE 11A. NAME AND ALL 20URT HOP 3751 HARK 12A. NAME AND ALL 13A. N	DDRESS OF CALIFORNIA CE E CEMETERY LET STREET, SAN DORESS OF CALIFORNIA CE	G. SHIP IN TO CALIF H. TRANSIT TO OUT EMETERY DIEGO, CA 92102 REMATORY ACILITY RECEIVING REMAINS TE OR COUNTRY WHERE	118. DATE BURIES 3-2-0 128. DATE CREMAT	VED 13C	SEQUENTIAL DE PARE	SON IN CHAR	GE OF CRE	EMATION GELITY

INTERMENT ORDER

_City of San Diego

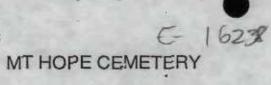
Date March 1, 2001

You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
of Levell Qui	LLER, SR. (Quillar) (X)
in a ASH VAULT	Funeral, date, time
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 73 Grave 2 Row_	Seption 3 Division/Mask 12
Grave space & Care Fund	weed for E-1262
Additional spaces and care fund	13500
Opening/Closing & Setup	105.00
Burial Container ASh Vau	55,00
Handling Fees	60,00
Flower vases - Marker setting fee	
Recording and filing fee	45,00
Sales taxes	4,13
V	Total Due
Paid	receipt number
V =	Balance due
I hereby certify I am the X 50° and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	or the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot (X
hold under deed.	X
Signifiare of recorded holder of deed	X _{CRy} 2p Code
	X ()
	Invoice #
Work Order # E 16238	Acct. #

@ Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



	GH	AVEBL	TIND CI	HECK	FURIV		
Write in the block mark existing ma the burial s	ed with " arker's in space.	X". Place the appr	e the na opriate s Linto	me's, lo space(s Gran	ot # and i) that are ve of	grave re adja	# of all cent to y Quill
		,,,,,					
			-	+	-		
			X		+		
			1		-		
					-		
						A	KA
Interment s	pace for:	Levi	ell	Qui	ller	(Qu	illar)
Interment I							
Lot: 73						3 D	iv. 12
Grave Laid			KO#		,		
Glave Date	out by						
Agrees wit	h Legal C	ard: 🗆 Y	es	O No	0		
Agrees wit	h Map:	J Yes		J No			
Blind Chec	k & Veri	fied By: _				Date:	

LOT OWNER W.O.#D-2268

MULLEN, LIZZIE			ADDRESS			
	GR1 <u>0</u> #D -2268;			4	DIV	7
1972	Pre-need	Opening	& cement	liner	paid for	

(over)

	DECEASED	OWNER	DATE & AMOUNT
1			
	JONES, Robert	Estate of	8/9/1968 120
2	DERAS, Joe L.	KRAMER, Mary	4/13/1971 145
3	PALMER, Jack D.	PALIER, Vera	11/7/1969 120
4	MULLEN, Elijah	MULLEN, Rosie L.	6/1/1971 145.
5	HILBERS, Rose Annette	HILBERS, Henry	5/15/1971 14
6	SMITH, Cora	McCLURE, Ardelia	6/10/1969
7	SIMS, Mary N.	LAWRENCE, Vertna	12/17/1 969 120
8	ALEXANDER, Napleon	ALEXANDER, Jettie B.	6/16/1970 12
9	MORTON, James Jr.	McCLURE, Ardelia	11/20/1972 14
10		MULLEN, -QUILLAR, Lizzie	10/25/1972 14
II.	COLE, Robert Buford	COLE, Elsie	8/11/1969
12	COLE, Elsie	u u	11/28/1969 12

TAYLOR SYSTEM OF CEMETERY RECOI

(over)

INTERMENT ORDER

City of San Diego

Date 3 -1 - 01

You are hereby authorized and instructed, sul	oject to your rules and regulations, to i	nter the remains
of to value of	Funeral, date, time Thuy, 3	-x 1'.0
In a Type of By a Constant	Rass has e	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of requiler work day or an extra charge	LCO AL
will be applied and billed to undersigned.	TACHTALA	0,4 10
Lot 138 Grave 10 Aow	P Actifn D\ Division/B	HOCK 1
Grave space & Care Fund	MAD o a coor	0 75.00
Additional spaces and care fund	MAR 0 1 2001	222 00
Opening/Closing & SetupMT	HOPE CEMETARY	3/5.00
Burial ContainerCITY	OF SAN DIEGO, CA	250.00
Handling Fees		185.00
Flower vases Marker setting fee	₩	46.00
Recording and filling fee		45.00
Sales taxes		18-75
	Total Due	1815.6
Paid r	eceipt number R-53415	1815.6
	Balance due	-0-
I hereby certify I am the Husbar	id of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certi- and I agree to hold Mt. Hope Cemeter	fy and represent
I hereby authorize the interment in lot I	X An Cherica	ula ·
hold under deed.	X 5112 Auburn D	
Signature of recorded horder of deed	& San Diego	92105
Agriculture of Physicists Robert at Good	X (619) 281-1541	Zip Cuoy
	/ Fakephone	
F	Invoice #	
Work Order # E16239	Acct #	

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-16239 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

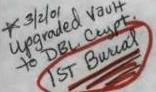
						1
GURULE	OPEN	LAWLess	LAWLESS	opens	ope N 6	
ope N7	open	openg	108 X 10	open	KAY	
			1 to 8	Y LOR	.00	
					\ Di	v: <u>//</u>
Grave Laid	d out by: _		-		+1.6.6	- N
Agrees wi	th Legal C	ard: 🗆 Yo	es C	J No	FLAG	110
Agrees wi	th Map:	J Yes				7
Blind Che	ck & Veri	fied By:			Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		- 18	2. DATE OF BIRTH	3. DATE OF DEATH	
Bessie	essie Wardell Tay				07/11/1923 02/28/2001			
A CITY OF DEATH			SB. COUNTY OF DEA	TH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA	MLING ADDRESS AND	ZIP CODE
San Diego			San Diego		The second second	ORMANT e K. Taylor,	Bushand	
A TYPED NAME AND AD	DRESS OF CALIFORN	A-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH TE. C			Auburn Dr.	Madelle	
Anderson-Ra	agsdale Mon	t.; 5050 Feder	al Blvd.;	-IF APPLICABLE	THE RESIDENCE OF THE PARTY OF T	iego, CA 921	105	
San	Diego, CA	92102		FD-1329		TURE OF APPLICANT—h		TE SIGNED
ACKNOWLEDGMENT OF AP		scheewiedge as applicant that the propor 1376 of the Health and Safety Code, and w			Mah	uti & lin	Sect > 03/0	8/2001
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PI ORINIA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC IO BIGHT OF DISPOSAL OUTSIDE OF CALIF	97.00 \$7.00	03/08/20		C. SIGNATURE OF LOC	A 10 A	MG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D IN CALIFORNIA Ords; P. O. Box D, CA 92186-522	85222	DDRESS OF REGISTRAF F DISPOSITION IS TO OCC	OF DISTRI	CT OF DISPOSITION— DEEL DISTRICT IN CAUFOR	NIA	
AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORC	ONER'S USE ON	Υ.
B. CREMATION		ANS OTHER	G. SHIP IN TO CALI			Name and Ad	PENDING—REMAINS I Idress)	LOCATED A
BURIAL	Mt. Hope (DEPENDENCE OF CALIFORNIA CE Cemetery; 3751 Diego, CA 9210	Market St.	3-8-01	1	SIGNATURE OF PERS	ON IN CHARGE OF I	BURIAL
CREMATION	12A, NAME AND AI	DDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMA	ITED 12G.	SIGNATURE OF PERS	ON IN CHAPPE OF C	REMATION
SCIENTIFIC	1SA. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C	SIGNATURE OF PERS	ON IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIPS	PED 14C	ADDRESS AND SIGNA OF PLACING WITH TH		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		15B DATE OF DISPOSITIO		SIGNATURE OF PERS CHARGE OF DISPOSI	TION OF CRE	E NUMBER EMATED RE- DISPOSER PPEICABLE



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/02/01

(13/10)		100		
You are hereby authorized and instructed, su	bject to your r	ules and regulat	ions, to inte	or the remains
or BRAZILL E	3, I	Davis		
in a DBL Crypt Type of Burnel Coduliner	Funeral, date,	time Weds.	MERCHANICAL CONTRACTOR	7 1:00
Church, Chapel Graveside	100	Ragsd	ale	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular Wor	k day or an extr	a charge of	s 150.00
will be applied and billed to undersigned.	Ho	24		
01 0 /		-		
Lot 26 Grave 3 Row 6	Section	on 2 0	ivision/Blo	12
Grave space & Care FundP.Y	e-Need	E-119	38	90
Additional soaces and care fund				_
Opening/Closing & Setup				8
Burial Container DBL C	rupt	Upgrade	K	130.00
Management >	11 4	3.1		135,00
Flower vases - Marker setting le (12.13)	O) Re-Se	t Install		25,00
MAD				0
Recording and Marker settinglie 2001. Sales taxed T. HOPE CEMETARY PROPERTY OF SAN DIEGO.	11	- 11		9,75
CITY OF SECEME		Total Due		299.75
Sales tax#17. HOPE CEMETARY PERSON DIEGO, CA	receipt numbe	5341	9	299,75
-U, CA		Bal	ance due	2
Thereby certify I am the X Son		of the	e above na	med decedent
and this is your authority to make disposition that I have the right to make this authorization	n and I agree t	s above indicate o hold Mt/ Hope	d. I certify	and represent
any liability on account of said authorization	and interment.	John Ho	wey ?	DBVIS
I hereby authorize the interment in lot I	XA	operf	a	ala
hold under deed.	5 24	47 - 56	th St	,
Signature of recorded holder of dear		an Diego	,CA	92105
	Crty 61	9) 262	-391	e5 Zie Codin
	Invoice			
Work Order # E 16240	Acct. #		486	
The state of the s	(A.			

O Printed un received paper

This information is available in alternative formats upon request.

Brazill Devis Fxid to Raysdale
E-16240 Weds. May 7th 1:00pm

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

		2	3	4		
	Rexame Spencer	Harvey Davis	Х	Charles		
	100			B. D		
Interment	Date: We	eds Ma	DR. 7	Time:	100 pm	
Lot: 20	e Grave	3	Row: _	Sect: _	2 Di	v:12
Grave La	id out by: _					
Agrees w	ith Legal Ca	ard: 🗆 Yo	es.	□ No		
Agrees w	ith Map:	J Yes		No		
Blind Ch	eck & Verif	ied By:			_ Date: _	
L	= -16	240				

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(97)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B, MIDDLE	IG. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF		4. SEX
Brazill B.		Davis	Davis			0970571913" 0370172001			
5A CITY OF DEATH National	City		5B. COUNTY OF DEATH ENTER STATE San Diego	-OUTSIDE CALIF.,	OF INFO	ELATIONSHP, FULL M. DAVIS, Son	AILING ADDRE	SS AND ZE	CODE
	agadale Mor	A FUNERAL DIRECTOR OR F Ct.; 5050 Feder Ego, CA 92102	1 200	PAPPLICABLE	San D	lvado Way liego, CA 92 TURE OF APPLICANT—			
ACKNOWLEDGMENT OF A			posed disposition stated herein is one of the i was authorized pursuant to Section 2100 of th		pleh	be Well	un	03/0	6/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WITH FORNIA MEALTH AND SAFETY TY FOR THE DISPOSITION SPE IO NIGHT OF DISPOSAL OUTSIDE OF CA	CODE ST.00	03/07/200	ISSUED 9	C. SIGNATURE OF LO	CAL REGISTR	AR ISSUIN 104364	3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW HISTORICAN FINAL DISPOSITION	vítal keco	EGISTRAR OF DISTRICT OF THE P.O. Box in Diego, CA 9:	85222	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			ENEA.		
TO AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			1	FOR COR	ONER'S US	SE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		L DISPOSITION (Name and Ad		EMAIN DE C	ONIED A
BURIAL	ME. Mopecc	San Diego, (3-7-01	110	SIGNATURE OF PERS	SON IN CHAR	GE OF BU	RIAL
CREMATION	12A. NAME AND AI	AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE		128. DATE CREMAT	ED 12C.	12C. SIGNATURE OF PERSON N CHANGE OF CREMATIC			MATION
SCIENTIFIC USE	13A. NAME AND AI	ODRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C.	SIGNATURE OF PERS	SON IN CHAR	IGE OF FA	CILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE SH			148. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARG OF PLACING WITH THE CARRIER			CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	16C.	SIGNATURE OF PERS CHARGE OF DISPOS		OF CREM MAINS D —IF APPI	ATED RE-

INTERMENT ORDER

City of San Diego

Date March 2, 2001

of Nayrian	Funeral, date, time Mon, Ma	rch 5 1:00 pm
Church Chapel Graveside	GREENWO	A
All Funeral cars must arrive before 3:6	o p.m. of regular work day or an extra char	
will be applied and billed to undersigne		
Lot 115 Grave Ro	w section MUSLIM Division	n/Block
Grave space & Care Fund		
Additional spaces and care fund		D 00
Opening/Closing & Setup	PAID	450.
Handling Fees	MAR 0 2 2001	·····
Flower vases - Marker setting fee		
Recording and filling fee	MT. HOPE CEMETARY	45,00
Sales taxes	CITY OF GAN DIEGO, GA	6.00
	Total Due	501.00
	Paid receipt number VISA	501.00
V 00	Balance	due
that I have the right to make this author	of the above of the above indicated. For its contraction and I agree to hold Mt. Hope Cemeration and interment. Kayshad	stery harmless from
I hereby authorize the interment in lot hold under deed.	Signature	MEL RIDGE RD
Signature of recorded helder of deed	→ SANDIEGO (→ (858) 676 -	3996
	Invoice #	
Work Order # E 16241	Acct. #	

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

	113 Falchad Salmadi- Rad	MUSTAPHA EL-AKHDA				
					Pirs	
	Grave				1:00 pr	
•		ard: 🗆 Ye	es	□ No		
Agrees wi	th Map:	J Yes	0	No		
Blind Chee	ck & Veri	fied By:			Date:	

£-1624

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(36)

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
KAYHAN -		PIRSA		09/01/1964	63/02/2001 M	
SA. CITY OF DEATH			5B. COUNTY OF DEAT			MAILING ADDRESS AND ZIP CODE
SANTA AN	A		OHER STATE OF	RANGE 1	DAYSHAD PIRSA -	BROTHER
	The second secon	IA-FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78. CA	F APPLICABLE	14611 CARMEL RI	A 4100 100
Charles Deline Control Association (Co.)	D MORTUARY			A Mariante	SAN DIEGO, CA	92128
I-805 & 1				o uru	A. SIGNATURE OF APPLICANT—	Person tuking permit, 88. DATE SIGNED
. ADMINISTRATED OF A			e proposed disposition stated herein is one of the e, and was authorized pursuant to Section 7100 of		Oteleve Ma	03/05/2001
PERMIT		UED IN ACCORDANCE W		PAID DEL DATE PERMIT IS	SSUED, 90. SIGNATURE OF TO	DCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	TY FOR THE DISPOSITION NO BIGHT OF DISPOSAL OUTSIDE (\$7.00	03/05/20	001 Denge RE	Derecks 1
LNY CHANGE IN DISPOSE		EGISTRAR OF DISTRICT			F DISTRICT OF DISPOSITION-	
TION REQUIRES A NEW	ORANGE COU	MITY HEALTH D	DEPT. P.O. BOX SAI	I DIEGO COUNT	HY YHEALTH DEPT.	P.O. BOX 85222
ISPOSITION.	234, SANT	A ANA, CA 92	2702-0234 SAI	N DIEGO, CA S	92186-5222	Control of the Contro
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COF	RONER'S USE ONLY
A BURIAL (INCL)	UDES ENTOMBMENT)		E TEMPORARY ENV	AULTMENT	I DISPOSITION	PENDING-REMAINS LOCATED AT
B. CREMATION			F. DISINTERMENT		(Name and /	(ddress)
C DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	ORNIA		
D. SCIENTIFIC U			H. TRANSIT TO OUT	SIDE OF CALIFORNIA		
		DORESS OF CALIFORN	IA CEMETERY	1 11B, DATE BURIED	11C SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
BURIAL	CONTRACTOR CONTRACTOR	ET STREET, S	SAN DIEGO, CA 9210	23-5-01	King	E know
	12A. NAME AND A	DDRESS OF CALIFORN	IA CREMATORY	128. DATE CREMATE	D 1 120. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
CREMATION	840000000000000000000000000000000000000			POST CONTRACT		//
d Street Control				1	1	
	13A. NAME AND A	DDRESS OF CALIFORN	IA FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PER	RSON IN CHARGE OF FACILITY
SCIENTIFIC	NAME OF TAXABLE PARTY OF THE PA				1	
USE				1		
	14A. NAME AND A	DORESS IN RECEIVING	STATE OR COUNTRY WHERE	14B, DATE SHIPPED	14C. ADDRESS AND SIG	NATURE OF PERSON IN CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS	ARE TO BE SHIPPED	1	OF PLACING WITH	THE CARRIER
SCATTERING AT SEA	15A. ADDRESS, NEA	AREST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PER	
OR	FICIENT TO IDE	ENTIFY FINAL PLACE AN	D CA DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPO	I MAINS DISPOSER
DISPOSITION OTHER THAN IN A CEMETERY				1	10	- # APPLICABLE

Bu-need Lt a trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-01

of Dan W. mathews of	tuses and regulations, to inter the remains
in a dorule duth Funeral, date	e, time
Type of Burnal Container \ Church, Chapel, Graveside	_ i Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular w	ork day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 3 3 Grave 1 Row Sec	tion _ R Division/Block _ \
Grave space & Care Fund	
Additional spaces and care fund 37 Opening/Closing & Setup 37	
Opening/Closing & Setup 2 20 5 /	750.00
Burial Container	
Handling Fees water a mark	320-00
Flower vases – Marker setting fee	171,80
Recording and filing fee & at	45 90.00
Sales taxes PAID	28.50
	Total Due 2535, 36
MAR 0 Z 2001 Paid receipt numb	Der R-53477 7535 38
MT. HOPE CEMETARY	Balance due
I hereby CHTX DE SAN DIEGO, CA	of the above named decedent
and this is your authority to make disposition of remains that I have the right to make this authorization and I agree any liability on account of said authorization and intermer	as above indicated. I certify and represent to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	su logne St.
Signature of recurded holider of does	Diego CA. 92102
F 16242	





INTERMENT ORDER

City of San Diego

Date 3-5-0

DUTH HUNCAL	ect to your rules and regulations, to inter the remains
ACH UNIT	neral, date, time AYD 3-15-200
Type of Burial Container Church, Chapel, Graveside	: HUMPTREY Mortuary.
All Funefal cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section 5 Division/Block 5
Grave space & Care Fund	Neo H-1131 -V
Additional spaces and care fund	INE OF
Opening/Closing & Setup	FF NA
	\$5,00
	<u> 50.00</u>
Flower vases - Marker settin RecA 1 D	715.00
Recording and filing fee MAR U 5 2001	45.00 4.13
MT. HOPE CEMETA CITY OF SAN DIEGO	ARY Total Due 269.13
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	of the above named decedent f remains as above indicated. I certify and represent ind I agree to hold Mt. Hope Cemetery harmless from d interment.
I hereby authorize the interment in lot I hold under deed.	SANDRA HAYNES SIGNALITA
Signature of recorded holder of deed	MESA AZ 85910 619 667-0457 210 Code
	Invoice #
Work Order # E 16243	Acct. #
Work Order # E 16243	100 100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	SE BLACK INK ONLY-MAK	E NO ERASURES, W	HITEOUTS OR O	THER ALTERATIONS	87
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE M.			The second second	1C. LAST (FAMILY) HUNS	AKER		TE OF DEATH 4 SEX
5	A CITY OF DEATH	La	Mesa	6B COUNTY OF DEATH		6 NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Sandra J. Haynes -	ADDRESS AND ZIP CODE Daughter
7.1	Humphrey C	DDRESS OF CALIFORNI Chula Vista ta CA 919	Mortuary-753 Bro	adway 78. cal	IF, LICENSE NUMBER	604 West Peralta Mesa AZ 85210	
-	ACKNOWLEDGMENT OF A	man stant Thereby i	chroelings as applicant that the proposed dis- 1376 of the Health and Selety Code, and was soft	patellain stated herein is one of the	dispositions authorized by	8A. SIGNATURE OF APPLICANT—PERSON LAND	03/06/2001
8	NY CHANGE IN DISPOSH TION REQUIRES A NEW	THIS PERMIT IS ISSISIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT. NOTE THE MAINT GYES N 9D. ADDRESS OF RE	DED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED DINOR OF DESCRIPTION OF DEAT EGISTRAR OF DISTRICT OF DEAT Prosecution Prop. Box 85	\$7.00	J.E. Kin		GISTRAR ISSUING PERMIT
	ERMIT TO SHOW FINAL DISPOSITION.		CA 92186-5222				
	BURIAL	IIA NAME AND A	DDRESS OF CALIFORNIA CEMETE Cemetery 3751 Mar			/ / -	
EMS	CREMATION	Pacific Crematory 601-D Crane St. Lake Elsinore CA 92530			3-//-0	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	AT THE SAME OF THE		13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF PACILITY	
LETE A	14A NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPP	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR			
OMP		SCATTERING AT SEA SCATTERING AT			1		

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

grave of Dan illian illian

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-0 |

. URn Galden	Funeral, date, time FRI. Max 9	10:00
Type of Burial Container Church, Chapel Graveside	: SD Memorial,	Mortuary.
Il Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$	50.00
ill be applied and billed to undersigned.	XLAN.	
ot <u>4a</u> Grave Row	Section Division/Bleek	8
Frave space & Care Fund	(vr- very gry D-427)	_0_
dditional spaces and care fund		7 00
pening/Closing & Setup		5.00
Jurial Container	PAID	_
andling Fees		_
lower vases - Marker setting fee	MAR U 5 ZUUI	7-5
Secording and filing fee	MT HOPE CEMETARY 1	
	Total Due	0.00
and this is your authority to make dispositional I have the right to make this authorizate	Balance due	epresent
hereby authorize the interment in lot I old under deed.	× 20035 Dale St	
greature of recorded holder of deed	X500 Diego Ca 92104 X669 234-1315	Zip Cude
	Invoice #	
Vork Order # E 16244	Acct. #	

FXId to SD Memoral (Paid Burral Copy) E- 16249

Date: .

MT HOPE CEMETERY

G	RAVE BL	IND CH	ECK FO	RM	
Write in the name block marked with existing marker's i the burial space.	"X". Place	opriate sp	e's, lot # a	and grave at are adja	# of all
		X	18/11		1
		26136465501			
Interment space for	Eun	sice 1	3 lanch	ne Ri	arda
Interment Date: F					
Lot: 42 Grav	re:	Row:	Sect:	40	iv: 8
Grave Laid out by:					1
Agrees with Legal	Card: 🗆 Y	es [J No		
Agrees with Map:	☐ Yes	0	No		

E-16244

Blind Check & Verified By: .

FORM	61 E-1	6244 LEGAL
of.		
	Lot 37 thru 48	SEC 4 DIV 8
	DECEASED .	OWNER
37		
38		
39	DALLAS, Mary J.	STRATTON, Mrs. Robt. L.
40	BECKER, Mary R. W	BECKER, Paul K. III
41		•
42	RIORDAN, William E. W.	RIORDAN, E. Blanche
43	MURRAY, Claudetta M. Ø NURRAY, Charles E. M	MURRAY, CharlesE& May C.
44	HUSTED, Erma M. HUSTED, Donald Scott	HUSTED, Erma M.
45	HEATH, George L. M HEATH, Myrtle E. Ø	HEATH, George L.
46	SCHMIDT, John-L. Q	SCHMIDT, Rosemary T.
47	GRUELLE, Bertha B. 0	GRUELLE, Betty
48	Felton, George N	S. D. County PA

48

TAYLOR

APPLICATION 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 EUNICE BLANCHE			RIORDAN			2. DATE OF BIRTH MONTH DAY YEAR 01/17/1909 3. DATE OF DEATH MONTH DAY: YEAR 03/05/2001			
SAN DIKE	0		58. COUNTY O	F DEATH-OUTSIDE CALIF.	ESTA	RELATIONSHIP, FULL W	-GRANDDA		
7A-TYPED NAME AND A SAN DIEG 2441 UNI SAN DIEG	DORESS OF CAUFORN O HEMONYAL VERSITY AVE O, CA 92104	A FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH	78 CALIF LIGENSE NUMBER —IF APPLICABLE FD-1575		PALE, STA 92		8B. DAT	E SIGNED
"ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposed dispo 376 of the Health and Safety Code, and was author	nition stated become n- rized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code	>/	fig p por	200	03/6	16/Day
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH PROVI- ORINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MORT OF SEPCIAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF	98. CATE PERM 03/09/20 J. JOHNS	01	SIGNATURE OF LO	CAL REGISTR	VAR ISSUIN	3 PERMIT
THE RESIDENCE OF THE PARTY OF T	VITAL RECO	EGISTRAR OF DISTRICT OF DEATH DISTRICT BOX 8522 CA 92106-5622	1	BE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			MINUA.		
TO AUTHORIZED DISP	POSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S U	SE ONLY	8
8 CREMATION		AINS OTHER	F. DISINTERMI G. SHIP IN TO			L DISPOSITION (Name and A		EMAINS LO	CATED AT
BURIAL	MT HOPE C	DORESS OF CALIFORNIA CEMETER EMETERY; 3751 MARKE O, CA 92102		3-9-01	Bedill William	SIGNATURE OF PER	SON IN CHAP	RGE OF BL	IRIAL
CREMATION	PACIFEE C	DORESS OF CALIFORNIA CREMATORIUM 601-D CONORE, CA \$2530		3-8.0	Section 1	SIGNATURE OF PER	SOM IN CHAR	BE OF CRE	MATION
SOMENTIFIC USE	13A, NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REM	AINS 13B. DATE RECE	IVED 13C	SIGNATURE OF PER	SON IN CHAP	RGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		E 148 DATE SHIPF	ED 14C	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA DISTRI				SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS O	ATED RE-

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

INTERMENT ORDER

City of San Diego

	2 -	-3-	10	
Date	2			

or ELLA MA	ed, subject to your rules and regulations, to inter the remains EWALKER
ina T, S. VAULT	Funeral, date, time Thun 3 - 8 11:0
Churchi Chapel, Graveside	CA Brial Mortuary
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	d
Lot 117 Grave 12 Row	Section 2 Division/Black 13
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	1D 950.00
Handling Fees	5 2001
Flower vases - Marker setting fee	
Recording and filling fee MT. HOPE C	CEMETARY Y5.00
Sales taxes	DIEGO, CA 8.75
	Total Due
	Paid receipt number MU 1748-7
× 1	Balance due
I hereby certify I am the Nacy and this is your authority to make dispet that I have the right to make this authorizany liability on account of said authoriza	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from allon and interment.
I hereby authorize the interment in lot I hold under deed.	X Synthist wylla Spects × 3026 Urlian ane
Signature of recorded holder of deed	Cay Columbus, Aa 31907 Ep Coop Frenchison Frenchison
Work Order # E16245	Invoice #
REA-104 (7-96) This in	formation is available in alternative formats upon request.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

			V						
3	4	5	6						
9	10	ų.	117 X 13						
			no						
Interment	space for:	ELLA	WAL		0				
Interment	Date:	3-0	Т		11.00				
Lot: 1/7	_ Grave	13	Row:	Sect	3 D	iv: 12			
Grave Lai	d out by: _								
Agrees with Legal Card: DYes DNo Grave									
Agrees wi	Agrees with Map: Yes No								
Blind Che	ck & Veril	ied By:			Date:				

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(70)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMIL	מי		DATE OF BIRTH		OF DEATH	4. SEX
ELLA SA. CITY OF DEATH			SR COUNTY OF DEATH—OUTSIDE CALIF. 8. NO			09/03/1936 03/02/2001 F			P CODE
NATIONAL CIT	Y		San by		OF INFO				
CALIFORNIA C	REMATION &	BURIAL CHAPEL	1	-IF APPLICABLE	 Baseline Secretorios 	URBAN AVE. BUS, GA 31	907		
5880 EL CAJO		AN DIEGO, CA 9211		F-1357	BA SIGNA	TURE OF APPLICANT-	erson taking pera		
ACKNOWLEDGMENT OF AP	Section 10.	chrowledge as applicant that the proposed its 375 of the Health and Salety Code, and was aut	bonand pursuast to Section 71	00 of the Hooth and Saleta Code	>Cle	una isen	11	03/06	-
AUTHORIZATION OF	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	HED IN ACCORDANCE WITH FROVI ORINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DIRRITOR DEPOSAL OUTLINE OF CALFORNA	47.00	03/06/20 J.BENYA	001	2104228	CAL REGIST	TRAR ISSUIN	G PERMIT
TION REQUIRES A NEW	VITAL RECO	GISTRAR OF DISTRICT OF DEAT D IN CALIFORNIA RDS-P.O. BOX 8522 CA \$2186-5222		ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			RNIA		
IO. AUTHORIZED DISPO	DSITION(S) CHECK AF	PPLICABLE ITEMS	The second second	Allegan Mary 5		FOR COR	ONER'S	USE ONLY	
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF GREMATED REMA	AINS OTHER	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	T		(Name and A		HEMAINS LO	CATED AT
BURIAL	MT. HOPE	DRESS OF CALIFORNIA CEMET CEMETERY 3751 MAR , CA 92102	MATERIAL STREET, AND ADDRESS OF THE PARTY OF	3-08-0		SIGNATURE OF PER	SON IN CHA	ARGE OF BU	IRIAL
CREMATION	12A, NAME AND AC	DRESS OF CALIFORNIA CREMA	TORY	128 DATE CREMA	TED 12C.	SIGNATURE OF PERI	BON IN CHA	BEE OF CRE	EMATION
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILIT	TY RECEIVING FIEMAI	NS 13B. DATE RECE	EIVED 13C.	SIGNATURE OF PER	SON IN CH	ARGE OF FA	ACILITY
TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIP	PED 14C	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C INTIFY FINAL PLACE AND CA <u>DIST</u>		UF 15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		0F CREM MAINS D —IF APPI	ATED RE-

INTERMENT ORDER

City of San Diego

3-5-00

d 1.10° W	t, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time FRI 3- 1:00
Church, Chapel, Graveside	: Da Momental Mortuary.
All Funeral cars must arrive before 3.50 p will be applied and billed to undersigned/	o.m. of regular work day or an extra charge of \$ \(\frac{150.08}{T.T}\)
Lot 102 Grave 5 Row	Section Division Block 12
Grave space & Care Fund	AID 875.00
Additional spaces and care fund	<u> </u>
Opening/Closing & SetupMAR	U.6. 2001 375.00
	PE CEMETARY 116 00
Handling FeesCITY OF	SAN DIEGO, C
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.25
atuan Just	Total Due
P	aid receipt number K-53131 1004 & 3
Tal and	Balance due
	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizati	
I hereby authorize the interment in lot I hold under deed.	X Joneke Jalon X SIGNIDARY ST
Signature of recorded holder of dead	X SAN DIEGO (492116 2000000000000000000000000000000000000
Work Order # E16246	Invoice #
	2004
REA-104 (7-96) This info	ormation is available in alternative formats upon request.

O Printed on recorded paper

E-16 246 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

he burial	space.					
ope N	LADNER	open	102 X 5	open 6		
open 8	ope N9	ope NO	WILLIAMS	PARRISH		
Interment	Date: FRi	3-9	000	Cime:	00.	iv: <u>1</u> 7
Grave Laid		ırd: 🗆 Y	es [J No	* Sleg Gra	m
	th Map:				_ Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

WILLIS	NT—FIRST (GIVEN)	1B. MIDDLE	DAN	(FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SAN DIEGO	0		68. COUNT ENTER	OF DEATH-OUTSIDE CALIF.,	O. NAME.	RELATIONSHIP, FULL M	MAILING ADDRESS AND 2	ZIP CODE
A TYPERMANDYEAR	EDSTTY AVE.		OR PERSON ACTING AS SUC	7B. CALIF LICENSE NUMBER —IF APPLICABLE FD—1575	SAN D	HAMILTON ST IRGO, CA \$21	116 yern thing permit, 68. DA	JE SMINED
ACKNOWLEDGMENT OF A				is one of the dispositions authorized by ction 7100 of the Health and Safety Code.	10	845 A	mon 13/1	6/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE VIOLENT AND SATISFICATION OF PROPERTY FOR THE DISPOSITION OF PROPERTY OF	SPECIFIED \$7.00	OF FEE PAID 98 DATE PERM 03/06/3 J. JOHNS	STORY STATE OF THE PARTY OF THE	Sange Ra	CAL REGISTRAN ISSUI Develie	NG PERMIT
TION REQUIRES A NEW 1	vital."hoecon	GISTRAR OF DISTRIC DS (*P.O. BO GA 92186-52	x 85222	9E. ADDRÉSS OF REGISTRAL IF DISPOSITION IS TO OCC			RNIA	
B. CREMATION	JOES ENTOMEMENT)		E. TEMPOR	RARY ENVAULTMENT		I. DISPOSITION (Name and A	PENDING REMAINS L	OGATED AT
THAN IN A CE		AINS OTHER		TO CALIFORNIA TO OUTSIDE OF CALIFORNIA		-		
THAN IN A CE	EMETERY SE	WEFERF CAUSTS			-	SIGNATURE OF PERI	SON IN CHARGE OF B	BURIAL
BURIAL CREMATION	MA HOPANCH SAN DIEGO,	WEFERF CAUSTS	A CARRET ST.	TO OUTSIDE OF CALIFORNIA	ED 110	Kun 1	SON IN CHARGE OF E	/
D SCIENTIFIC US	HA HOPE NOCH SAN DIEGO, 12A NAME AND AL	CA 92102	A CARRET ST.	118 DATE BURB 3-9-01	ED 110	SIGNATURE OF PERS	Elemp	REMATION
BURIAL CREMATION SCIENTIFIC	MAT HOPE OF SAN DIEGO, 12A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	CA 92102 DDRESS OF CALIFORN	HA TRANSFER ST.	118 DATE BURN 3-9-01 128 DATE CREMI	TED 120	SIGNATURE OF PER	SON IN CHARGE OF F	REMATION



INTERMENT ORDER

City of San Diego

Date 3-5-01

or GREGORY B.	ted, subject to your rules and regulations, to inter the remains #ERROD
in a Li NER	Funeral, date, time FR1 3 - 9 11,00
Church, Chapel Graveside	MGSDALE Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	od
Lot 3757 Grave Rot	w Section Division/Bleck 10
Grave space & Care Fund	PAID 915-00
Additional spaces and care fund	MAR 11 7 2001
Opening/Closing & Setup	the state of the s
Burial Container	HOPE CEMETARY 190,00
Handling Fees	OF SAN DIEGO, Cr. 145.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	19.25
	Total Due
	Paid receipt number R-53444 1889.25
XMO	
I hereby certify I am the and this is your authority to make disp	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Mas iella Q. Herrod
Signature of recorded holder of deed	MODESTORA 95354 2009-526-8793 Relephone 200-3925
Work Order # E 16247	Invoice #

GRAVE BLIND CHECK FORM

			OPEN			i
	M sqc	open	3757	med	1	
			CONRE			
					1.00	
Interment I	Date: FR	3-9	т	TERROD Time:		v: 10
Grave Laid		ard: 🗆 Y	cs C	J No	FLA	, ON INVE
Agrees wil	h Map:	J Yes	01	No	GR	CKVV
Blind Chec	ek & Veri	fied By: _			Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			MONTH DAY, YEAR MONTH	E OF DEATH 4 SEX	
Gregory		Brian	Herrod	works and the same of the same		anneal and the second s	1/2001 M	
SA, CITY OF DEATH			SE COUNTY OF DEAT	ENTER STATE		6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
National C	MATERIAL PROPERTY AND ADDRESS OF THE PARTY O		San Diego			Herrod, Mother		
			R PERSON ACTING AS SUCH 78. CA	F APPLICABLE		New Salem Ave.		
		rtuary; 5050		D-1329		to, CA 95354		
7	I District	go, CA 92102	proposed disposition stated herein is one of the		BA, SIGHA	TURE OF APPLICANT—Person laking		
* ACKNOWLEDGMENT OF AP	TURNIT Section 10	376 of the Health and Safety Code_s	and was sufficient parsount to Section 7100 of 1	w Health and Salety Code.	>11,641B	THE VIOLET	03/08/2001	
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE IV FOR THE DISPOSITION S ID BIGHT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	03/08/200)1	C. SIGNATURE OF LOCAL REG	2104457	
TION BEOLUBES A NEW	Vital Recor	egistrar of district do in causomea rds; P. O. Bo ego, CA 92186	x 85222	ORESS OF REGISTRAR DISPOSITION IS TO OCCI		ICT OF DISPOSITION— THER DISTRICT IN CAUFORNIA		
AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	USE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUT:	DRNIA		(Name and Address)	- REMAINS LOCATED AT	
BURIAL	Mt. Hope	Cemetery; 375 Diego, CA 921	51 Market St.	3-9-01	1	SIGNATURE OF PERSON IN C	CHARGE OF BURIAL	
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	CREMATORY	12B. DATE GREMA	TED 12C	SIGNATURE OF PERSON O	HARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND AL	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	STATE OR COUNTRY WHERE RE TO BE SHIPPED	148. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA DISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE MAMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

INTERMENT ORDER

City of San Diego

Date 3-6-01

You are hereby authorized and instructed, subjection	ect to your rules	and regulations, to	nter the remains
of however of	neral, date, tim	1) sego	
Type of Burial Container	neral, date, bill		4444,000,000
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work da	ay or an extra charge	of \$
will be applied and billed to undersigned.			
8. 10, 13	N	LUSLIM	
Lot 13 4 Grave Row	Section	Divinian/E	lant
FOI TO T CHANGE TO NOW 7	C C C O	Division/B	Jane D
Grave space & Care Fund	7 220		& doo. 0
Additional spaces and care fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Opening/Closing & Setup			
Burial Container			
Handling Fees	D	·····	
Flower vases - Marker setting fee MAR-+1-6	2001		
Recording and filing fee			
Sales taxes MT. HOPE CE	EMETARY		
CITY OF SAN I	DIEGO, Cr	Total Due	2200.0
	- Commission Commission	R- 534 39	5200.00
Paid rec	eipt number	11 -1-1	- XXVV
		Balance du	,
I hereby certify I am the		of the above	named decedent
and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to ho	ove indicated. I certi old Mt. Hope Cemeter	fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		-
	5-dydn sous		
Signature of recorded turkler of dead	City		Zip Cinis
	Telephone		
	Invoice #		
Work Order # E 16248	HANDIDO H		



INTERMENT ORDER

City of San Diego

Date 3-6-0 |

You are hereby authorized and instructed, su	bject to your rules and regulations, to into	or the remains
	Funeral, date, time THVR 3-8	
	Y DMY : AZTLAN	
All Funeral cars must arrive before 3:30 p.m.		100 TO 10
will be applied and billed to undersigned.		
	Section Division/Biox	* 13
Grave space & Care Fund		126.00
Additional spaces and care fund	10 4	165.00
Burial Container	30-	50,00
Handling Fees	4->	
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes	(*************************************	
	Total Due	386-00
Paid	receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hone Cemetery h	and represent
hereby authorize the interment in lot I hold under deed.	Sgrwune	
Signature of recordant holder of deed	Address	
odrawna in tecorinar mater, or deed	Giy	Хэр Соо ң
	Telephona	MOH.
	Invoice # 3 45 249	03-12-0
Work Order # E 16249	Acct. # 000952	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(NY)

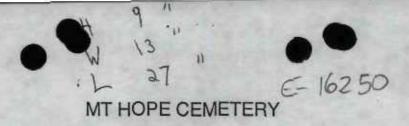
	US	E BLACK INK ONLY-MAKE	E NO ERASURES, V	VHITEOUTS OR O'	THER AL	TERATIONS FOL	BID,	
1A. NAME OF DECEDE JOHN	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DA MONTH, DAY, YEAR MONTH 12/	TE OF DEATH	4 SEX
SAN I	DIEGO		6B. COUNTY OF DEAT	N-OUTSIDE CALIF. AN DIEGO		RELATIONSHIP, FULL MAILING ORMANT HEALENER AND CEPUT		
FUNE	RARIA AZULA	A-FUNERAL DIRECTOR OR PERSON IN SAN DIEGO, CA 9	-	Charles and the second	SAN D	A RUFFIN RD. IRD, CA 92123	,	
ACKNOWLEDGMENT OF A	mustant I hereby a	chrawfeeter as applicant that the proposed disp 376 of the Health and Salety Code, and was nother	th was a newed bride soliton	e dispositions sufficiently by	8 SIGNU	AUCH OR	2 03/82	/2001
PERMIT -02268 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW PINAL REGISTRON.	SIONS OF THE CALF AND IS THE AUTHORIT IN THIS PERMIT NOTE THE PERMIT SING IN 90. ADDRESS OF RE IF DEATH OCCURRE VITAL ROOM	THE IN ACCORDANCE WITH PROVI- CORNAL HEALTH AND SAFETY CODE OF FOR THE DISPOSITION SPECIFIED OF HEALTH OF DISPOSITION SPECIFIED OF HEALTHCONNA RDS P.O. BOX 8522 CA 92186-5222	\$ 7.00	NANCY LO	/ 2001 OF DISTR	DEENGE RELOCAL RELOCAL RELOCAL RELOCAL RELOCATION— THEN DISTRICT IN CALHORNIA		O PERMIT
B. CREMATION	OF CREMATED REMARKET		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO GUT			FOR CORONER DISPOSITION PENDS (Name and Address)	IG-REMAINS LI	
BURIAL	HA MANDAR A	CA 92102	Ker sr.	3-8-01	D 110	SIGNATURE OF PERSON IN	CHARGE OF B	URIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		128 DATE CREMA	TED 12C	SIGNATURE OF PERSON IN	CHARGE OF CR	EMATION	
SCIENTIFIC	13A NAME AND AC	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 190	SIGNATURE OF PERSON IN	CHARGE OF F	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAL		CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORIELINE, OR OT NTIFY FINAL PLACE AND CA DISTR	THER DESCRIPTION SUF-	15B DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	I OF CREA	NATED RE-

INTERMENT ORDER

* City of San Diego

Date 3-6-6

You are hereby authorized and instructed, so of BABY G'RL N		A CALL DESIGNATION OF THE RESIDENCE OF THE PARTY OF THE P	to inter the remains Flores - N
			-8 2 DI
in a Type of Sunat Container		THUR -	3 0 00,0
Church, Chape Graveside		GUADALUS	ANA Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an extra cha	rge of \$
will be applied and billed to undersigned			THE STATE OF THE S
Lot 557 Grave Row		1	9
			and the same of th
Grave space & Care Fund			00.00
Additional assessment and assessment DA			
Opening/Closing & Setup			125.00
Burial Container MAR U	7 2001		
Handling Fees			
Flower vases - Marker setting OFFY OF SA	N DIEGO. C	•	
Recording and filing fee			11 00
Sales taxes			
	1126010-11155111111111	Total Due	270.00
Paid	receipt number	0 40 11113	270.00
		Balance	due -0
I hereby certify I am the			ve named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to	above indicated. I control of the hold Mt. Hope Cerns	ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		See Line
	Address	gel,	
Signature of recorded holder of deed	March 1	thereto	
	City		Zip Code
	Telephone		
	1000		
Work Order # E 16250	Invoice A		



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.

		7			772	
9,1			open			
	MAHONEL	open	55 _X	*peN		
			open			
	Karin					
Interment	space for: _		NUN)		
Interment	Date: THV	R 3-	8 7	ime. 2	00,	
The state of the s	Grave:					v: <u>9</u>
Grave Lai	d out by:					
•	th Legal Ca	rd: 🗆 Y	es C	J No	FLAG	, on the
Agrees w	ith Map:	yes Yes	0 1	No		
Blind Che	ck & Verif	ied By:			_ Date: _	

INTERMENT ORDER

City of San Diego

000 3-6-01

10	NUNO Funeral date, time THUR	3-8 2:0
Church, Chapea Graveside	- GUADAL	UPANA Mortuary
NI Funeral cars must arrive before 3:30	p.m. of ragular work day or an extra	charge of S
vill be applied and billed to undereigned.		
oi <u>551</u> Grave Row	Section Div	
Brave space & Care Fund	***************************************	100.00
Additional apaces and cere fund		
Opening/Closing & Satup		152.00
Jurial Container	· · · · · · · · · · · · · · · · · · ·	
fandling Fees	· · · · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
lower vacus - Marker setting fee	***************************************	
lecording and filing fee	······································	45.00
Pales taxes		555 55
	Total Due	210.00
	Paid receipt number	
	The second second	nce due
heraby certify I am the FUNCRY and this is your authority to make dispot har I have the night to make the authorities any liability on account of sale authorities.	stion of remains as above inolitated trailing and I agree to hold Mr. riogs C	above named decedent is certify and represent emotory harmless from
hereby authorize the interment in lot (noid under deed.	Tipon.	
	-	
CLANNA & 11 INDEED LOSSING OF COMM.	5N	Z'E Cook
	Telestone	
Verk Order , E 16250		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(I-day)

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

1A. NAME OF DECEDE	A CONTRACT OF THE PARTY OF THE	1C. LAST (FAMILY)	C.		E OF DEATH 4 SEX	
SA CITY OF DEATH	RESITA : -	FLORES-NUNC	The second second second second second	NAME RELATIONSHIP, FULL MAILING A		
THE REAL PROPERTY OF THE PERSON NAMED IN	N DIEGO	SAN DIEGO	The second secon	OF INFORMANT PAUSTINA FLORES-MOTH	STREET, STREET	
A STATE OF THE PARTY OF THE PAR	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER	255 OCEANVIEW BEED	LA LISA	
GU	ADALUPANA MORTUARY, 2601 IM	PERIAL AVE	F APPLICABLE	GAN DIEGO, CA, 92213		
SA	N DIEGO, CA, 92102	The second secon	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	A. SIGNATURE OF APPLICANT—Person taking	PARTIES IN CONTRACTOR AND THE PARTIES AND ADDRESS OF THE PARTIES AND ADDRES	
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Solety Code, and was	disposition stated herein is one of the authorized distributed to Section 7100 of the	dispositions authorized by a Health and Safety Code.	Are Haver	03/08/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROSIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFINITHS PERMIT. NOTE: THE FEMALE.	\$7.00	JOSE CHAVI	Z 2104454	ISTRAR ISSUING PERMIT	
THE R. R. C. LEWIS CO. L.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DI VITAL RECORDS P.O. BOX 85 SAN DIEGO, CA, 92186-5222	EATH- PE. ADI		F DISTRICT OF DISPOSITION— IM ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	S USE ONLY	
D. SCIENTIFIC U		F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and Address)	CHARGE OF BURIAL	
BURIAL	SAN DIEGO, CA, 92102.		3-8-01	Sun F.	anne	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MATION		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HANGE OF CREMATION	
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	15B. DATE RECEIVE	D 13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	D 14G ADDRESS AND SIGNATURE OF PERSON IN CHA		
BCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICIENT TO IDENTIFY FINAL PLACE AND CA DI		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, UCENSE HUMBER OF CREMATED RE- MAINS DISPOSER	

INTERMENT ORDER

City of San Diego

Date_3 -7-0|

of Nost Williams		tien	2-7-01
in a Type of Burgal Container	_ Funeral, date,	Control of the last of the las	3-1-01
Church Chapel Graveside		LEWIS	COLONIA Monuary.
All Funeral cars must arrive before 3:30 p.	m. of regular wor	k day or an extra	charge of \$
will be applied and billed to undersigned.			
Lot 86 Grave 12 Row_	Section	n Di	vision/Slock \
Grave space & Care Fund	u rus	E- 669	1 -0-
Additional spaces and care fund	e-New	F-1234	7
Opening/Closing & Setup		71	
Burial Container	T.t.	1.5	- 6
Handling Fees	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
Flower vases - Marker setting fee	<u></u>		
Recording and filing fee			-6
Sales taxes	r.	e(-0-
PINE LULE 1-15-1		Total Due	
O'go of A ba	id receipt numbe	r	
Str Jy		Bala	ance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to	above indicates hold Mt. Hope	above named decedent d. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	-	
	Address		A CALL OF THE REAL PROPERTY.
Signature of recorded holder of deed	Cay		Zp Cole
	Talephone		2 -1250
Work Order # E16251	Invoice	" 3452S	8
		105139	

A Princed on everythal paper

REA-104 (7-96)

This information is available in alternative formats upon request.

3:05 pm _ 3-7-01 Late Arrival Fee Rose Mae Harris Levers-Colomal Benbough BILL TO: Joy McClelland Han 2721 Blackton DR, SD 92105 E-16251

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE ROSE MAE						2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 12/17/1910 03/01/2001 F			
SAN DIEGO			5B. COUNTY OF ENTER STA	DEATH-OUTSIDE CALIF., TE SAN DIEGO	OF INF	RELATIONSHIP, FULL MORMANT MCCLELLAND			P CODE
· EL CAMINO	MEMORIAL -	BENBOUGH CHAPEL SAN DIEGO, CA 92		78. CALIF, LICENSE NUMBER —IF APPLICABLE FD—480	SAN	DIEGO, CA S	2105	mi, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF		cknowledge as applicant that the proposed of 576 of the Health and Safety Code, and was as			D Pile	enter vale tu		03/05	5/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE IS NIGHT OF DISPOSAL OUTSES OF CALFORNIA	\$7.00	P Valent	001	9C. SIGNATURE OF LO 2104166	CAL REGIS	TRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	VITAL REC	GISTRAR OF DISTRICT OF DEAD IN CALIFORNIA OKDSPO BOX 85	Y	PE. ADDRESS OF REGISTRAN			AIMA		
10. AUTHORIZED DISE	POSITION(S) CHECK A	PPLICABLE ITEMS			1	FOR COR	ONER'S	USE ONLY	1
B. CREMATION		AINS OTHER	F. DISINTERIME			i. DISPOSITION (Name and A		REMAINS LO	OGATED AT
BURIAL	MT HOPE C	DORESS OF CALIFORNIA CEMETERY, 3751 MA , CA 92102		3-7-0	CONTRACTOR	SIGNATURE OF PER	SON IN CH	ARGE OF BU	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMA	TED 120	SIGNATURE OF PERS	ON THE CHA	AGE OF CA	EMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMA	UNS 13B, DATE RECE	VED 130	SIGNATURE OF PER	SON IN CH	ARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		148, DATE SHIPP	ED 140	ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FIGIENT TO IDE	REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>				SIGNATURE OF PERI CHARGE OF DISPOS		ISO. LICENSE OF CREA MAINS D —IF APP	ATED RE-

Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

3-7-01

	I	R VIERKANT	
in a		Funeral, date, time	
Church, Chapel, Graves			Mortuary.
All Funeral cars must are	ive before 3:30 p.m	of regular work day or an extra	charge of \$
will be applied and billed	to undersigned.		
Lot 33 Grave_	a 4 Row_	Section D	vision/Black
Grave space & Care Fun	nd		
Additional spaces and co	are fund	ANDREW "	
Burial Containe	MELEN	GH OLSTON	
Handling Fees	I MACO		
Flower vasesMARINE	Zm2604		
Recording and filling fee	TRANSF	PER FEE	90.00
Sales taxes OF SAN	DIEGO. C		-00 00
		Total Due	90.00
*	Paid	receipt number V 15 A	90.00
			ance due
I hereby certify I am the and this is your authority that I have the right to many liability on account of	to make disposition to the disposition of the dispo	n of remains as above indicated	above named decedent d. I certify and represent Cemetery harmless from
I hereby authorize the in- hold under deed.	terment in lot I	Segrating 0 567	Keessaus
Signature of recorded holder of dead		X 000 619-445	-10 46 20 CON
		Velaphone	77/15



THE CITY OF

SAN DIEGO

E- 16252

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
S27-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of
UNDE ELMER VIERKANT
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to
ANDREW GHOLSTONSK'Z HELEN GHOLSTON
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 33 Grave 3 4 Row Section Division/Block 1
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said, its successors and assigns forever.
WITNESS my/our hand this 7 +h day of MARCH 2001
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:
Witnesses
In Shulden



INTERMENT ORDER

City of San Diego

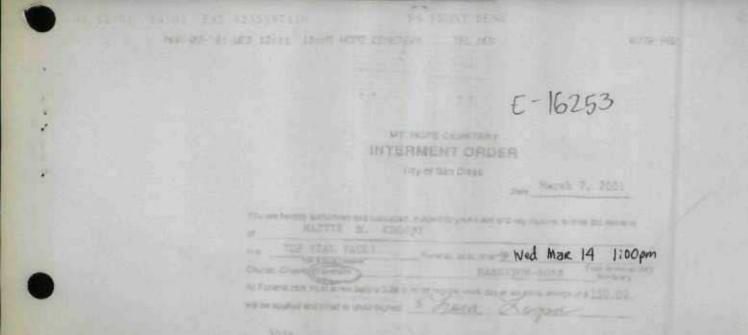
Date_March 7, 2001

of _	man		******		CHINA		. \.	20	77 -	111	11
n a		SEAL ype of fluored	VAULT		Funera	al, date, time	Constitution of the last	FN	5-	(100.0	Inceles
Chu	rch, Chape					HAI	RRISO	N-ROS	SS		rtuary.
All F	uneral car	s must ar	rive before	e 3: 60 p.m.	of regi	ular work da	y or an e	extra ch	arge of	\$ 150	.00
tiiv	be applied	and billed	to under	signed.	X			-	-	-	-
ot	3024	Grave_		Row	-	Section	-	Divisi	on/Bloc	k 1	0
Sea	ve space &	Caro Fu	nd PR	E-NEED	LOT	& TRUS	E-8	415		1	Ø
	NAME OF TAXABLE PARTY.							************			Ø
											Ø
											Ø
Han	dling Fees										Ø
lov	ver vases -	Marker s	setting fee							_	
Rec	ording and	filing fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Ø
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and hat any	I have the liability on	r authorit right to m account o	y to make ake this a of said aut	uthorizatio horization	n of ren	nains as abi agree to ho erment. L(ove indic	pe Cen LOGAN	netery h	and rep armles	resent is from
he	reby author under dec	rize the in	terment ir	n lot I		2805 W	. CAL	DWELI	ST.	9022	
igna	ture of recorded	holder of dee	1			(310)					Zip Code
	k Order#	-10	959			Invoice #					

INTERMENT ORDER (- 16253) City of San Diego

Mill 82	Date 12-11-89
You are hereby authorized and instructed, sub	ect to your rules and regulations, to inter the remains
of Mille M. C	wery
in a J. J. Well Fu	neral, date, time
Church, Chapel, Graveside	, Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	•
12004	1)
Lot Row	Section Division/Block
Grave space & Care Fund	595.0
Additional spaces and care fund	
	245 /
Opening/Closing & Setup	Int in
Burial Container	11
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	12:69
	Total Due
Paid re	ceipt number 38666 /010-04
	38 (Balance due 300, 00)
	38668 30.0
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
	7471 in Marka
I hereby authorize the interment in lot I hold under deed.	Superior Superior
	Address V & MAC 11
Signature of recorded holder of deed	State PERIO (FT TAI)
	Telephone
	Invoice #
Work Order # E 8415	WARRANT TO THE PARTY OF THE PAR
Work Order #	Acct. #

PY-593 (REV 8-85)



The residence of the second se

Thing South

16253

3-7-01 Please Fox SIGNED COPY to (619) 527-3403 Thousand Decay

Lots	All the second s	IVISION 10
	DECEASED	OWNER
3013	St. Commission	LOBAUGH, Robert C.
3014	BRADY, Mary Ellen	FORTENBERRY, Louis E.
3015	COOK, Elzie Phillip	COOK, Opal Dean
3016	COOK, OPAL D.	n n n
3017	DILLON, Donald Huey	DILLON, Pearl M.
3018		DILLON, Pearl M.
3019	CROSBY, James A.	CROSBY, Hattie M.
3020	LOBAUGH, Harold E. Sr.	Harold E. LOBAUGH, & Cecilia
3021	ALDAHL, Stella Ann	NOLAN, Loneta I.
6	THOMAS, Wade B.	BARBER, Pauline THOMAS, Pauline B.
3023	THOMAS, Barbara A.	THOMAS, Harold L.
3024	E-16253 . AR	Crosby, Hattie M.
		TAYLOR SYS

E 16253

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.

Family & Mo	RTUDRY DRIVE	ing from	Los Ange	eles!	
	RTUDRY DRIVE	1015	19/4		
	A. C.	SCHENBA	MUM		I S
A LD AHL THOM	A = THOMAS	304 X	ope N	ope w	OLAS
		oper			
Interment space Interment Date: Lot: 3024	WED 3-1	٦ - 1	Time: \\\	00	Div: 10
Grave Laid out					
Agrees with Le	gal Card:	Yes [J No	Thy o	
Agrees with Ma	ap: 🗆 Yes		No		+5
Blind Check & E-162	ALCOHOL GALLER LANDING			Date	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

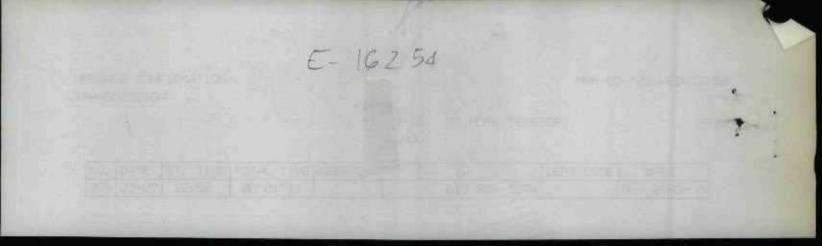
1A NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	Crosby	TE ALL		DATE OF BIRTH	3. DATE OF	YEAR	4 SEX
SA. CITY OF DEATH	Gardena		SB. COUNTY OF DEATH	H-OUTSIDE CALIF.	OF INFO	RMANT LOTA LO	gan, Dtr	S AND ZIF	CODE
Harrison	Ross Mortu	MA FUNERAL DIRECTOR OR PE MATY 11. L.A., CA 9004		F APPLICABLE	Сопр	ton, CA 90220	0	OD DATE	COURT
ACKNOWLEDGMENT OF A	november I hereby a	acknowledge as applicant that the propos	sed disposition stated herein in one of the ins authorized pursuant to Section 7100 of th	dispositions numerican by	× 411	IGHE OF APPLICANT—IN	Wall brilling	02/12	/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC IO NIGHT OF DEPOSAL OUTSIDE OF CALF	ST.00	03/13/	0.0000000000000000000000000000000000000	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	AL REGISTRA	AR ISSUING	PERMIT
A STATE OF THE PARTY OF THE PAR	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA LUCTOR St. L.A.,		DRESS OF REGISTRAR (OF DISTRIC	T OF DISPOSITION-	NIA		1
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S US	E ONLY	
B. GREMATION	SE		F. DISINTERMENT G. SHIP IN TO GALIFO H. TRANSIT TO OUTS	DRNIA	140	I. DISPOSITION F (Name and Ad	dress)		
BURIAL	Mt. Hope (3751 Marke	opress of California CE Cemetery et St. San Dieg	o,CA	3-14-01	> /	Kun F.	- /	or	THE .
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CR	EMATORY	128. DATE CREMATE	ED 12C.	SIGNATURE OF PERSO			MATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEIV	/ED 13C.	SIGNATURE OF PERS	ON IN CHARG	GE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B, DATE SHIPPE		ADDRESS AND SIGNA OF PLACING WITH TH		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		MEST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C.	SIGNATURE OF PERS CHARGE OF DISPOSE		OF CREM. MAINS DI IF APPL	ATED RE-

INTERMENT ORDER

City of San Diego

Date_3-7-01

	subject to your rules and regulations, to inte	r the remains
OF JOVANCHA	FASLEY	- 11-
in a TISOVAULT	_Funeral, date, time SAT 3-1	7 110
Church, Chapet, Graveside	CA BURAL	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of	\$
will be applied and billed to undersigned.		
Lot 196 Grave 5 Row_	Section Q Division/Bloo	17
Grave space & Care Fund	T.S.	7 12:00
Additional spaces and care fund	MXB U 3 5001	-7200
Opening/Closing & Setup	THAT O'S	3 15.00
Burial Container	MT. HOPE CEMETARY	250.00
Handling Fees	OTTY OF SAN DIEGO, CA	185.00
Flower vases - Marker setting fee Louis		600.00
Recording and filing fee		45.00
Sales taxes		18:75
	Total Due,	1368.75
Pa	aid receipt number V15A	600.00
XM4	R- Balance due	1768.75
and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	of the above nation of remains as above indicated. I certify the and I agree to hold Mt. Hope Cemetery to and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	September 10 Donard St.	46
Signature of recorded holder of deed:	1614 479-4689	Zip Gode
Work Order # £ 16254	Invoice #	





THE CITY OF

E-16254

SAN DIEGO

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

FAX COVER LETTER

TO: CA BURIAL TEAMETTE PHONEMAX#
FROM: SUE DATE: 3-7-01 PAGES incl this page 3 FAX # 527-3403
MT HOPE CEMETERY
GACHECK FOR 1768.75 on RNING. THANK YOU!

If all pages are not received, please call (619) 527-3400.



E 16254

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

TA. NAME OF DECEDE	NT_EIDET /GIVEN	1B. MIDDLE	1C. LAST (FAMILY)		2 DATE OF BIRTH 3 DATE	E OF DEATH 4 SEX
JOVAUGHN	AL-THOU (GIVEN)	ANTONIO	EASLEY		MONTH, DAY, YEAR MONTH,	DAY, YEAR
SA. CITY OF DEATH		ANTONIO	58. COUNTY OF DEAT	H-DUTSIDE CALIE &	NAME RELATIONSHIP, FULL MAILING AS	05/2001 M
NATIONAL	CTTV		SAN DIE	20	OF INFORMANT	
7A TYPED NAME AND AL CALIFORNI	DORESS OF CALIFORN A CREMATION	A FUNERAL DIRECTOR OR PER & BURIAL CHAPE SAN DIEGO, CA	SON ACTING AS SUCH 78. CA	F APPLICABLE S	ORRI A. WHITE-MOTHER 670 DORIANA STREET AN DIEGO, CA 92139 A SIGNATURE OF APPLICANT—PERSON DRIVE	
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	acknowledge as applicant that the proposes \$76 of the Hauth and Salety Code, and was	d disposition started herein is one of the authorized pursuant to Section 7160 of the	dispositions authorized by the Health and Safety Code.	Genette Benjani	03/00/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROCURING HEALTH AND SAFETY OF THE DISPOSITION SPECIF OF MAIN OF BEPOSAL QUITABLE OF CALFOR	9ED \$7.00	03/09/2001 J.BENYAR	SUED 9C SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT
TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	VITAL RECO	EGISTRAF OF DISTRICT OF DID IN CALIFORNIA DRDS-P.O. BOX 85 CA 92186-5222	1 10 1		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B. CREMATION		AINS OTHER	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS	DRNIA	I. DISPOSITION PENDING (Name and Address)	THE REAL PROPERTY AND ADDRESS
BURIAL		DDRESS OF CALIFORNIA CEM EMETERY 3751 MA CA 92102		118. DATE BURIED	Norman F	CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND AC	DDRESS OF CALIFORNIA CREE	MATORY	128. DATE CREMATED	The state of the s	
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND AS REMAINS OR	DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO	OR COUNTRY WHERE BE SHIPPED	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OI ENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



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			
BROWN 3 mitchell	tree 3	open	196 X 5			
			0 pen 11	12		
Interment :	space for: -	2011	FUGHN .	EASLE'	1	
			0 T			
Lot: 191		. 5	Row:	Sect: _		Div: 12
Grave Laid	l out by: _	Norm	4 Vi	ENTE	PSH	
Agrees wit	th Legal C	urd: 🗆 Y	es C	J No	fly	on and
Agrees wit	th Map:	J Yes	91	No	0 00	
Blind Chec	ck & Veril	ied By: _	Kur		_ Date:	

INTERMENT ORDER

City of San Diego

Date March 7, 2001

		structed, subject to your ru LENE FLETCHER	1	-		100000	101110
of	BELL LINER	Funeral, date, t	ime	MON.	MAR.	12	11:00a
	Type of Burial Container			William Co.	- Larance		
_	Chapet Graveside		Name of	SHOP			Mortuary. 150.00
		3:00 p.m. of regular work	day	or an ex	tra charge	af \$	130.00
will be	applied and billed to under	signed X 3 PI	_		200	_	
				. ,	_		
Lot	97 Grave 4	Row Section	1_	1 (Division	Hesk ,	12
Grave	space & Care Fund					. 8	95.00
Additio	nal spaces and care fund.		3				
Openin	g/Closing & Setup	PAIL	,			3	75.00
Burial (Container	WD 0 7 20	101			1	90.00
Handlid	ng Fees	MAR 0 7 20	101			1	45.00
			ET	VO.			13.00
Poneu	ling and filles to:	CITY OF SAN DI	EG	O, CA	************		45,00
necore							14.25
Sales I	axes						WINDS TO SEE
						. 1.	664.25
		Paid receipt number		3443		- 4	664,25
				В	alance du	e	<u>Ø</u>
hereb	y certify I am the	DAUGHTER disposition of remains as	-	of t	he above	name	d decedent
that I h	ave the right to make this a	uthorization and Lagree to	hok	Mt. Hor	e Cemeta	or har	mless from
any lia	pility on account of said au	thorization and interment.	> B	lanci	he He	nns	
l hereb	y authorize the interment in	n lot I	la	neke	Hon	rus	
hold ur	der deed.	-51S	0	Palir	stre	40	
Signature	of rectirded huider of dead	Address SAA	17)ie Go	1	9	2114
SEA (HOHELY)		87,19	7	A THE SAME	-912	200	Zip Code
		Talaphone	-	540	11	10	
		Invoice /					
Wark	E16255	And if	-				
ALDIN C	A STATE OF THE STA	Acct. #					

O Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

LOT	07
TIVIT	21

SECTION 1

DIVISION 12

	101 97 5501108	T DIVISION IS
	DECEASED	OWNER
1	TRONCOSO, Ramona O.	TRONCOSO, Humberto
2	ESTRADA, Margaret	Josephine Pena
3	JORDAN, JOSEPHINE	Public Administrator
4	E-16255 Florens Fletcher	Bishop Homon Grane mon Mar 17 1:00 church
5	LANIER, ANGELA RENEE	Lanier, Rosalind
6		
7	BERNARD, Daisy Mae	STUART, Eddie
8	DISNEW, CLYDE	DISNEW, MARIE
9		
10	Given, Willie T. GIVENS, Annie Lee	GIVENS, WILLIE T.
11	Niblett, Dora	Niblett, Dora
12	CHANEY, William	COOPER, Charles
12		TAYLO

E 16255

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	
Ramona Troncoso	Margaret Estrada	Josephine Jordan	X	Angela Lanuis	
Interment s	pace for: -	Flor	ene	Flet	cher
Interment I	Date:			Гіте:	
				Carlo	1 Div: 12
Grave Laid	out by: _	Norn	* VI	CENTE	1
Agrees wit	h Legal Ca	ard: 🗆 Ye	s	□ No	(K)30
Agrees wit	h Map:	yes Yes	P	No	(Qro
Blind Chec	k & Verif	ied By:	un		Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST IF	AMILY)	13	DATE OF BIRTH	3. DATE OF D	
Florene -		Fletch	er	1	9718/1918	03/06/20	001 F	
SA. CITY OF DEATH			5B COUNTY ENTER B	OF DEATH-OUTSIDE CALIF.	6. NAME, F	RELATIONSHIP, FULL M.	VILING ADDRESS	AND ZIP CODE
. San Diego			enten a	San Diego	Harol	d Fletcher		
Bishop Mo:	rtuary	Lemon Grove,		7B. CALIF LICENSE NUMBER —IF APPLICABLE FD—1673	Los A	Creed Aveningeles, CA	90009	(9000
ACKNOWLEDGMENT OF AP	in scarce Thereby a	The state of the s	posed draposition stated leaves in	one of the deposition authorized by	b. S	THE OF AFFLICANT		3/08/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH ORNIA HEALTH AND BAFETY Y FOR THE DISPOSITION SPI 0 RIGHT OF DEPOSAL OUTSIDE OF CA	CODE ECIFIED \$7.00	G. Mitch 03/08/20	ell i	2104492	DAL REGISTRAR	ISSUING PERI
NY CHANGE IN DISPOSI- TO SHOW FINAL	San Diego I	GISTRAR OF DISTRICT OF D IN CAUFORNA Sounty Health San Diego, CA	Dept. P.O.	BE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			reia	
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	DNER'S USE	ONLY
D SCIENTIFIC US	SE .	ODRESS OF CALIFORNIA C	H. TRANSIT	MENT D CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BURIL		(Name and Ac		OF BURIAL
BURIAL	THE RESERVE TO SECURITION OF THE PERSON.	et St., San Di	ego, CA 921	02 3 12-0	2/10	Kuca E	Las	m
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA C	REMATORY	126. DATE CREM/	TED 12C.	SIGNATURE OF PERS	ON IN CHARGE	OF CREMATIC
SCIENTIFIC USE	13A, NAME AND AL	ODRESS OF CALIFORNIA F	ACILITY RECEIVING RE	MAINS 13B. DATE RECE	IVED 19C.	SIGNATURE OF PERS	ON IN CHARGE	OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST/ CREMATED REMAINS ARE		RE 148. DATE SHIPE		ADDRESS AND SIGNA OF PLACING WITH TO		SON IN CHARG
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CO				SIGNATURE OF PERS CHARGE OF DISPOS	TION !	LICENSE NUMBER OF CREMATED RE MAINS DISPOSER OF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 3 - 7-0 1

You are hereby authorized and instructed,			ns, to inter t	he remains
OF ANDREW GHO	The state of the s	Marine Line	2 11	1110
In a LINER	_ Funeral, date, tim	CONTRACTOR OF STREET	THE RESERVE AND ADDRESS OF THE PARTY OF THE	11.0
Church, Chapel Graveside		RAGSO	ALE	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work d	lay or an extra	charge of \$	
will be applied and billed to undersigned.				
Lot 33 Grave 3 Row	Section) Div	rision/Bleck	11_
Grave space & Care Fund		D-435	5 _	0_
Additional spaces and care fund				
Opening/Closing & Setup		11		0_
Burial Container	ų	11 -	2+1	0_
Handling Fees		13.000		0
Flower vases - Marker setting fee				
Recording and filing fee	D	(/	<u>.</u>	0_
Sales taxes		(1		0
		Total Due		0_
Pa	uid receipt number _	-		
~		Bala	nce due	-
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to h	bove indicated old Mt. Hope C	emetery har	d represent miess from
I hereby authorize the interment in lot I hold under deed.	Signature	4	Hached	
Signation of recorded holder of doed	City	(See)	//	≱ip Code
Work Order # E16256	Invoice #_ Acct. #			



THE CITY OF

SAN DIEGO

E-16256 :

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

FAX COVER LETTER

	TO: RAGSDALE
	PHONE/FAX#
,	FROM: SUE
	DATE: 3-7-01
	PAGES incl this page_2
	=== FAX # 527-3403
	MT HOPE CEMETERY
PLEASE HAVE	: INTERMENT SIGNED AND
RETURNED	to us.

If all pages are not received, please call (619) 527-3400.



INTERMENT ORDER

AND REW GROLSTON 3R.

IN LINER

STATEMENT OF THE STATE STATE

Sell Par Sent

X Tox outlier or.

E16256

No work

The extremely a program of the end to the party of the same

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.

						C. Y. 27.55
			ATTERSO	N		
	MELTON	ope N 3	33 X 3	ope N		ROMERD
	ope N 7	BOUMAN	opeN	PHARR	70	MCCUNE
Interment	Date:	ME 0	т т	Cime:	00	iv: <u>\\</u>
Grave Lai	d out by: _	The V				
	th Legal Ca		es C	□ No	FLAG GRAV	e on
Blind Che	ck & Veril	fied By:	10031		_ Date:	100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

Andrew Jackenn			Gholston, Sr.			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
SA, CIT	Y OF DEATH Nations	al City		58 COUNTY OF DESTRUCTION OF DESTRUCT	EATH-OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL MAIL ORMANT & K. Holly, D	ARTERIOR PROPERTY OF THE PARTY	OF CODE
ZA KE	ED NAME AND A		Diego, CA 92102		CALIF LICENSE NUMBER —IF APPLICABLE D1329	San 1	Rexview Dr. Diego, CA 921 ATURE OF APPLICANT—FIN	in taking permit, 88. DAT	
ACK	DIOWLEDOMENT OF A		cknowledge as applicant that the proposed 37K of the Health and Safeta Code, and was a			Me	the well	03/12	2/2001
AUTHO	PERMIT DRIZATION OF L REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- GROWN HEALTH AND SAFETY COR TY FOR THE DISPOSITION SPECIFIE IS MIGHT OF DISPOSAL OUTSIDE OF CALEDRIN	\$7.00		ane soone	Decry Rad		NG PERMIT
TION R		Vital Recor	Edistrian of district of de più calecenia. Box 852 1 Diego, CA 92186	222	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		HICT OF DISPOSITION— THER DISTRICT IN CALIFORN	A	
ton AU	THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	HE CALL			FOR CORO	NER'S USE ONL	Y
	CREMATION	SE					I DISPOSITION PE (Name and Add	NOING-REMAINS L	DCATED AT
•	BURIAL	Ht. Hope C	coness of California Ceme Cemetery; 3751 Mg San Diego, CA 92	rket St.	3-14-01		SIGNATURE OF PERSO	N IN CHARGE OF BI	URIAL
GLE ITEMS	REMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREM	ATORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSO	PIN CHARGE OF CA	EMATION
LL APPLIC	SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAIN	S 138. DATE RECE	IVED 190	SIGNATURE OF PERSO	N IN CHARGE OF F	ACILITY
SOMPLETE A	TRANSIT		ODRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO I		14B. DATE SHIPP	ED 140	ADDRESS AND SIGNAT OF PLACING WITH THE		CHARGE
SCA DISF	TTERING AT SEA OR POSITION OTHER IN A CEMETERY		REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA <u>DIS</u>		F- 158, DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON OF CHEA	MATED RE- DISPOSER

INTERMENT ORDER

City of San Diego

Date 3-8-01

You are hereby authorized and instru			d regulatio	ns, to inter	the remains
or Bucherl	Shower	N			
in a Type of Burial Container	Funeral, d	late, time _	wer	3-13	15.1
Church, Chapel, Graveside		_: R	egsal	de	_ Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular	work day o	r an extra	charge of \$	
will be applied and billed to undersign	ned.			-	
LOI VETERANS F	AREA sows	ection	Dis	rision/ Block	_11
Grave space & Care Fund					
Additional spaces and care fund	A CONTRACTOR OF THE PARTY OF TH				
Additional spaces and care fund Opening/Closing & Setup	JOCV				
Burial Container Handling Fees	FT-VI	12			
Flower vases - Marker setting fee					
Recording and filing fee		***************			0.00
Sales taxes	······	**************	*********		
who friend the w	Paid receipt nu	Tota mber	al Due		50.00
er werend				nce due	
I hereby certify I am the and this is your authority to make di that I have the right to make this auth any liability on account of said autho	norization and I ag	ree to hold	e indicated	. I certify an	ed decedent and represent rmless from
I hereby authorize the interment in ichold under deed.	ot i Sign	oture			
	400	Webs.		1000	
Signature of recorded holder of deeld	Cay		374		Zip Code
	Tele	phone			
10057	Inv	oice #			
Work Order » £6257	Ac	ct. W			

€ 16257

Pre-Need TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 9, 2001

You are hereby authorized and instructed,	subject to your rules and regulations, to inter	the remains
or Katie 13	. Potts	
ma Tisi Vault	_Funeral, date, time	
Type of Burial Comminer Church, Chapel, Graveside	: GREENWOOD	Mortuary.
All Funeral cars must arrive before 3:00 p.m	m, of regular work day or an extra charge of \$	150.00
will be applied and billed to undersigned.	- 1 (111)	
Lot 2556 Grave — Row		10
		10
Grave space & Care Fund	leed Lot D-643	0
Additional spaces and care fund	BAID -	
Opening/Closing & Setup		375,00
Burial Container	MAR 0 9 2001	250.00
Handling Fees		185.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY	-
Recording and filing fee	CITY OF SAN DIEGO, CA	45,00
Sales taxes		18.75
	Total Due	873,75
Pai	id receipt number 53447	873.75
	Balance due _	Q
I hereby certify I am the X SON and this is your authority to make dispositional that I have the right to make this authorization any liability on account of said authorization	of the above namion of remains as above indicated. I certify a dion and I agree to hold Mt. Hope Cemetery has and interment.	nd represent
I hereby authorize the interment in lot I hold under deed.	X Billy & Patter 10. Box 2293	
Signalure of recorded holder of detail	Spring Valley, CA City (619) 670-087	9 79 79
Wark Order # E 16258	Invoice #	

157 Bural Crypt MT. HOPE CEMETERY INTERMENT ORDER City of San Diego

Date 3-9-01

A111	ted, subject to your rules and regulations, to i	nter the remains
- 11	ELL Murphy 3	1 100
in a Double Depth	Funeral, date, time _/u=5 9/	3/01 1-
Church Chapel Graveside	- RAGSDALE	Mortuary.
	00 top.m. of regular work day or an extra charge	of \$ 15000
will be applied and billed to undersigne	ed	
Lot <u>65</u> Grave 8 Ro	ow Section 3Division B	lock 12
Grave space & Care Fund		8750
Additional spaces and care fund		4-
Opening/Closing & Setup	PAID	375.00
Burial Container		380.00
Handling Fees	MAR (19 2001	320.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, C.	11- AM
Sales taxes		28,50
	Total Due	2,043.50
	Paid receipt number Visa	2,043,50
	Balance due	0
	position of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter exation and interment.	named decedent fy and represent
Suprisure of records adjusted of guild	= X 5916 TOOLAGES Address A 34N DIEGO CA City (2/9) 262 60	92114 87 mode
Work Order # E 16258	Invoice #	

€-16258

TAYLOR S

€ 16258

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.

the burial	space.					
	HI	1				THE .
1		7	8	9	10	
		Langston	X	Thomas	open	
	246	01:1				
Interment s					1	
Interment 1	Date: Tue	e. Mar	13_ 1	ime:	opm	<u> </u>
Lot: 65	_ Grave	8	Row:	Sect: _	3 D	iv: 12
Grave Laio	l out by: _					200 10
Agrees wit	h Legal C	ard: 🗆 Yo	es [J No	NO 3/1	Prograve
Agrees wit	th Map:	J Yes		No	0	M J
Blind Chec	ek & Veri	fied By:	4-1		_ Date:	PARE!

E-16258

E- 16258

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 2. DATE OF BIRTH 3, DATE OF DEATH 4. SEX IC. LAST (FAMILY) MONTH DAY YEA MONTH, DAY, YEAR Phillip Rene1 Murphy 03/05/200 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE San Diego OF INFORMANT San Diago Irene Murphy, Mother 70 TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER ADDRESS OF RABBER MORE.; 5050 Federal Blvd. 5916 Yooley, St. San Diego, CA 92114 FD1329 San Diego, CA 92102 BA SIGNATURE OF APPLICANT-Person taking permit, BB. DATE SIGNED I hereby advisoring as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Sainty Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THE PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/12/2001 2104661 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT \$7.00 AUTHORIZATION OF MOTE: THIS PERMIT GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI Vatal Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA RECAURES A NEW TO SHOW FINAL SPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION 1SA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15D. LICENSE NUMBER 15B. DATE OF SIGNATURE OF PERSON IN SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OB MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

Pre- Noets

MT. HOPE CEMETERY

INTERMINI ORDER

City of San Diego

Date 3-9-01

or Fre-Need Lo	(S) tor _	Lya Jean	Osby, Ir
in a Type of Buriel Contemps	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	s
will be applied and billed to undersigned			
Lot 44/43 7/3 Row	Section 2		1,990.00
Additional spaces and care fund			
Opening/Closing & Setup			
Burial Container			
Handling Fees	PAID		
Flower Vases - Marker setting fee		-6914	
Recording and filling feeF	FR 1 1 2003	25-1	
CITY	of remains as above in and I agree to hold Mind interment.	Balance due	ned decedent and represent larmless from
Work Order # E 16259	Invoice #		

Pre-Noed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-01

n aType of Burial Container	Funeral, date, time
Type of Burlat Container Church, Chapel, Graveside	; Mortuary,
Il Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	(ALT 19 19 19 19 19 19 19 19 19 19 19 19 19
11/13 -1/3	2 -5 .5
Lot 44 Grave / Show	— Section 2 Division/Block 12
Grave space & Care Fund	1,990.00
Opening/Closing & Setup	
Burlal Container	
landling Fees	
Flower vases - Marker setting, fee	······································
Recording and filing fee	
Sales taxes	1205 76
	Total Due
Paic	d receipt number 53448/53444 448, 2
hereby carrify I am the TRUSTEE	Balance due 1,492.60
and this is your authority to make disposition	on of remains as above indicated. I certify and represent
hat I have the right to make this authorization any liability on account of said authorization	on and I soree to hold Mt. Hope Cemetery harmless from
	X hom beauthale
hereby authorize the interment in lot I nold under deed.	3095 Olive View Rd.
	Address CA 91901
ignature of recorded holder of dead	Cay/12 445-438/
	Telephone
	Invoice #

REA-104 (7-96)

This information is available in alternative formats upon request.

& Product on recycled paper

February 11, 2003

Dear Ms. Iva Osby

We have come to find that on your Pre-need account for the purchase of lots 43 grave 3 and lot 44 grave 7 you were overcharged by \$200.00 when you originally purchased these. We have a couple of options for you to choose from as to what you can do with this money.

1. You can apply it to your trust for these lots

2. You can apply it towards the purchase of a vase or the marker setting fee

3. Or we can refund it to you, but that can take up to 8 weeks

Please let us know which of these will best suit your needs.

Thank you,

Pam Hetzel Panala Haty Mt Hope Cemetery

3-4-03 Iwa phoned of stated she would sike the 4000 -

DP 3821028

OSBY, IVA JEAN 3095 Olive View Rd., Alpine, CA 91901 (619) 445-43	86	
DEBIT	CREDIT	BALANCE
03-09-01 Opened Pre-Need Lots Acct. 398 20 a		
Two Lot Locations: 1592 90		
(1) Lot 43; Gr 3; Div. 12; Sec 2		1, 990.00
(2) Lot 44; Gr 7; Div. 12; Sec 2 03-09-01 Receipt # 53449 Lot 43 & R-53448 Lot 44	498.00	1, 492,00
4-5-01 R-53537 Conpor 1	Wa . 00	V430.00
5-04-01 R-53654 Coupon #2	-62.00	1368,00
6-7-01 R-53792 3	-6200	1306,00
7-12-01 R-53905 4	-62.00	1.244.00
8-29-01 - R- 54080 S	68.00	1182.00
9-4-01 R-54109 6	6a.00	1120,00
10-5-01 R-54199 7 PAID	62.00	1058.00
11-14-01 R-54331	62.00	990,00
12-07-01 R - 54427 Caupon 9 FEB 11 2003	62.00	4.84.00
19 45 7 74704	62.00	872,00
2 R-54648 Coupon 11 CRY OF SANDIEGO, CA	-62 00	810.00
		748 00
3 7-02 R - 54744 Claup on 12	- 6200	100,00
4-3-02 R- 54825 Ceipon 13	-6200	6 86.00
	68.00	684.00
7-11-02 R-55198 " 15-16	124.00	500.00
8-15-02 OSBY, IVA JEAN PRE-NEED LOTS	62.00	438.00

	DEBIT	CREDIT	BALANCE
BALANCE - OVER-			43900
9-6-02 R-55387 Crupn # 18		63.100	8 00
10/5/03 R-55477 Coupon # 19	207	62.00	317-00
9-6-12 R-55387 Coupon # 18 10/202 R-55477 Coupon # 19 10/30/02 R-55553 Coupon # 20 1-7-03 R-55794 21 22		134.00	120.00
2-11 18 895914 23484		12300	1-0

(C)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Iva Osby On Hundred Twee	Address: 3095 Olive	View ROLA	10. CA 9190/ \$ 128.00
in Payment of 1	397 Row	Section 2	Division 12
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID FEB 1 1 2003	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Bunial 100 Containers 77182 100 Handling Fee 77185	198 100
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X AC:212 (Rev. 10-02)	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ISSUED BY CAM HOZE	Recording 8 100	138 0



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Iva Osby	Address: 0 m	Perm d	. 20
One Hundred two	ty tour	Dollars	(s /3 Y. DO)
in Park Payment of	3 a 7 Row	Section 12	Division 2
Pre-Need Lox At Need On Acct	NOT VALID FOR PURPOSES STATED STAMPED "PAID" IN THIS SPACE.	OUNLESS CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77184 Buriel 100 Containers 77182 100 Handling Fee 77183 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186	194 00
Pre-need Trust Cash Check > AC-212 (Rev. 10-02) This information is available in alternative formats upon reques	ISSUED BY	Sales Tax 60101 78390 TOTAL PAID S	124 00

From: Two gen hust Sivily Two C in part payment of pre	and of lots acc	d	62.00 pon # 20
Lot 43 + 44 Grave	3 4 7 ROWSI	Potion 2 CREDIT 57007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 —	Division 13 62.00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A	ISSUED BY Paraller of	Burial 100 Containers 77182 - 100 Handling Fee 77185 - 100 Misc. Fees 77183 -	(2 00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Britis - Iwo and	reed Cots Coupor	Dollars (\$	14,200 62.00	2
Invoice No	3+7 ROW — Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Containers 77182 — Handling Fee 77185 —	Division D	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Laulette Craw for	Pre-Need 77783 — 63033 Trust 1 8 600101 Sales Tax 60101 TOTAL PAID 5	62	200



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Ara O sky In Payment of	Address: 3095 Olive 1	Jien Rd OS Dollars	190 190 15 62.00)
Lot 43 2 44 Grave	3 2 7 RowS	ectionR	Division Riock
Invoice No. Acct. No. W.O. F-16259 BALANCE DUE 376.00 Pre-Need Lot At Need On Acct O	NOT VALIDFOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184 80% Sales 100 of Lote 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77185 Recording 8 100 Misc. Fees 77185 Pre-Need 83633 Trust 77186	4000
Pre-need Trust Cash Check	ISSUED BY MILLIAM	Sales Tax 60101 78390 TOTAL PAID	1

From Iva Jean Osby To Sixty-Tub Payment of Pre		ACCOUNTS	_ Dollars (\$	62.00	
Lot_ 43 444 Grave	3 4 7 Row_	Section	2	Division Block	12
invoice No	NOT VALID FOR PURPOSE STATED UNL "PAID" IN THIS SPACE.	ESSSTAMPED CREDIT 20% Sales Of Lots Opening/ Closing Burial Containers Handling Fe Recording &	100 77184 — 100 77181 — 100 77182 — 100 77185 —	62	00
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X AC-212 (Rev. 5-94)	ISSUED BY Paulette C	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 — 63033 9022 — 60101 78390 —	62	OD

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	nty-Four and 00	cond	ollars (\$	124.0	02
In Part Payment of Pre	3.7	pen 188	16	Division I	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Ciosing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	124	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Paulette C.	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77185 — 100 77183 — 63033 9022 — 60101 78390 —	124.	00

CITY OF SAN DIEGO, CALIFORNIA

Nº 54915

From tradostry Littly Juro In Part Payment of	Pre- New York	nl	\$ 62.00
Lot 13 2 44 Grave	3 à 7 Rows	ection ?	Division \Z
Invoice No. Acct. No. W.O. F- 16259 BALANCE DUE 624,00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 190 Closing 77181 Buriel 100 Containers 77182 100 Handling Fee 77185 Recording \$ 100 Misc. Fees 77183	62 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY 1 Miller	Pre-Need 53033 Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$	62 00

CITY OF SAN DIEGO, CALIFORNIA

54825

From Iva Jean Osby In	Date:	deril	2,	_, 20 0;	2_
Sixty-Two and 00			llars (\$ 62	.00	_)
Coupon #13	31.7	ction_2	Divi:	sion /2	_
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183		00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Paulette Crawfood	Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	62.0	0

From Obly, lua Jean I	wite	mree	Date: Mar	ew 8,	, 20	02
Siry - silvo		^		Dollars (\$	62.00	- 4
In fact payment of the	eneed s	lots ac	court			
Lot 43,44 Grave	3,7	Row	Section	2	Division)	2
Acct. No. W.O. E - 16251 BALANCE DUE 748.00 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PUR "PAID" IN THIS SPAC		TAMPED CREDIT 20% Sales 80% Sales of Lots Opening/ Closing Burial Container Handling Recording Misc. Feet Pre-Need Trust Sales Tax	100 77184 — 100 77181 — 100 77182 — 100 77185 — 18 100 77183 — 83033 8023 — 80101	62	00
AC-212 (Rev. 5-94)	ISSUED BY	rauford	TOTAL PAIL	78390 — 5 \$	62	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Invoice No		wany	//,20	02	
Systy - Swo and on part payment of Pr	e-need lats Ocat.		Dollars (\$.	62. a	9
· 43 (4H	3 4 17	ection_2		Division Block	12
Acct. No. € E - 16259	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Crosing Burisl	67007 77184 — 100 77164 — 100 77181 —	62	00
		Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	77182 — 100 77185 — 100 77183 — 63033 9022 —		
Pre-need Trust Cash Check	ISSUED BY Paulette Clow /6	TOTAL PAID	60101 78390 —	69.	00

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

Sixty Swo and or Dre-need In part Payment of Pre-need Grave 3 47	20 Address:	on secon	Date: 3	anuay	18 .2	002
Sixty Iwo and 00		Pots acc	aut	Dollars	(\$ 62.0	0
From the Jean Bolly Joustee Address: OM record Supply Jove and Dollars (\$ 62.00 In part Payment of Pre-need Fots accounts Lot 43 + 444 Grave 3 d 7 Row Section Division Black Invoice No. PAID: IN THIS SPACE. NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT F184 80% Sales 100 GO Lots 77184 80% Sales 100 GO Closing 77181 Burial 100 Containers 77182 Burial 100 Containers 77183 Burial 100 Containers 77183 Pre-Need Lots At Need On Acct On Ac	12					
Acct. No. E -16259 W.O. E -16259 BALANCE DUE 872, 00 Pre-Need Lois & At Need On Acct O	PAID' IN THIS SPACE	DSESTATED UNLESS ST	20% Sait 80% Sait of Lois Opening Closing Burial Containe Handling Recordir Miss: Fe Pra-Nee Tyust	8 Care 77164 100 77184 100 77187 100 77187 100 17187 100 17188 100 17188 100 17188 100 17188 100 17188 100 17188 100 17188 100 17188	6.	2 00
AC-212 (Rev. 5-94)	ISSUED BY Jun	year cra	WY OR TAL PA	and a second	62	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From Iva Jean Osly J	Date Mustu Address: Dr. Nicori		mber 7	_,20 01
Serty Just and also in part Payment of Pre	need loto	D	ollars (\$ 62	.00
Low 43 \$ 444 Grave _	3 7 Rows	Section	Divis Block	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	62 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Of AC-212 (Rev. 5-94)	ISSUED BY LAULette Crauyors	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185	62.00

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From Elva Jean Ospy Sh	stee Address: on Record	_ no	vemi	bes 14,20	01
Sixty-Swo and	mosed late:		oollars (\$.	62.00)
lia Jean Osby Trustee of Color - 434 Grave	The Viola Steward Fre	vs+ 2		Division /	12
Acct. No. Acct. No. W.O. E-16259 BALANCE DUE 996. DO Pre-Need Lot At Need On Acct O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 77185	62	00
Pre-need Trust Cash Check CO AC-212 (Rev. 5-94)	ISSUED BY Kaulette Champons	Sales Tax TOTAL PAID	60101 78390 — \$	62	00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From Ava Jean Oslec Sixty Two and To In Part Payment of +	Address: 3095 Plive The-need Rots	View,	Rd, C	62.00	01,
Lot 43 Grave _	3 7 Row_ S	ection 2	l	Division Block	12
Acet. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	62	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	1/2 (1)	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 63033 — 9022 — 60101 76390 —		
AC 212 (Rev 504) 1306	ISSUED BY VC WMS	TOTAL PAID	\$	62	00

From Dia Jean Oway	Date:	9/7/01		, 20	-
in post payment of Page		77.1377.18 - 57-	ollars (\$.	62.00)
Lot 43 €RINE 3 Lot 49 Grave 9	Row Se	ection 2		Division 12	2
Invoice No	NOT VALID FOR PURPOSE ATTED SSSSTAMPED PAID IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	62	00
w.o. E-16259	SEP 0 7 2001	Opening/ Closing Burial Containers	77181 — 100 77182 —		
BALANCE DUE 1120-00	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee Recording & Misc. Fees	77185 — 100 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Pana Paisa	Pre-Need Trust Sales Tax	63033 9022 — 60101 78390 —	/2	
AC-212 (Rev. 594)	ISSUED BROWN TOWNER	TOTAL PAID	*	62	00

From Jua Jean Osly	Date Address: 3095 Olive V		(, 20	
In part Payment of Price	- Hued Trust		ollars (\$.	62-00)
LOT 43 SANUE 3 Lot 44 Grave 4		EC 12 ection 12		Division :	2 2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care a0% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc, Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 —	62	00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	1950ED BY S. Prince	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	62	00

WHITE. TO CUSTOMER CANARY _ CEMETERY PINK. AUDITOR

From: 1Va Jean Osby SIXty-Two and	Address: 3095 Olive	July 12+ 11ew Rd., Al	pine, CA 91 ars (\$ 62, 80	90/
In - part Payment of	Pre-Need Lots 3 + 7 ROW - S	action 2	Olvision	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	20% Sales Care 71 80% Sales of Lots 71 Opening/	7007 7184 100 7184 100 7184 109	00
BALANCE DUE 1,244,000	JUL 1 2 2001 MT. HOPE CEMETARY	Handling Fee 77	100 7182 — — — — — — — — — — — — — — — — — — —	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	CITY OF SAN DIEGO, CA	Trust 5	9033 9022 90101 8390 \$ 62	00



WHITE .. CANARY. PINK

TO CUSTOMER CEMETERY AUDITOR

From: Iva Jean Osby	Date: 3095 Olive View	ACCUPATION OF THE PARTY OF THE	44h	91901
SIXty-Two a	rd .NO/100		ollars (\$	2.00)
In - past Payment of Pi	re-Need Lots			
Lot 43 + 44 Grave _	3 + 7 Row Se	ction_2	2 9	ivision 12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE,	CREDIT 20% Sales Care 80% Sales	67007 77184 ————————————————————————————————————	62 00
Acct. No. E-/6259	PAID	of Lots Opening/ Closing Buriel	77184	
BALANCE DUE _1,368,00 Compon # 2	MAY 0 4 2001	Containers Handling Fee Recording & Misc. Fees	77182	
Pre-Need Lot ★ At Need □ On Acct □ Pre-need Trust □ Cash □ Check ▼	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Pre-Need Trust Sales Tax	63033 9022 60101 78390	(0.42
AC-212 (Rev. 5-94) PV-II 1900	ISSUED BY Attached	TOTAL PAID	*	62 00

CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEM

	tee Address: 3095 Elive		, Alpine, CA	9/90/
Sixty - Two -No in - part Payment of (2)	Pre - Need Loi		ollars (\$ 62.50	<u>(X</u>)
Lot 43 / 44 Grave	3 / 7 ROW S	ection 2	Division /	2
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 62	00
W.O. <u>E-16259</u> BALANCE DUE 1,306.00 Coupen	JUN 0 7 2001	Burial Containers Handling Fee Recording &	100 77182 100 77185	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101 78390 — 6390	
AC-212 (Rev. 8-94) # /257	ISSUED BY A CULLUMS S	TOTAL PAID	: 62	00



WHITE TO CUSTOMER CANARY ... CEMETERY PINK AUDITOR

From ha Osby Listy two In part Payment of Pa	Address: 3095 Olin V	ien Rd	Part	91901
Lot 434 Grave		action 2	Divisio	n 12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 17184 100 77181 100 77182 100 77185	2 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY DULLLA	Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 63033 9022 60101 78390 \$	200

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-12-0)

PM

You are hereby authorized and instructed or _Mohamad ALi		o inter the remains
in a	Funeral, date, time Mon . Ma	R. 12 2:00
Church Chapel Graveside	GREENWO	OD Mortuary.
All Funeral cars must arrive before 3.00 p	m. of regular work day or an extra char-	ge of \$ 150.00
will be applied and billed to undersigned.	XXIIII	
11/	MUSLIM	
Lot 116 Grave Row_	Section Division	/Block
Grave space & Care Fund		
Additional spaces and care fund		-
Opening/Closing & Setup	PAID	450,00
Burial Container	MAR 1 2 2001	
Handling Fees	MAR 1 Z ZUUI	
Flower vases - Marker setting fee	AT. HOPE CEMETARY	12.00
Recording and filing fee	TY OF SAN DIEGO, CA	45.00
Sales taxes		6.00
	Total Due	501.00
P	aid receipt number 53454	501.00
X 50	Balance o	lue Q
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorizational liability on account of said authorization.	of the above tion of remains as above indicated. I ce	ery harmless from
I hereby authorize the interment in lot I hold under deed.		boowerd
Signature of recorded holder of deed	X San Diego CA V 858-586-1618	92.131 Zip Code
	Invoice #	
Work Order # E 16260	Acct. #	
REA-104 (7-96) This info	ormation is available in alternative form	ats upon request.

@ Printed on Newton't paper

C-16260

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE		18. MIDDLE	IC. LAST (FAMILY) MOURAYED		*	2. DATE OF BIRTH		OF DEATH	4. SEX
SA CITY OF DEATH		Mist	5B. COUNTY OF DEATH		A NAME	RELATIONSHIP, FULL M	_		P CODE
SAN DIEGO			ENTER STATE	AN DIEGO	OF IN	FORMANT (AD MAHER MO			
GREENWOOD	MORTUARY	A-FUNERAL DIRECTOR OF PERSON A I-805 & DIEGO, CA 92102	-	APPLICABLE	P.C	DIEGO, CA	92196		E SIGNED
ACHNOMILEDGMENT OF A		deswiedge as applicant that the proposed disper I/6 of the Health and Salety Cude, and was suffers			2	Levert Ka	week	2 03/	12/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIS IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND BAFETY CODE Y FOR THE DISPOSITION SPECIFIED DISHT OF DISPOSAL OUTSIDE OF CALFORNA.	9A. AMOUNT OF FEE P/ \$7.00	SHARON LAS 03/12/2	MLESS		CAL REGIS	TRAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL IPOSITION.	P.O. BOX	GISTRAR OF DISTRICT OF DEATH D IN CAUPORNIA 85222 CA 92186-5222				HICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	RNIA		
10. AUTHORIZED DISP		The state of the s		-		FOR COR	ONER'S	USE ONLY	-
B. CREMATION		MINS OTHER	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	FINIA		I DISPOSITION (Name and A		HEMAINS LC	CATED AT
BURIAL	MOUNT HOP	DE CEMETERY: 3751) , CA 92102		3-12-0		SIGNATURE OF PER	SON IN CH	ARGE OF BU	IRIAL
CREMATION	12A, NAME AND AD	DRESS OF CALIFORNIA CREMATO	PAY	12B. DATE CREMAT	ED 124	C. SIGNATURE OF PER	SOM OH	ARGO OF CRE	EMATION
SCIENTIFIC USE	ISA. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED 130	C. SIGNATURE OF PER	SON IN CA	MARGE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STATE OR I		14B, DATE SHIPPS	ED 140	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA <u>DISTRIC</u>		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS D	ATED RE-

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

2nd Ash Buriar Ash Yoult Top Left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 12, 2001

You are hereby authorized and instructed, a	0	o inter the remains
George Mi	Iton Grasty &	2
na Ash Voult	Funeral, date, time FRI Mar	6 2:00 pm
Type of Burial Container Church, Chapel, Graveside	: El Camino-Ben	
All Funeral cars must arrive before 3:90 p.m	n of regular work day or an extra charge	ne of \$ 150.00
will be applied and billed to undersigned.		
Lot _ Grave _ Row _	— Section TOOF Division	(Block)
Grave space & Care Fund Pre - N	oed E-14888/C-5098	8
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container ASN You	AH _ PROPERTY	55,00
landling Fees	PAID	60.00
lower vases - Marker setting fee	MAR 1 2 2001	
Recording and filing fee	MAN 1 C EDDI	45.00
Sales taxes	MT, HOPE CEMETARY	4,13
	CITY OF SAN DIEGO, CA	269.13
Pair	d receipt number 53455	269.13
	Balance d	hue XQ
hereby certify I am the Daught		
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I ce on and I agree to hold Mt. Hope Cemet	tery harmless from
hereby authorize the interment in lot I hold under deed.	X Julia Grast	
	- 888 Broadw	
Signature of recorded holder of deed		a CA 4190
	(619) 425-39	84
	Invoice #	
Nork Order # F 16261	Acct. #	

E 16261

Shisto Guerreght Pouler MT H

E- 16261

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. Note: Top Left

2ND ASH BURIOL

1000	7	8			
	David Davis Forter	Edma wX Porter.			
	Ellen E	Harvey			-
	Beyen				
Interment .	space for: Ge	orge 1	Milton	Grasty	_
Interment	Date: Fri Marc	h 16 T	ime: 2	:00 pm	_
Lot: 1	_ Grave: 8	Row:	_ Sect:	COOF BUK 11	
Grave Laid	d out by:				_
Agrees wi	th Legal Card:	Yes [J No	(I lange Cray	(se
Agrees wi	th Map: TYes		No	(Gran	
Blind Che	ck & Verified By: _		200	Date:	_

T.O.T.	1 100F BLK. 11		
Gr.	DECEASED	o	WNER
1	NELSON, Harold Christian	Mitchell,	Eleanor
2	NZLSON, Fannie W.	11	n
3	NELSON, Andrew	"	11
4_	MITCHELL, William (Inf.)	"	n
5	AYER, Sarah A.		u
_6	MITCHELL, Eleanor	Mitchell,	irs. Alean Marold)
7	PORTER, DAVID DAVIS & E-16261 GRASTY, ANNA MARGARET & PORTER, Edna	PORTER, Edi	
		*	
			*

78901

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1010	7 us	SE BLACK INK ONLY-MAK	E NO ERASURES, W	HITEOUTS OR C	THER A	LTERATIONS (76	78	
A. NAME OF DECEDE GRORGE	NT—FIRST (GIVEN)	IB. MIDDLE HILTON	IC. LAST (FAMILY) GRASTY			2. DATE OF BIRTH MONTH, DAY, YEAR 10/24/1904	MOKTH	OF DEATH DAY, YEAR 3/2001	4. SEX
CORONADO		A CHECK CONTROL IN WASA		N DIEGO	JUL J	RELATIONSHIP, FULL M FORMANT A GRASTY DA	VIS -	Tour Services	
EL CAMINO	HEHORIAL -	- BENBOUGH CHAPEL SAN DIEGO, CA 921		-480	CHUI	BROADWAY, # A VISTA, CA ATURE OF APPLICANT—	9191	Name and Address of the Owner, where	E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT L herety a Section 10	canowledge as applicant that the proposed disp 376 of the Health and Solvite Code, and was author	position stated hereon is one of the proped pursuant to Section 7100 of th	dispositions authorized by a Health and Safety Code.	► Pa	what Vale to		03/12	2/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORE	JED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MICHT OF REPOSAL DITIES OF CALFORNIA.	\$7.00	98. DATE PERMI	001	9C, SIGNATURE OF LO 2104682	CAL REGIS	STRAR ISSUIN	G PERMIT
TON REQUIRES A NEW PERMIT TO SHOW PRIVATE DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF DEAT D IN CALFORNIA CORDSPO BOX 852 D, CA 92186-5222	1 #1			RICT OF DISPOSITION— OTHER DISTRICT IN CAUPO	RHIA		
B. CREMATION	OF CREMATED REM		E. TEMPORARY ENVA	PINIA		L DISPOSITION (Name and A		-REMAINS LO	OCATED AT
BURIAL		ODRESS OF CALIFORNIA CEMETE EMETERY, 3751 MARI , CA 92102		3-15-0	1	SIGNATURE OF PER	SON IN CO	HARGE OF BI	JRIAL .
CREMATION	CYPRESS V	DIRESS OF CALIFORNIA CREMAT VIEW CREMATORY, 39 DIEGO, CA 92113		3/14/01	ATED 120	SIGNATURE OF PERI	Son in ch	ARME OF CO	EMATION
SOIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	PRECEIVING REMAINS	13%. DATH RECE	EVED 130	SCHATURE OF PER	SON IN C	HARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 140	OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA DISTR		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS			NATEO RE-

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

MT. HOPE CEMETERY

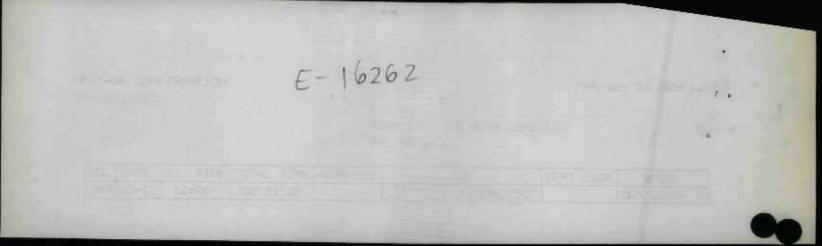
INTERMENT OPDER

City of San Diego

Date 3-12-01

	istructed, subject to your rules and regulations, to inter the remains
OF LA SHANNET	
in a LINER	Funeral, date, time FRI 3-16 1100
Church Chapel Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before	e 3:50 p.m. of regular work day or an extra charge of \$ \(\frac{150.00}{}\)
will be applied and billed to under	rsigned.
Lot 201 Grave 7	Row Section 2 Division/Block 12
Grave space & Care Fund	895.00
Opening/Closing & Setup	375.00
THE STREET CO. LEWIS CO., LANSING, MICH.	190.00
	145.00
Flower vases - Marker setting fe	•
Recording and filing fee	45.00
Sales taxes	14.25
at granting	Total Due
owing where	Paid receipt number 53460 1664,25
W.	Balance due 8
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said au	of the above named decedent a disposition of remains as above indicated. I certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from otherization and integreent.
I hereby authorize the interment hold under deed.	in loi 1 Dolores a Blevante
Dale Thomas 514	X 3P 93/19 24 Code
Work Order # E16262	Invoice #
MARKET TOTAL STREET	Acct.#
REA-104 (7-96)	This information is available in alternative formats upon request.

O Prouted an exceeded paper





THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

	TO: RAGSDALE
	PHONE/FAX#
<i>i</i>	FROM: SUE
	DATE: 3-12-01
	PAGES incl this page
	==== FAX # 527-3403
	MT HOPE CEMETERY
PLEASE BRIN	G A CHECK BY WEDNESDAY MORNING
FOR 1664.25	THANK YOU.

If all pages are not received, please call (619) 527-3400.



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.

		Smith 1		PRIOR	1
		aol X 7	DPEN 8	open	o yen
		Oben			
Interment space fo	r: LA SH	ANNETT	E Mitch	ELL	
Interment Date: F					
Lot: 201 Gra	ive:	Row:	Sect: .		iv: 13
Grave Laid out by	NORM	* Vic	ENTE	1157	1
Agrees with Legal	Card:	es (J No	gall	now
Agrees with Map:	☐ Yes	٥	No		
Blind Check & V	erified By: _	KEVIN		_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) DATE OF BIRTH 3. DATE OF DEATH 4 SEX Mitchell LaShannette Devonne 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF OF INFORMANT San Diego Dale M. Thomas, Fiance 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 3636 Lemona Ave. #C Anderson-Ragsdale Mort .: 5050 Federal Mrvd. -IF APPLICABLE San Diego, CA 92105 SanDDiego, CA 92002 FD1329 BA. SIGNATURE OF APPLICANT-Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed dispersion stated becomes using of the dispersions; and occurred by ACANOMI EDGMENT OF APPLICANT Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI 9A. AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SHOWN OF THE PAID THE PROPERTY FOR THE DESPONDENCE PROPERTY OF THE PROPERTY FOR THE DESPONDENCE PROPERTY OF THE PAID THE PROPERTY FOR THE DESPONDENCE PROPERTY FOR THE PROPERTY FOR THE DESPONDENCE PROPERTY FOR THE PROPERTY F PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7.00 bellean MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. OCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records: P.O. Box 85222 ON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTONBMENT) E. TEMPORARY ENVAULTMENT I DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA Nt. Hope Cemetery; 3751 Market St. 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 158. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CHEMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

0	there H.	
101	William H.	IN
NW.	MILLYDES	

MT. HOPE CEMETERY

TERMENT ORDER

City of San Ologo		- 17 -1	
	Date	3-12-0	
of super	2000		

You are hereby sufficient and instruction	ed, subject to your rules and regulations, to inter the remains
	RMANN - CANTU
in a ASH VAUL	Fulletar date, little 1 1/1 11
Church, Chapel Graveside	: Merkley - Mitchell Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	ı. <u>×</u>
Lot 2 Grave 12 Row	Section Division/Block 3
Grave space & Care Fund	Tre-new 0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Buria' Container	1 0 55.00
Herdling Fees	(17, 0) .60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	Y+13
Drie Ordanovski	Total Due
Drus 155-0417	Paid receipt number R-53476 269. 13
	Balance due
I hereby certify I am the SIS	ter of the above named decedent
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent
any liability on account of said authoriza	zation and I agree to hold Mt. Hope Cemetery harmless from tion and interment. CHRISTENE (ChRIS) Boczanows
Montre Tack	Vhist Barra
I hereby authorize the interment in lot I hold under deed.	5626 BRIDGEPORT CIRCLE
	ADDRESS ON CASE
Signature of recorded holder of deed	LIVERMORE, CA 94550
	H= (925) 455-0412
	Work= (925) 606-3292 (3-21-01)
Figore	Invoice #
Work Order # E16263	Acct. #
PSA-104 (7-96) This in.	formation is available in alternative formats upon request.

@ Printed on respected paper

There are many DIEVENDORFF family grave sites! Need family to clarify which one sh Interment. The following family graves are:

1) DIEVENDORFF, EMMA J.
2) DIEVENDORFF, FRANCES JOSEPHINE — Moun
3) DIEVENDORFF, FRANK
4) DIEVENDORFF, GRACE
5) DIEVENDORFF, HENRIETTA
6) DIEVENDORFF, HENRY
7) DIEVENDORFF, HORTON
8) DIEVENDORFF, MARION DAVIS
9) DIEVENDORFF, MEROA C.
10) DIEVENDORFF, WILLIAM ALBERT
11) DIEVENDORFF, WILLIAM H. - Dad Spu Chais B
3-21-01
9:00 am

Div. 3, Sec. 1, Lot 21 --
Div. 3, Sec. 1, Lot 21, Gr. 13

Div. 3, Sec. 1, Lot 21, Gr. 11

Div. 3, Sec. 1, Lot 21, Gr. 9

Div. 3, Sec. 1, Lot 21, --
Div. 3, Sec. 1, Lot 21, --
Div. 3, Sec. 1, Lot 21, Gr. C-1/3

Div. 3, Sec. 1, Lot 21, Gr. 10

Div. 3, Sec. 1, Lot 21, --
Div. 3, Sec. 1, Lot 21, --
Div. 3, Sec. 1, Lot 21, --
Div. 3, Sec. 2, Lot 21

Div. 3, Sec. 1, Lot 21, (Gr. 12

March 14, 2001

Mount Hope Cemetery 3751 Market Street San Diego, CA 92101 ATTN: Sue

Sue:

Please find my check (#3222) in the amount of \$269.13 to cover the expenses for my sister, Molly Haltermann-Cantu's services on Friday, April 20, 2001, there at our family (Dievendorff) burial site.

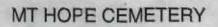
If for any reason you need to contact me, I can be reached at (925) 455-0412. My address is 5625 Bridgeport Circle, Livermore, CA 94550. You may also contact our other sister, Frances Vigus at (925) 961-0214. Her address is 535 Murdell Lane, Livermore, CA 9455.

Thank you for your assistance in this matter.

Chis Borgarowski

Sincerely,

Chris Boczanowski (Sister to Molly)

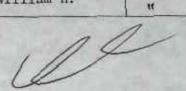


GRAVE BLIND CHECK FO	PRM
Write in the name of the deceased for which the block marked with "X". Place the name's, lot # existing marker's in the appropriate space(s) the burial space. Note:	and grave # of all at are adjacent to
LOTTIE EMMA 14 13 17 HALTELMANN FRANCES WILLIAM FRANK	WAR ALBAY AFRAY MARION GRACE
Interment space for: Molly Haltermann- Interment Date: Fri April 20 Time:	11:00 am
Lot: 21 Grave: 12 Row: - Sect: Grave Laid out by:	Div:
Agrees with Legal Card: Yes No	*Degen
Agrees with Map: Yes No	
Blind Check & Verified By:	Date:

-	

SAN DI

GR.	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMA
1	DIEVENDORFF, Emma C.	Dievendorff, Mrs. M.C. Gale, J. W.	(deed) \$27.00	12-15-1903		Title #10
2	DIEVENDORFF, Henry	"		9-15-1876		
3_	DIEVENDORFF, Meroa C.	•		5-20-1939		
4_	DIEVENDORFF, Wm. Albert DIEVENDORFF, Baby Henris	etta		4- 5-1875 12-30-1876		
-5-	DIEVENDORFF, Emma J.	*		6-10-1874		
-6_	DIEVENDORFF, Lottie M.	*		1920		
7_	DEWELL, Jennie (Mrs.M.J.	•)		9- 6-1904		
8	DIEVENDORFF, Horton	•		9-20-1937		
9	DIEVENDORFF, Grace	и		6/19/1956	B-597	
10	DIEVENDORFF, MARION M	Dievendorff, Mrs.M.C. Gale, J. W.	(beeā)	05-05-98	E-14316	Title #10
11	DIEVENDORFF, Frank	"		7/13/1962	8-8710	
(12)	E-16263 DIEVENDORFF, William H.	"		1/27/1984	E-4145	



TAYLOR SYSTEM OF CEMETERY RECORDING

	LOT 21 Gr. 1 thru 12 DECEASED	OWNER	
R.	DECENSES.	O TOTAL S	4
1	DIEVENDORFF, Emma C.	Dievendorff, Mrs. M. Gale, J. W.	.0.
2	DIEVENDORFF, Henry	· ·	
3	DIEVENDORFF, Meroa C.	m ·	
4	DIEVENDORFF, Wm. Albert DIEVENDORFF, Baby Henri		
5_	DIEVENDORFF, Emma J.	n	
6_	DIEVENDORFF, Lottie M.	THE STATE OF THE S	
7	DEWELL, Jennie (Mrs.M.J	.)	
8	DIEVENDORFF, Horton	· ·	
9	DIEVENDORFF, Grace	,	
10	DIEVENDORFF, MARION N	Dievendorff, Mrs.M. Gale, J. W.	С.
11	DIEVENDORFF, Frank		
(12)	E-16263 DIEVENDORFF, William H.		

1

TAYLOR SYST

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(57)

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

IA. NAME OF DECEDE MOLLY	NT—FIRST (GIVEN)	18. MIDDLE ANN	IC. LAST (FAM	RMANN-CANTU	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY YEAR MONTH DAY YEAR 03/05/2001 F
SA. CITY OF DEATH	ORLANDO	WRIE TO	58. COUNTY OF ENTER STAT	DEATH-OUTSIDE CALIF.	0. NAME, RELATIONSHIP, FULL MAKING ADDRESS AND ZIP CODE OF INFORMANT NEVANUEL A. CANTU - HUSBAND
· MERKLEY-N		A-FUNERAL DIRECTOR OR PER RTUARY, 3655 FI			1071 SUMMER LAKES DROVE ORLANDO, FL 32835 8A. SIGNATURE OF APPLICANTS - SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby a Section 10:	chrawledge as applicant that the propos 376 of the Health and Safety Gode, and wa	ed disposition stated herein is no is authorized persuant to Section 7	e of the dispositions authorized by 100 of the Health and Safety Gods.	1/11/01/15/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROPRIED OF THE DISPOSITION SPECIAL OF MENT OF DESPOSAL OUTSIDE OF CALLED	FIED \$7.00	98. DATE PERMI 04/16/2 V.I.MITO	001 2106809
ANY CHANGE IN DISPOSI-	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF L	DEATH— 9		OF DISTRICT OF DISPOSITION— UR IN AMOTHER DISTRICT IN CALIFORNIA
PERMIT TO SHOW FINAL DISPOSITION.		-		P.O. BOX 85222	2, SAN DIEGO, CA 92186-5222
THORIZED DISPO	OSITION(S) CHECK AF	PLICABLE ITEMS			FOR CORONER'S USE ONLY
D SCIENTIFIC US	11A NAME AND AL MOUNT HOP	DORESS OF CALIFORNIA CEN E CEMEVERY, 375 , CA 92102	METERY	ALIFORNIA OUTSIDE OF CALIFORNIA	D (Name and Address) D (11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	IORESS OF CALIFORNIA CRI	EMATORY	128. SATE CREMA	TED 12C. SIGNATURE OF PERSON IN PHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AC	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMA	INS 13B, DATE RECE	IVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
8CATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O NTIFY FINAL PLACE AND CA			15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE

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

8 CHAIRS

REA-104 (7-96)

MT. HOPE CEMETERY

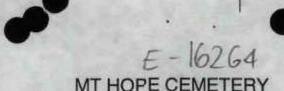
INTERMENT ORDER

City of San Diego

Date 03-12-2001

of	ZUZANNA	MATSON					
ina L	INER		late, time _	FRI.	MAR.	16	100
Church, Chap	Type of Burint Container el, Graveside <u></u>	DELIVERY ONLY)	_ : FE	ATHI	NGILL		Mortuary.
All Funeral ca	rs must arrive be	fore 3:30 p.m. of regular	work day o	r an ext	ra charge	e of \$ _	
will be applied	and billed to un	dersigned		15/14			
20							h
101 30	_ Grave	Row S	ection		Division/E	Block _	10
Grave space	& Care Fund	1/14-	ned	V - 5	3848		4
Additional spa	aces and care fur	d					7
Opening/Clos	ing & Setup	PAID					5.00
Burial Contain	ner	· AIP					0,00
Handling Fee:	s	IAR 1 3 2001			***********************	14	5.00
	- Marker setting	fee					
Recording and	d filing leeCITY	HOPE CEMETARY OF SAN DIEGO, C.				· · · · · · · · · · · · · · · · · ·	5.00
Sales taxes		- STAT DIEBO, C				19	20
			31242	Due	THE RESERVE OF THE PARTY OF THE	16	4.35
		Paid receipt nu	mber_R	- 5.	1458		09.5
	V	Car		Ba	alance du	e	0
I hereby certif		ke disposition of remain	ne se show				decedent
that I have the	e right to make th	s authorization and I agr authorization and interm	ree to hold !				
arry machinity of	account of said	×	11	- ut	11	-	
I hereby autho hold under de	orize the intermer	t in lot I Sign	Hure IIII	my	un	_	
nois ander de	00.	X	4768	CI		NP.	
Signature of records	d holder of dead	City	SAN	P.×	O C	4 92	2116
		X	G19	28	3-2	773	
NORMAN	MATSON	1000	No. West Co.				
		11777	roice #		-	-	-
Work Order #	E1626	4 Ac	ct. #				
REA-104 (7-96)		This information is as	vailable in a	ilternati	ve forma	ts upon	request.

O Prouged an projected paper



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.

MARKER OF GRAVE

			oben		1	
35 REKERT	ECKERT	37 Feber T	38 X	301	ope N	41
			GENTLE	5		
	963				19.75	

			1 7		
Interment s	pace for:	Zuzanna	a M	atson	0
Interment D	ate: Fri. M	Mar. 16 T	ime: Dela	Tray Only (
Lot: 38	Grave:	Row:	Sect:	Div:	
Grave Laid	out by:				-8
Agrees with	Legal Card:	☐ Yes ☐	J No	they on crave	1
Agrees with	Map: 🗆 Ye	es 🗆 t	No.		
Blind Check	k & Verified B	Зу:	356	Date:	

	DECEASED	OWNER	DATE & A/	BL	
37	ECKERT, Therese	ECKERT, Wilhelm & Therese	1/18/1967	185.00	1/2
38		MATSON, Zuzanna	5/17/1975	180.00	
39		te M.TSCHAWUSHIAN, Brigitte M.	1/21/1976	200.00	11/8,
40		COFFMAN, Noranna	5/31/1979	230.00	(30))
41	Hill, Arthulie	HILL, Arthulie	5/13/1975	180.00	04/2
42	DAVIS, Mervin Ray	DAVIS, Ray Hugo	2/27/1975	180.00	9/2
43	DAVIS, Ray Hugo	DAVIS, Ray H.	6/16/1975	180.00	10/2
44	Davis, Dorothy Hazel	DAVIS, Ray H.	6/16/1975	180.00	6/8/
45		ADAMS, Elizabeth	6/4/1979	230.00	
46	Pate, Dallas C.	PATE, Dallas & Thelma	9/9/1975	200.00	03/0
47	PATE, THELMA C.	PATE, Dellas & Thelma	10/1/1975	200.00	01
48		McDANIEL, Harry L.	5/11/1973	165.00	•

TAYLOR SYSTEM OF CEMETERY RECORDING

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE	BLACK INK ONLY-MAKE	E NO ERASURES,	WHITEOUTS OR O	HER ALTERATIONS	
A NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)	atson	2. DATE OF BIRTH 3. DATE OF DEA MONTH DAY, YEAR MONTH DAY, Y 03/07/1924 03/12/200	EAR
San Diego	BEG B		SB COUNTY OF DEA	ATH-OUTSIDE CAUF.,	6. NAME RELATIONSHIP, FULL MAILING ADDRESS AN OF INFORMANT NOTATION COffman, daughter	
TAL TYPED NAME AND AL	11 Mortuary	6322 E1 Cajon B1	vd.	ALIF LICENSE NUMBER IF APPLICABLE	3847 35th St. San Diego, CA 92104	
ACKNOWLEDGMENT OF A	t hereby acts	nowledge as applicant that the proposed disp is of the Health and Spilet Code, and was author	osition stated herein is one of	the dispusitions authorized by	BA. SIGNATURE OF APPLICANT—Person taking permit. BB. **Discussion** OS. OS. OS. OS. OS. OS. OS. O	B/15/201
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW PINAL	SIGNS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT. NOTE: THE PERMIT GIVES NO	RNIA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED BERT OF DEPOSAL OUTSIDE OF CALFORNIA. RISTRAR OF DISTRICT OF DEATH	\$7.00	03/16/200 C.Maggar	The second second	SUING PERMIT
10. AUTHORIZED DISPI	OSITION(S) CHECK APP LIDES ENTOMBMENT) OF CREMATED REMAI EMETERY		E. TEMPORARY EN		FOR CORONER'S USE O	
BURIAL	Mc. Hope Co	mess of california cemeter emetery t St., Ean Diego,		3-15-0		F BURIAL
CREMATION	12A, NAME AND ADD	HESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	ED 12C, SIGNATURE OF PERSON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND ADD	PRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE C	F FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C, ADDRESS AND SIGNATURE OF PERSO OF PLACING WITH THE CARRIER	N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDEN	EST POINT ON SHORELINE, OR OT TIFFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	CHARGE OF DISPOSITION OF	ENSE NUMBER CREMATED RE- INS DISPOSER F APPLICABLE

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



Prestant rust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date March 16, 2001

of	PRE-NEED LOT	& TRUSTS	for:	Denise & Virgil	Culverson
in a ASH	VAULTS Type of Burnel Contamer	Funera	l, date, tir	ne	
Church, Chap	el, Graveside		- 0		Mortuary.
	rs must arrive before and billed to undersi		ular work	day or an extra charge of	1\$
Lot_3626	Grave	Row _	Section	- Division/Bloo	ck 10
Grave space	& Care Fund				995.00
	aces and care fund	emain buri		4	420.00
Burial Contain		h Vaults x	4		220.00
Handling Fee:					
Flower vases Recording and	ATTACHMENT OF THE PARTY OF THE			& (1) Trion	The State of the S
Sales taxes					16.52
Aib	9-19-03	Paid receipt	number	Total Due	2.243.40 - 566.40
- VIL		- 12000 396380 60	. 11.11.11.11.11.11.11.11.11.11.11.11.11	Balance due	1,677.00
and this is vo	y I am the <u>Self</u> ur authority to make on a right to make this authorized aut	disposition of ren	nains as a agree to t erment	of the above na above indicated I certify hold Mt. Hope Cemetery Denise M. Culve	and represent
I hereby autho hold under de	orize the interment in ed.			Box 600024	t80-
Signature of records	d holder of deed		City	Diego, CA 921 285-9093/ (619	Zip Code
Work Order #	E16265		Invoice #		

CULVERSON, DENISE M.(&) CULVERSON, VIRGIL, III P. O. BOX 600024, San Diego, C	A 92160 (619	when the same of the same and	-16265 584 - 2492
03-16-01 Opened Pre-Need Lot & Trust. Trust Includes:	DEBIT	CREDIT	BALANCE
03-16-01 Opened Pre-Need Lot & Trust. Trust Includes: (4) Cremain Burials: (0/Closing x 4; Ash	2,243.40		2, 246, 40
Vaults x 4; Taxes x 4; Handling Fee x 4; and	-1-1-1-1-0		
Recording Fee x 4; Marker Setting Fee (12 x 24);			
and (1) Trion Vase.) TRUE 1076 54	100		
C LOT 3626, DIV 10)	11/10	F (1 10	. (7 7 60
03-16-01 Downpayment Receipt # R-53465		5 66.40	1, 67 7.00
04-13-01 Compon #1 R-53577 Balan	Land	-100.00	1,577.00
05-14-01 Coupon #2 R- 53685 39		-100,00	1.477.00
6-4-01 #3 R-53777 #4		107 00	1370.00
7-13-01 PAID maker titling the a trion was		171,88	1188.12
8-2-01 R-33979 #51		108.12	1090,00
8/31-01 R-54087		12000	970.00
11-15-01 R-54341 Compon #7		-70.00	900.00
18-24-01 R-54466 Cospon#8+9		-140.00	760,00
2.1-02 R-54602 Carponst 10		- 7000	60-00
2-26-02 R- 51885		70.00	60.00
3-6-02 R-54721 12		70.00	550.00
3-13-02 R- 54750 13		70.00	480.00
5-29-02 8- 55033		400,00	80.00
9-19-02 R- 35427		90,00	10-
CULVERSON, DENISE & VIRGIL III PRE-NEED	LOT & TRUST	يند و برورا	

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54685

MOUNT HOPE CEMETERY (619) 527-3400

From Denier Eulouser	Address: On Ru	and/		02
In party Payment of	to tol hud us	Dollars	s 70.00)
Lot 3626 Grave	RowSe	ection	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	of Lots 2718	84	
W.O. F- 16262	FEB 2 6 2002	Glosing 7711 Burlal 10 Containers 7711	00 82 00	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.		00 83 33 70	00
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY & MUNICIPAL STATES	TOTAL PAID	\$ 70	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

Seventy Payment of	Address: On Rec	nd		70.00)
Lot 3626 Grave	Row Se	ection		Division -Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Deliber	Recording & Misc, Fees Pre-Need Trust Sales Tax	100 77183 — 63033 9022 — 60101 78390 —	70	00

CITY OF SAN DIEGO, CALIFORNIA

54758

MOUNT HOPE CEMETERY (619) 527-3400

From: Denier Culverson tru Lunber Exp In past Payment of	Address: On Recon	d	18 480.0	<u> </u>
Lot 3626 Grave	Row Si	ection	Division Block	10
Invoice No	NOTVALIDEOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pra-Need Trust Salles Tax	87007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 9022 10101	00
AC-212 (Rev. 5-94)	ISSUED BY J MANNELL	TOTAL PAID	1 70	00

- E-16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for: CULVERSON FAMILY

Lot 3626

Div 10

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

April-01 70.00 1,607.00

1,577.00

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

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for: CULVERSON FAMILY

Lot 3626 Div 10

Payment NO. 2
Payment Due Date May-01
Payment Amount Due 70.00
Balance Due 1,537.00

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

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for: CULVERSON FAMILY

Lot 3626 Div 10

Payment NO.

Payment Due Date
Payment Amount Due 107. 20.00

Balance Due
PAID 1,370.00

JUN n 5 ZUUT

Mail Payment to:
Mt. Hope Center CEMETARY
3751 Marker 5tSAN DIEGO C.
San Diego CA 92102

. 1 E-16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for: CULVERSON FAMILY

Lot 3626 Div 10

Payment NO. 4
Payment Due Date July-01
Payment Amount Due 70.00
Balance Due 1,397.00

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

· , E-16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO. 5
Payment Due Date August-01
Payment Amount Due /08.12-70.00
Balance Due 1,327.00

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

16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO, CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO. Payment Due Date September-01 Payment Amount Due 120,00 70.00 **Balance Due**

San Diego CA 92102

6 1 257 00

Mail Payment to: Mt. Hope Cemetery 3751 Market St.

€-16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO, CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Previous Bal: 970.00

Payment NO. Payment Due Date Payment Amount Due Balance Due

October-01 70.00 1.187.00 900,00

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

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

November-01 70.00 1,117.00

-830.00

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

NOV 2001

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO, CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO. Payment Due Date December-01 Payment Amount Due Balance Due

70.00 <1.047.00

7600

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

Dec 2001

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

January-02 70.00 977.00

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

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO. 11
Payment Due Date February-02
Payment Amount Due 70.00
Balance Due 690.00 907.00
- 70.00 Feb 02
2/25/02 620.00 baf

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

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

12 March-02 70.00 837.00

550,00

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

- 70 03/02 E-16265

Mt. Hope Cemetery Prepayment Plan Record

DENISE & VIRGIL CULVERSON III P. O. BOX 600024 SAN DIEGO,CA 92160 (619) 285-9093 / 584-2492 E-16265

Preneed for:

Lot 3626

Div 10

Payment NO.
Payment Due Date
Payment Amount Due
Balance Due

13 April-02 70.00 -767.00

480.00

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 550 04/102 - 70 Arr 102 480 Pre-rud that trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-13-01

	eject to your rules and regulations, to inter the remains
ina F	uneral, date, time
Type of Burial Container Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.m. of will be applied and billed to undersigned.	of regular work day or an extra charge of \$
Lot 123 Grave 11 Row	7000
Grave space & Care Fund	115.00
Additional spaces and care fund	375 750.00
Opening/Closing & Setup	315 750.00
Burial Container	380.00
Handling Fees	0
Flower vases - Marker setting fee	
Recording and filing fee APR 0 9	Proft5.00 90.00
	40.50
MT. HOPE	CEMETARY N DIEGO, CI-Total Due 2013, 50 511.00
CITY OF SA	eceipt number N 511.40
	Balance due 1532.50
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization ar	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	136 Fuclie Aue
Signature of recorded holder of dived	(%19) 266-1276 to cone Telephone 264-0488
F16966	Invoice #
Work Order # E 16266	Acct. #

LYONS, W.	ILLIAM & SANDRA 126 E	uclid Avenue, San	Diego 9211	4 61 DEB	Charles III	76 CREDIT	В	ALANCE
02 12 01	Opened Pre-need lot	and trust						
03=13=01	Lot 123 Grave II, Se				795.00			795.00
	Trust includes 2 ope		ouble depth	-	18 8 5 C			2043.50
	crypt, 2 recording f			1	MADIS		1 1	-1111
	NEED TO PAY HANDLING	REE- DOUBLE DEL	TH CRYPT	150				
03-13-01	WAS ALREADY THERE.			60	0	511.	.00	1532.50
05-04-01	Coupon #1	R-536 50				-64	oc	1,468.50
06-05-01	Coupon 2	R-53781				-64	00	1,404.50
7-11-01	3	R-53904	287				00	1340.50
8-09-01	Coupon 4	R-54017	V0 4	_		-64.	00	1276.50
9-12-01	Coupm 5	R-54125	6 X	1		-64.	00	1212.50
10-3-01	R 2 31189	Couper # 6	(down	200		641	00	1118,50
11-14-01	R-54332	coupon #7	PAH			-1041	00	1084.50
12-15-01	R- 54454	Coupont 9	3			. 64.	00	1020 50
1-8-03	R- 54686.	19	APR 0 4 20	13		64.	00	956,50
2 02	R-54652	10				641	00	892.50
3-6-02	R-54726	// N	IT. HOPE CEME	TARY		641	8 U	808.50
4-5-02	R-54834	12 CI	TY OF SAN DIE	30, 0		-101	00	764.50
3-60-02	R-54951	13				-64	(1)	700.50
6-12-03	R- 55099	14				64.6	00	636,50
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN				-				1000

LYONS, WILLIAM & SANDRA

E-16266

Remy to

	DEBIT	CREDIT	BALANCE
7-8-02 R-55191 Coupon #15 8-8-02 R-55297 "16 9-11-02 R-55401 "17 10-7-02 R-55401 "17 10-7-02 R-55605 "18 11-13 R-55605 "19 12-9 03 R-55815 21 2-11 03 R-55911 22 3-11 03 R-56021 22 4-4-03 R-56021 22 4-4-03 R-56021 22		64.00 64.00 64.00 64.00 64.00 64.00 64.00	508.00 508.00 444.00 380.00 380.00 188.00 194.00
Lyons, William . Sandra E-102	266		



From William - Sandra Lyon	Date S Address: 1/20 Sierra Lina	May 4	7-th .20 andido, CA 92	01
Sexty-Four and	re-Need Lot & TRU	Do	illars (\$ 64, %)	<u></u>)
Lot 123 Grave	//	ection 2	Divistor	1/
Acct. No	PAID PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 4	60
BALANCE DUE 1,468,50 Coupon #1	MAY 0 4 2001	Burial Containers Handling Fee Recording &	100 77182 100 77185	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. Pay # 5214)	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 80101 78390	00

(619) 527-3400

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

From William & Sandra Lyons	Date: 124 Euclid Ave	Ste. B. S.	D., CA 92114
Sixty-Four and	Pre-Need tota Tru	Dollar	s (\$ 64.00)
Lot 123 Grave	// Row Se	ection 2	Division //
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	of Lots 771	64 00
W.O	JUN n 5 2001 MT. HOPE CEMETARY	Burial 1 Containers 773 Handling Fee 771	00 82 00 85
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☑ AC-212 (Rev. 5-94)	CITY OF SAN DIEGO, CA	Pre-Need 630 Trust 90 Sales Tax 801 783 TOTAL PAID	03 22 01



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

From Williams Address: 1120 Siena dinte de decentilo 9202 In part Payment of Pur had but a trust Payment of Purhad but a trust							
Lot 123 Grave	11	Row	Section	n 3		Division Block	11
Invoice No	NOT VALID FOR PURI "PAID" IN THIS SPACE	POSE STATED UNLES E		REDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100	64	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C		thull		Handling Fee Recording & Misc. Fees Pre-Need Trust Seiss Tax	100 77185 — 100 77183 — 63033 — 9022 — 60101 78390 —	64	00



Lot.

Invoice No. Acct. No. _ W.O. _ E BALANCE D

Pre-Need Lot Pre-need Trust AC-212 (Rev. 5-9 WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

			Date: aug.	9th		01
im a Sandea Lyon	U.S Address	s: 126 Euclid	d Ave., S.D.	CA	92114	
ty-Four and				Pollars (\$	64.00	×
Payment of	re- Nee	d Lot &	TRUST			
The same	- Carlo					
3 Grave	11	Row	Section2_		Division /	1
		RPOSESTATED UNLESS STA		67007		1
1	"PAID" IN THIS SPA	FAID	20% Sales Care 80% Sales of Lots	77184 — 100 77184 —	64	80
16266			Opening/ Closing	100		
1 241 50	AU	G UY ZUUI	Burial Containers	77182 —		
1,2160		OPE CEMETARY	Handling Fee	77185 —		-
At Need D On Acet D	CITY	F SAN DIEGO, CA	Recording & Misc. Fees Pre-Need	100 77183 — 63033		+
☐ At Need ☐ On Acct ☐ ☐ Cash ☐ Check	01110	0	Trust Salen Tax	9022 —		
	ISSUED BY	alverso	TOTAL PAID	78390 —	14	00
CK# 5267		/		- 22	61	1

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54125

	Date	9-12-01		, 2	0
In part Payment of	Dollars × 1:00 Pre Need LOT + TRUST	AVE STEB	llars (\$	6400	
Lot 12.3 Grave 1	RowS	ection 2		Division	
Invoice No.	NOT VALID FOR DURPOSE STATED UNLESS STAMPED "PAID" IN THIS SOCIETY	CREDIT 20% Sales Care 80% Sales	67007 77184 —	25	3 00
Acct. No W.O. E - 16266	SEP 1 7 2001	of Lots Opening/ Closing Sumsi Containers	77184 — 100 77181 — 100 77182 —		
BALANCE DUE 1,212.50	MT. HOPE CEMETARY CITY OF SAN DIEGO. C.	Handling Fee Recording & Misc. Fees	100 77185 — 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	in S	Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101	34	00
AC-212 (Rev. 594) 59-55	ISSUED BY Willie Laince	TOTAL PAID	78390 —	64	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54189

From William Lyons In patt Payment of Will	liem Lyons & Sen	lue Ste B In Lyon		921
Lot 123 Grave		ection 3	Division \	1
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	of Lots 771	84	
W.O. E- 16266		Closing 771	00	
BALANCE DUE 1148.50		Hendling Fee 771	00 85	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	-001 111	Pre-Need 630	133	00
AC-212 (Rev. 504)	ISSUED BY JULIANUT	TOTAL PAID	s 6 4	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54332

11- 14

State Jour and	ned lat & Sust f		64.00
Lyons, Williams Sanda	11	ection 2	Division //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burial 100 Containers 77182 - Handling Fee 77185 -	
Pre-Need Lot ♥ At Need □ On Acct □ Pre-need Trust ♥ Cash □ Check ☒		Recording 8 100 10	64 00
AC212 (Rev. 594) 5842	ISSUED BY FAILLE CAWYS	TOTAL PAID \$	64.00



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54454

- William Budga	Puris Address: ON 120	December	18,200)/_
Sixty - 70m -	Address. Lit & NU	Dollars (\$	64.00	2)
Lot 123 Payment of #8	II Row S	Section 2	Division /	11
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening 100 Closing 77181 — Burial 100 Containers 77182 — Handling Fee 77185 — Recording & 100	(04	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	12 124 0 40 100	Misc. Fees 77183 — Pre-Need 50303 Prust 9022 — Sales Tax 60101 78390 — TOTAL PAID \$	64	00

CITY OF SAN DIEGO, CALIFORNIA

54652

From William Lynns In part Payment of	Pre-Need Lit a Trust	me Ste F	3 20 9 R Hars (\$ 64.00	114
Lot 123 Grave _	\\ Rows	ection_ 3	Division \	1
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 83032 9022 60101 78390	00
AC-212 (But 501) 5778	ISSUED BY	TOTAL PAID	\$ 64	00

CITTOR

WHITE _____ TO CUSTOMER CANARY _____ CEMETERY

AUDITOR

PINK ...

CITY OF SAN DIEGO, CALIFORNIA

54686

anout mailled	Addres	e ino.	Peror 1-2	9		, 20	0 2
In Payment of	Pu-Neck	e til	trust	Dolta	ers (\$ 6 4	.00)
Lot 123 Grave	. 11	Row	Section	3	Div Blo	vision	11
Acct. No. W.O. E - 16266 BALANCE DUE 956.50 Pre-Need Lot At Need On Acc	PAID IN THIS SPA	RPOSE STATED UNLESS	20% S 80% S of Lot Open Closi Burial Conta Handl Recor Misc. Pra-N	inters 77 and 77	7007 1184 100 7184 100 7181 100 7182 100 7182 100 7185 100 7185	64	00
Pre-need Trust Cash Check	DE I	10.11	Trust Sales	Tax 80	9022	ı V	00
AC-212 (Rev. 5-94)	ISSUED BYS	0 splenor	TOTAL	PAIO	2	64	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

(619) 527-3400

From: Williams Lyrns States Low In patt Payment of PA	Address: 0 m Date	d	, 20
Invoice No. Acct. No. W.O. F- \b 2 b b BALANCE DUE 828:50 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording \$ 100 Misc, Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60101 78390	Division

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54839

From: William Landre Ly	MO_Address: on heard	- Срг	if	4 ,20	02
Sity- Down	A P I - A I	, 8	oliars (\$	64.00)
Payment of Pu	- need Lot & Srust &	focuert			
Lot 123 / Grave _	11 Row S	ection2		Division Block	11
No. E-16266 W.O. E-16266 BALANCE DUE \$ 764-50 Pre-Need Lot \$ At Need \$ On Acct \$ \$	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 63033 9022 —	(0)	4.00
Pre-need Trust Cash Check CAC-212 (Rev. 5-94)	ISSUED BY	Sales Tax TOTAL PAID	60101 78390 —	64	. 00

MOUNT HOPE CEMETERY

(619) 527-3400

From: William or Sandr	Address:	onk	Date:	5-(0	, 20	02_
Sixty - Four and of Py	re-need	loti	trust	accou	ollars (\$.	(04.00)
Lot 123 Grave	Mgo~# 13	Row_	Ser	ctionZ		Division \	1
Invoice No	NOT VALID FOR PURPO "PAID" IN THIS SPACE.	SESTATEDUNI	ESSSTAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 17185 — 100 77183 — 63633 9022 —	64	00
Pre-need Trust D Cash D Check D AC-212 (Rev. 5-94)	ISSUED BY Pau	lette C		Sales Tex TOTAL PAID	80101 78390 —	64	00

Address: lab End	pate: 6-12 Led ave st	0 2 .20 u B Jan ollars (\$ 64,00	Du
	2	Division	11
now	Section	-Block	"
IDFOR PURPOSESTATED UNLESS ST THIS SPACE	STAMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers	87007 77184	
11111	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 60101	00
	Mult	Misc. Fees Pre-Need Trust Sales Tax	Misc. Fees 77183



TO CUSTOMER CANARY CEMETERY AUDITOR

From: William Typons In part Payment of D	Address: Om Rec	nd	ollars (\$,20	
Lot 123 Grave	RowSe	ection_3	Divi	sion	1)
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 50% Sales of Lots Opening/ Closing Burlet Containers Handling Fee	67007 77184		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Mille	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 ————————————————————————————————————	64	00
6019	ISSUED BY STATIONARY	TOTAL PAID	\$	64	VV

CANARY CEMETERY PINK AUDITOR

From: William Lyons In part Payment of P	Address: 126	could bate:	8-8 100	- 0 2	,20	
Lot 123 Grave	11	RowSec	tion		Division Sleek	11
Acct. No	NOTVALID FOR PURPOSE STA "PAID" IN THIS SPACE.	TED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —		
Pre-Need Lot At Need On Acct Pre-need Trust A Cash Check	1001	M	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 63033 9022 — 60101 78390 —	64	00
AC-212 (Rev. 5-94)	ISSUED BY 3 2000	hillo	TOTAL PAID	1	64	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Sixty - Four		Date:	record	ollars (\$	64.01	
In Part Payment of Pre	Coupon		accol	pr	Division Block	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	NOTVALIDEOR PURPOSE STATE	tedunless stamped	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 63033 63033 70 9098 5	64	, 00 0D

CITY OF SAN DIEGO, CALIFORNIA

Nº 55490

- William or Sandra L	yons Address: Dn record	OCTOBER	7,20	02
Sixty Four and In Part Payment of Dre-	need lots ? trust	account	64.00	
Lot 123 Grave	Now	ectiona	Division	1
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 57007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Copening/ 100 Closing 77181 — Burlal 100 Containers 77182 — 100 Handling Fee 77185 — Recording 5 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Check	PI	Misc. Fees 77183 — Pre-Need 7863033 Trust 78660101 Sales Tax 60101 78390 —	64	00
AC212 (Rev. 554) 6256	ISSUED BY TaujetteC.	TOTAL PAID \$_	64	00

CITY OF SAN DIEGO, CALIFORNIA

55605

From: William Lyons	Address:	On Rec			, 20	
in part Payment of	Pu-nud	t. Int.	rust.	Dollars (\$	64.00	
Lot Grave _		Row	Section		Division Block	
Invoice No	NOT VALID FOR P STAMPED "PAID" I	URPOSES STATED UN N THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 - 100 77184 - 100 77181 - 100 77182 - 100 77185 - 100 77183 -		
Pre-Need Lot ✓ At Need ☐ On Acct ☐ Pre-need Trust ✓ Cash ☐ Check ☐	1	H+ 10	Pre-Need Trust Sales Tax	63033 77186 — 60101 78390 —	ÞΥ	00
AC-212 (Rev. 10-02) This information is available in alternative formats upon reques	ISSUED BY	anomum n	TOTAL PAID	s _	64	00

Fram: William Lyons	Address	on R	Date: 12-	1-04	, 20	-
in patt Payment of	Rus ne	ater by	· truck	Dollars (\$ 64.00	
Lot 123 Grave	11	Row	Section	2	Division \)
Invoice No	NOT VALID FOR F STAMPED "PAID"	PURPOSES STATED UNIN THIS SPACE.	CREDIT 20% Sales C 80% Sales of Lots Opening/ Closing Burial Containers Handling Fer Recording 5	100 77184 100 77181 100 77182 100		
Pre-Need Lot At Need On Acct		11 110	Misc. Fees Pre-Need Trust Sales Tax	77183 - 63033 77186 - 60101	64	00
Pre-need Trust Cash Check S AC 212 (Rev. 10-02) This information is available in atternative formats upon requi		Mull	TOTAL PAID	78390 -	64	00

	Dat	e: gan	9 .20 13
From: William Blyma	Address: 100 Que	lid out	80 92114
in Payment of D	recovered lot of the	Dollars Dollars	(\$ 69.20)
Lot 123 Grave	// Row	Section ~	Division // Block //
HIVOICE NO.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	
Acct. No	PAID	20% Sales Care 77184 80% Sales 100 of Lois 77184	
W.O	JAN (19 2003	Opening 100 Closing 77181 Burial 100	
BALANCE DUE 187,00	MT. HOPE CEMETARY	Containers 77182 100 Handling Fee 77185	
Pre-Need Loly At Need On Acct	CITY OF SAN DIEGO, CA	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186	44 00
Pre-need Trust Cash Check	SSUED BY an Herrel	Sales Tax 60101 78390	104 18
AC-212 (Rev. 10-02) The information is available in alternative formats upon request.		TOTAL PAID \$	64 0

OF	FICIAL RECEIP	T
	A COL	

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55911

113 1 9		NA F. O	Date: Feb.	11	, 20	193
Surty Four dollar	No goollo	d late		Dollars (5 64.6	Ø
Lot 123 Grav	e_ //	Row	Section 2		Block	11
Invoice No	NOT VALID FOR PUI STAMPED "PAID"	7110	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 - 100 77181 - 100		
Pre-Need Lot At Need On Acct	CITYOF	PE CEMETARY SAN DIEGO, CA	Handling Fee	77182 - 100 77185 - 100 77183 - 63033 77186 - 60101	44	a
Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in alternative formats upon on	ISSUED BY TAN	n Helzel	TOTAL PAID	78390 -	64	0

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56021

MOUNT HOPE CEMETERY

	(010) 021 0400	11	. 5
	Date	March 11	205
From: Widyons			92114
Sixty Prus 100/10	N -	Dollars (\$ 64.00
in Payment of	premied lott	tust	
Lot 13 Grave	/// Row	Section 2	Division //
Invoice No. Elledles	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	
Acct. No.	PAID	20% Sales Care 77184 - 80% Sales 100	
W.O	WID 4 4	Opening 100 Closing 77181 -	
BALANCE DUE 60 . CO	MAR 1 1 2003	Burial 100 Containers 77182 -	
	MT. HOPE CEMETARY	Handling Fee 77185 - Recording & 100	
Pre-Need Loty At Need On Acct	CHY OF SAN DIEGO, C	Misc. Fees 77183 - Pre-Need 63033 Trust 77186 -	64 -
Pre-need Trust Cash Check	ISSUED BY the Hetel	Sales Tax 60101 78390 -	
AC-212 (Rev. 10-02) This information is available in alternative formats upon reques		TOTAL PAID S .	(0)

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56104

From: William/Sendra Lyons Address: & Sixty and 10	on record ipr	Dollars (\$ 60.00)	
in full Payment of Paid IN	tull for lot 4 tru	ast account	
Lot 123 Grave 11	Row Section	O Block	
Acct. No	20% Sales Ca 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 100 77181 100 77182 100 77185	
Pre-Need Lot X At Need On Acct CITY OF S	SAN DIEGO, CA Misc. Fees Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 63033 77186 60101 78390 \$ 60.00	



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of	MARINO	Yron	20	7 4	NNA	ALO	りてロ
na .	Type of Bunal Con		Fune	eral, date, t	ime		
Churc	Type of Burial Con th, Chapel, Graveside	lainer					Mortuary.
All Fu	neral cars must arrive	before 3:30	p.m. of re	gular work	day or a	n extra charge	of \$
will be	applied and billed to	undersigned			MARCH CONTRACT		
1						A-1 0	1000
Lot 4	8 Grave	Row		Section	n	Division/B	lock 10
Grave	space & Care Fund						995.00
	onal spaces and care						
	ing/Closing & Setup			-			
	Container						
	Ing Fees						
Flowe	r vases - Marker set	ting fee	************		William Control		
-							
	rding and filing fee						
	rding and filing fee						995 0
					Total F		995,00
					Total F	53488	995,00
Sales	taxes				Total F	ue. S 3 √ 8 8 Balance due	995.00
Sales I here and th		o make dispose this authoriz	Paid rece	ipt number emains as	Total D	Balance due	995.00 249.00 746.00
Sales I here and the	by certify I am the	o make dispore e this authoriza aid authoriza	Paid rece	ipt number emains as	Total E	Balance due of the above of dicated. I certil Hope Cemeter	995.00 249.00 746.00 named decedent ty and represent y harmless from
Sales I here and the that I any lice hold u	by certify I am the his is your authority to have the right to mak ability on account of s	o make dispore e this authoriza aid authoriza	Paid rece	emains as I tagree to nterment.	Total E	Balance due of the above of dicated. I certil Hope Cemeter	995.00 249.00 716.00 named decedent ty and represent y harmless from
Sales I here and the that I any lice I here hold u	by certify I am the lis is your authority to have the right to make ability on account of statement of the list of	o make dispore e this authoriza aid authoriza	Paid rece	emains as I I agree to nterment.	above in hold Mt.	Balance due of the above of dicated. I certil Hope Cemeter	995.00 249.00 746.00 named decedent ty and represent y harmless from

REA-104 (7-96)

This information is available in alternative formats upon request.

ALONZO, MARINO & ANNA 7966 Pala St., San Diego 92114 696	1/2ta 91919	34 7749	E-16267
	DEBIT		BALANCE
3-13-01 Opened pre-need lot. Lot 48.4 Division 10	995.00		995.00
03 -01 Receipt 53488 4-10-01 VISA & months Apr + May		62,00	684,00
4-10-01 NISA à monthe Apr « May 6-14-01 Réceipt 53816 Jame July 8-16-01 Réceipt 54036 Aug « Sept 3-8-00 R-54746 Oct-March 3-703 Haded delinguent notice		62.00	640.00
3-703 Haved delingant votice			
3-14 08 R56040		374-	10
PAID			
MAR 1 4 2003			
MT. HOPE CEMETARY CITY OF SAN DIEGO, C			
ALONZO, MARINO & ANNA ALONZO			



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 13, 2001

JOHN DOE PA# 2001		-		
Type of Bural Container	uneral, date, time	WEDS. M	AR. 14	10:00am
Church, Chapel, Graveside (DELIVERY (ONLY) : AZ	ZTLAN		_Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day	or an extra o	harge of \$	
vill be applied and billed to undersigned				
ot Grave 6 Row	Section	2 Divi	sion/ 队 突恢_	12
Grave space & Care Fund				26.00
Additional spaces and care fund				65.00
Burial Container				
	7.20			
Flower vases - Marker setting fee				
Recording and filing tee			4	5.00
Sales taxes		emmaniem		
	To	otal Due	38	6.00
Paid	eceipt number			
		Balan	ce due	
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization ar	and I agree to hold nd interment. De	ve indicated.	l certify and emetery har Guardi	mless from
hereby authorize the interment in lot I hold under deed.	Signature			
igniture of recorded holder of deed	Address			Zφ Code
	Telephone			2/15
	Invoice #	3453	181	37
Nork Order # E 16268	Acct. #	000 95	52	

E-16268

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

unknown

TOWNS	NT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FAM	MLY)			2. DATE OF BIRTH		OF DEATH 4 SE
JOHN		-		DOE			1	MONTH YEAR	10/22	2/2000 M.
SAN DIE	GO GO			SB. COUNTY OF ENTER STA	TE SAN I		ROMA	RELATIONSHIP, FULL M	PUTY I	
FUNERAL	RA AZTLAN	SAN DIEGO, C		ING AS SUCH	78. CALIF. LIC —IF APPL FD-16!	STATE OF THE PARTY	SAN D	A RUFFIN RD DIEGO, CA 92	123	86 DATE CICAL
ACKNOWLEDGMENT OF AF	STANT I besty a	cknowledge as applicant that the 576 of the Health and Safety Code	t proposed disposition					aury (o	1217	3/14/01
forhold w.Solke-birthing libition	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT MOTE THIS POINT GMES IN BD. ADDRESS OF RE IF CRATE OCCUPY	ED IN ACCORDANCE WORNING HEALTH AND SAF Y FOR THE DISPOSITION O MOST OF REPOSAL OFFICE OF GISTRAR OF DISTRICT D IN CAUFORNIA CA 92186-5	FETY CODE SPECIFIED W CRUFURNA OF DEATH—	\$ 7.00	DE ADDRESS	3 / 1 4 / OF REGISTRAR	2001	DATE OF DISPOSITION—THER DISTRICT IN CALIFOR	RX	STRAR ISSUING PERM
AUTHORIZED DISPO			tiests.	- 1	_	-		FOR COR	ONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA	AINS OTHER		E TEMPORARY F. DISINTERME 3. SHIP IN TO 4. TRANSIT TO	NT CALIFORNIA			L DISPOSITION (Nume and A		REMAINS LOCATED
_ U. SCIENTIFIC US			- total					THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
BURIAL	MIT. HOPE (ORIESS OF CALIFORN TEMETTERY, 37 , CA 92102	A CEMETERY 51 MARKS	et st.	111	DATE BURIE	D 11C	SIGNATURE OF PERS	SON IN OF	HARGE OF BURIAL
	SAN DIEGO,	ODRESS OF CALIFORNI TEXASTERY, 37 , CA 92102 ODRESS OF CALIFORNI				DATE BURIE	-	SIGNATURE OF PERS	- ka	
BURIAL	SAN DIEGO,	, CA 92102	A CREMATORY		121	DATE CREMA	TED 12C	Ka F	SON IN CH	ARGE OF CREMATION
BURIAL CREMATION SCIENTIFIC	12A. NAME AND AD	, CA 92102 DORESS OF CALIFORNI	IA CREMATORY IA FACILITY RE	CEIVING REM	1 121 AINS 1 13	DATE CREMA	TED 12C	SIGNATURE OF PERS	SON IN CH	HARGE OF FACILITY

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

per Jaffrey

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 14, 2001

of	SAMANTHA	DIANNE	CARTER	TUP	5 3	-20
in a	LINER Type of Burni Germager		Funeral, date, tin	ne MON.	MAR.	19-11:00ar
Church, Cha	pel Graveside			S.D.	MEMORI	AL Mortuary
All Funeral co	ars must arrive bef	ore 3:30 p.n	n. of regular work of	lay or an e	xtra charge	of \$ 150.00
will be applie	d and billed to und	ersigned.	x			
Lot 105	_ Grave 4	Row	- Section	2	Division/B	KG6K 12
Grave space	& Care Fund					\$895.00
Additional sp	aces and care fun	DAI	n			
Opening/Clo	sing & Setup	PAI		************		375.00
Burial Contai	inerM	AR 15	2001		**************	190.00
I landling Fee	es					145.00
Flower vases	s - Marker seMTg	HOPE CE	METARY DIEGO, CA			
Recording ar	CITY	OF SAN L	THE CALL CAP			45.00
Sales taxes.				***************************************		14.25
				Total Due	Control of the Contro	1,664.25
		Pai	d receipt number _	R- 5	34 68	1661.5
				1	Balance due	-0
that I have th	our authority to ma	s authorizati	on of remains as a on and I agree to h and interment.	bove indic old Mt. Ho	ated. I certi pe Cemeter	ry harmless from
I hereby auth hold under de	oor ze the intermen eec.	t in lot I	Signature	(Se	e at	tached)
Signature of record	led helder of dood		→ Cey → Telephone			Zigi Coid
Work Order /	E 1626	9	Invoice #_			

Mother Roth Alma Some this guve) MAR EX JOHN ATTHOREGENETARY OFFICE CAN OWNER, OR E-16269

HER MAN THE MEN SENS THE PARTY OF THE PARTY

Par Julian

M MONT CEMETERY €- 16269

INTERMENT ORDER

City of San Diego

name berch 15, 7001

A WARRANT TO	Total Self Offi
Surfa, Chapel, Carrelline	E.S. MINORIAL MINOR
Charges with more active below 2 (4 p.m.)	the state of the same of the s
Fire proceed and billed to bride sign at 1	
S 105 Grave + Pow	
HAVE ADDED & CONS FAIRS	\$293.00
obtiones spaces and care boy	
cating Closing & Setur	
or Consor	
andling Fasy	42.55
uner cares - Marker berring ten	
works and long for	43.02
DELTENES.	1,654.05
244	VINE DIA TON TON TON THE PERSON NAMED IN COLUMN NAMED IN COLUM
	The Color
SENSON PROPERTY OF PERSONS AND ADDRESS OF THE PERSON ADDRESS	The Jans Ca Fores
and the state of t	with Days On Fares
	- Chillippe 3.90 Mm
	ment and
E 16269	Aux #

E-16269

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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

IA. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE DIANNE	IC. LAST (FA	The state of the s	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
SAN DIEGO	-	ar Automotive		F DEATH-OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE CISELLE HUGHES - FRIEND
AN DIEGO,	CA 92104	A PUNERAL DIRECTOR OR P	PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	SAN DIEGO, CA 92106
ACKNOWLEDGMENT OF AP	PLICANT 1 Secrety a Section 10	cknowledge as applicant that the graj 376 of the Health and Safety Code, and	posed disposition stated harein is was authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	I I'M A AND AND AND AND AND AND AND AND AND A
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE DIRECTOR DISPOSITION SPE DIRECTOR DISPOSITION OF CA	CODE ECIFIED	J. JOHN	0100100
3	TTAL RECOR	GISTRAN OF DISTRICT OF DISCAUSONIA BOX 8 CA 12186-5222	15222		AR OF DISTRICT OF DISPOSITION— CCUII M ANOTHER DISTRICT IN CALIFORNIA
AUTHORIZED DISPO	DSITION(S) CHECK A				FOR CORONER'S USE ONLY
B. CREMATION	SE .	AINS OTHER	F. DISINTERM G. SHIP IN TO	Park Carendaria (Carendaria)	20.
BURIAL	MI. HOLE C	EMETERY; 3751 , CA 92102		3-20-01	Morman Fenue
CREMATION	12A NAME AND AL	DDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREM	MATED 12G. SIGNATURE OF PERSON IN/CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REA	MAINS 138. DATE RECE	CEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
. TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		RE 14B. DATE SHIP	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA			ON CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CHEMATED RE- MAINS DISPOSER —IF APPLICABLE

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

E- 16269 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	
mildered Johnson (No Marker)	open	X	Reoth alma Jones	open	
8	9	10	11	12	
open	open	Gabriel	open	Laura Reeder	

Interment Date: Tues 3-20	Time: \\`. 0 0
Lot: 105 Grave: 4 Row: _	Sect:2
Grave Laid out by: NF Vic	
Agrees with Legal Card: 🗗 Yes	□ No
Agrees with Map: Yes	J No
Blind Check & Verified By: Ken	Callins Date: 3/19/

E-16262

HAIRS



INTERMENT ORDER

City of San Diego

Date 3-14-01

ina LINER	Funeral, date, time FRi 3-1	16 11:00
Church, Chapel, Graveside DEL V	ERY ONLY FEATHERINGIL	
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned		
Lot AOY Grave 11 Row	Section _ Q Division/B	lock 12
Grave space & Care Fund	* 1	845.00
Additional spaces and care fund		
Opening/Closing & Setup	PAJD	ACCIDENCE OF THE PROPERTY OF
Burial Container	2.77	
Handling Fees	MAR 15 2001	145.00
	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, C.	45.00
Sales taxes		14.25
	Total Due	1664.75
	Paid receipt number 2-53464	16642
V v	Balance due	-0
hereby certify I am the and this is your authority to make disport that I have the right to make this authorization in a liability on account of said authorization.	of the above risition of remarks as above indicated. I certification and lagree to hold Mt. Hope Cemeter stion and interment.	v and represent
I hereby authorize the interment in lot I hold under deed.	Signature Sleajon Address	send.
Signature of recorded holder of deed	7 3 D. C4. 9 7 619 - 583 - 9511	7 7 Code
	Invoice #	
Work Order # E 16270	Acct. #	

MO

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

You are hereby		Date 3 - 1 y - 0 1
of Eg.	d instructed, subject to your	
ing Lives	RELL your rules a	ind regulations, to inter the remail
Comment of Business of Street, and an address of the comment of th		
Church, Chapes, Graveside Di	Funeral date, time	FR: 3-16 111-5
All Funeral care must arrive har	FRY ONLY FEA	THER 1 1 11:00
, will be applied and billed to unde	re 3.30 p.m. of regular work days	TEVE WORLD Monuary
- Cined to unde	CL: VERY ONLY FEM pre 3:30 p.m. of regular work day or prolighed	an extra charge of s
Lot 404 Grave 11		
Greve space & Core E	section 2	. 12
Additional spaces and care fund Opening/Closing & Setup Bunal Contains	Section 3	- Division/Block 12
Opening The Control of the Control o	Property and the state of the s	895.00
a Setup	The state of the s	Particular Control of the Control of
The state of the s	771100001100000000000000000000000000000	
riandling Fees		180.00
Flower vases - Marker serting s	A A A A A A A A -	110.00
Flower vases - Marker setting fee Recording end filing fee Sales taxes	errange, etc. etc. etc. etc. etc. etc. etc. etc.	TA2.00
Sales faxes	***************************************	Charles and the same of the sa
	Contract to the second	45.00
		14.55
	Paid receipt number	1664.25
I have	number	10
authorization seid authorization	RESECTION OF THE STREET OF THE	elance due
I horeby authorize the interment in lot i	X #	Cametery harmless from
The dead	Alley 1	
gradure of recorded holder of deed	16322 61	uslale
and a deed	> Son Diego	ADN BIND
	Y / / O	A 92115
	Teleprone 2-583-	7511 By Code
F 100-		
rk Order # E 16270	Invoice #	
104 / V. MAIL	Acct. #	
The Inform	ation is available in alternative fol	
	and as technical belief	mats upon request.

€-16270

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			
8 7390	PE LTASON	ope N	50,X //	0 pe N	VLLOA	UNLTR
			opeN			
Interment	space for: .	ERIC	KRELI			
Interment	Date: FR	3-16	т	ime:	,00	
			Row:		<u>2</u> D	iv: <u>\ </u>
Grave Lai	d out by: _	Norn &	Vicen	ITI		0,-
Agrees wi	th Legal Ca	ard: 🗆 Yo	es C	J No	The	Jan
Agrees wi	th Map:	J Yes	91	No		N
Blind Che	ck & Veril	ied By:	Kaun		_ Date:	

€ 16270

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 18. MIDDLE 8378871936 Eric 03/12/2001 Krell. M. SA. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF BEATH-OUTSIDE CALIF. ENTER STATE San Diego OF INFORMANT San Diego Featheringill Mortagy 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 7B. CALIF. LICENSE NUMBER 6322 El Cajon Blvd., S -IF APPLICABLE San Diego, CA 92115 . Featheringill Mortuary 6322 El Cajon Blvd., San Daego, CA 92115 FD 1083 HA. SIGNATURE OF APPLICANT—Feron taking permit, ISB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDE GAL AMOUNT OF FEE PAID SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT 2104799 03/14/2001 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT 7000 C. Maggard LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DITTEDE OF CHLEDRINA. GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA F DISPOSITION IS TO OCCUIT IN ANOTHER DISTRICT IN CALIFORNIA RECKRES A NEW PO BOX 85222, San Diego, CA TO SHOW FINAL DISPOSITION. 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMEMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery, 3751 Market St., BURIAL San Déégo, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 128 DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14R DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER -TRANSIT 158. DATE OF SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-13D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3 -15-01

OF LAWRENCE BAR	WES
ina LINER	Funeral, date, time SAT 3-17 11:00
Church, Chapel (Graveside)	. HUMPHRY Mortuary
All Funeral cars must arrive before 3.60 p.r	m, of regular work day or an extra charge of \$ 150
will be applied and billed to undersigned.	9
Lot 162 Grave 7 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895
Additional spaces and care fund	SAT OVERTIME 600
Opening/Closing & Setup	375
Burial Container	PAID 190
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45°9
Sales taxes	CITY OF SAN DIEGO, CA
Pai	d receipt number R-53466 2264
	Balance due
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization will any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I nold under deed.	JA nows HEHT
Signature of recorded holder of doed	Address 91911
	City 699 656 940 Zep Code
	Invoice #
Nork Order # E 16271	Acct. #

& Printed on revisited paper

REA-104 (7-96)

This information is available in alternative formats upon request-

E- 16271

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(43)

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

1A. NAME OF DECEDE	THE RESERVE OF THE PARTY OF THE	18. MIDDLE HOWARD	IC. LAST (FAMILY) BARNES	3, JR.			DATE OF DEAT	
SA. CITY OF DEATH	San Di	ego	SB. COUNTY OF DEAT ENTER STATE SE	N-outside calif.		RELATIONSHIP, FULL MAIL ORMANT TO A. KITIZE1-Ba		
Humphrey (Mortuary-753 Bros	dway	LIF. LICENSE NUMBER F APPLICABLE 70-964	Chuls		91911	
, WONNOWITE CANAL OF W	no waser I hereby a	chrowledge as applicant that the processed dispos 176 of the Health and Safety Code, and was authors	illuse stated becomes one of the	dispositions authorized by	8A SIGNA	ture of applicant—passo width EKG		B/16/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT	IED W. ADGORDANCE WITH PROVI ORNIA FEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED D HISTO OF DEPONAL OUTSIDE OF CALFORNIA.	\$7.00	03/16/20 J.E. Kii	01	PC SIGNATURE OF LOCA 2104974	L PEGISTRAR ISS	TIMENS PERMIT
ANY CHANGE IN DISPOSI- REQUIRES A NEW TO SHOW FINAL DISPOSITION	VICAT RECES	PUSAUEON 10. Box 852 CA 92186-5222		ORESS OF REGISTRAR DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNI		
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	NER'S USE O	NLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. METERY SE	AINS OTHER	G. SHIP IN TO CALIFO H. TRANSIT TO OUT:	ORNIA	D / 110	(Name and Addr		
BURIAL		Ca 92102	ket Street	3-17-01	109	Vorman La	- use	
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 120	SIGNATURE OF PERSON	N IN/CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	ISB. DATE RECEI	VED 13C	SIGNATURE OF PERSO	N IN CHARGE OF	FACILITY
TRANSIT .		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		148, DATE SHIPP	ED 140	ADDRESS AND SIGNAT OF PLACING WITH THE		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		REST POINT ON SHORELINE, OR OTH INTIFY FINAL PLACE AND CA <u>DISTRIC</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON OF O	INSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE

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



2 YEARS	OLP
3 ' 6"	L
15	W.
14	11

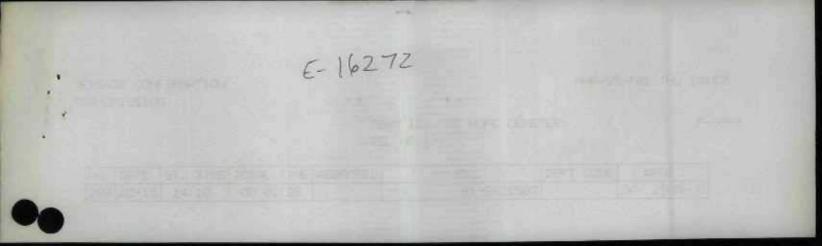
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-01

		E	Date	12		-
You are hereby authorized and instruct		les and	regulation	ons, to in	nter the	remains
in all	Funeral, date, ti	ime T	DE	3-	20	1:0
Church Chapel Graveside			GSD			lortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or	an extra	charge	of \$	SAN-INIO
will be applied and billed to undersigne	d					
Lot 766 Grave Ro	wSection	\	Div	vision /Di	oek	9
Grave space & Care Fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10	0.00
Additional spaces and care fund					13	5.00
Burial Container MAR	1 9 2001					
Flower vases - Marker settin MEHO	PE CEMETARY		***************************************		-	_
Recording and filing fee CITY OF	SAN DIEGO, CA				45	00
Sales taxes						
herby for	Paid receipt number	Total	S34	72	278	0.00
×				nce due		0
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	ization and I agree to	above in hold Mt	ndicated	above n . I certify cemetery	y and re	present
I hereby authorize the interment in lot I hold under deed.	X Signature Address	عود	7 7			
Signature of recorded holder of deed	City	reto	Der			Zip Cade
Work Order # E16272	Invoice #					



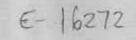
E- 16272

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.

Marie Street, Square and Street,				
	open	Smith	when	W
	lt X			
	OPEN.			
Interment space for:	TYRELL	Quil	LAR	
Interment Date: TVE				
Lot: 766 Grave:	Row:	Sect	: \ [Div: 9
Lot: _ Grave:				
Grave Laid out by:		~		
	m + Ken	~	thy	
Grave Laid out by:	m + Ken □ Yes	○ No		



MY HUME CENTERNY INTERMENT DEDER

TIRELL QUILLAR ATTEMPT TO SECURE OF THE SECURE OF THE PARTY OF THE PARTY

Angelow Comes as per care hard.

The state of the state of

w.a., E16272

E-16272



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	U	SE BLACK INK ONLY-MAK	E NO ERASURES, V	HITEOUTS OR OTH	ER ALTERATIONS FOR	md
A. NAME OF DECEDE Tyrel1	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE TYPEL1 Harcha		Ouillar		MONTH, DAY, YEAR MONTH	E OF DEATH 4 SEX
A CITY OF DEATH	ego		SE COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT ICKIE Quillar, Moth	DORESS AND ZIP CODE
A. TYPED NAME AND A Anderson-I	Ragadale Mo	ort; 5050 Federal ego, CA 92102	ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER 5	157 Naranja St. an Diego, CA 92105	
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed disp 1976 of the Health and Safety Code, and was suffic			Elfu Weller	03/16/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	DED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED IN MEHT OF DEPOSAL OUTSET OF CALFORNIA.	\$7.00	03/19/2001		STRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEATH TO IN CAUFORNIA Ords; P.O. Box 852 an Diego, CA 9218	22		DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
A BURIAL (NICLU	OF CREMATED REM EMETERY SE	AINS OTHER	E TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFF H. TRANSIT TO OUTS	DRNIA	I. DISPOSITION PENDING (Name and Address)	- REMAINS LOCATED A
BURIAL		emetery; 3751 Mark		3-20-01	Norman Ler	allo-
GREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	129 DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	TBA. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	OF CREMATED HE MAINS DISPOSER — W APPLICABLE

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

MT. HOPE CEMETERY

W=	302	INTERMENT ORD	ER	
W-	- 4	A. City of San Diego		
1	= 80	25 Mune	Date_	3-16-01

Vou are hereby sutherized and instructed	subject to your rules and regulations, to inter the remains
Too are necesty authorized and misudoted.	subject to your roles and requiations, to inter the remains

OF SHARONM. DAR	E	
ting BELL LINER	Funeral, date, time Weds. May	ch 21 103
Church Chanel Graveside	: EL Camino-B	en Bankty.
All Funeral cars must arrive before 3:00 p.m	of regular work day or an extra charge	ors 150.00
will be applied and billed to undersigned.		
Lot 5 4 Grave 5 Row	Section GAR Division	Hoek
Grave space & Care Fund	Dur	-0
Additional spaces and care fund		
Opening/Closing & SetupMAR1.9	2001	A STATE OF THE PARTY OF THE PAR
	EMETARY	190,00
Handling FeesOF SAN	DIEGO, CA	145.00
Flower vases - Marker setting fee	Galu. Flower Vase	23.75
Recording and filing fee		45.00
Sales taxes 32 3-20-01 R-53478 32	.25	14.25
		193,00
AID FOR DIFFERENCE Paid F # 6 LINER	receipt number 53471	793,00
4 # 0 muri	Balance du	- Q
I hereby certify I am the SON and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certi	named decedent fy and represent ry harmless from Dave
I hereby authorize the interment in lot I hold under deed.	> AZI Shady LN	
Signature of recorded holder of deed	7619 401-1727	Zip Code
Work Order # E16273	Invoice #	
Work Order # L + U ~ 10	Acct. #	

REA-104 (7-96)

This information is available in alternative formats upon request.

E-16273

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.

		THE PARTY	100	F 313	
				R.B. CHURCH'ILL	V M Churchill
	ろのそれららん	⁵ X ⁵	G. Churchill Hansen	MOODMUKA	MOODNARY
	R	040			
Interment space for: Interment Date: Lot: 5 4 Grave			ime:		iv:
Grave Laid out by:		s C	J No	May	6N
Agrees with Map:	J Yes	01	No	gi	~
Blind Check & Verif	fied By:	l III		_ Date: _	

E 16213

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1/	SHARON	NT-FIRST (GIVEN)	18. MIDDLE MARGARETE	DARE			DATE OF BIRTH		OF DEATH	4. SEX
5/	SAN DIEGO			5B COUNTY OF DEATH ENTER STATE S	AN DIEGO	OF INF	RELATIONSHIP, FULL M DRIMANT I BLAYLOCK		Two water and	IP CODE
7.6	EL CAMINO	MEMORIAL -	FINERAL DIRECTOR OR PERSON BENBOUGH CHAPEL SAN DIEGO, CA 921	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F APPLICABLE	JULI	OX 938 AN, CA 9203 TURE OF APPLICANT—I	-	pent, 88. DAT	E SIGNED
	* ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dis 17th of the Health and Safety Gods, and was auth			► Pa	mette Vale	ter	03/19	/2001
	PERMIT OUTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	03/19/20 P Valent	001	2105101	CAL REG	ISTRAR ISSUM	KS PERMIT
	NY CHANGE PH DISPOSH TION REQUIRES A NEW TO SHOW FINAL ISPOSITION,	VITAL RE	GISTRAR OF DISTRICT OF DEAL O IN CALIFORNIA CORDSPO BOX 85 O, CA 92186-5222	1 # 1			CT OF DISPOSITION— THER DISTRICT IN CALIFO	AIMS		
h	AUTHORIZED DISPI	OSITION(S) CHECK A	PLICABLE ITEMS		1000	-	FOR COR	ONER'S	USE ONL	Y
The same of the same of	B. CREMATION	SE		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		L DISPOSITION (Name and A	ddress)		
(BURIAL		RMETERY, 3751 MAI , CA 92102	ERY ST,	3-31-0	1 116	SIGNATURE OF PER	Z 7	and	URIAL
BLE ITEMS	CREMATION	12A, NAME AND AL	DRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERI	SON IN C	HARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECE	VED 13C.	SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14G.	ADDRESS AND SIGN OF PLAGING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C NTIFY FINAL PLACE AND CA <u>DIST</u>		156. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		150) UCENSE OF CREA MAINS D	AATED RE- DISPOSER

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

MT. HOPE CEMETERY

INTERMENT ORDER

PRE-NEED LOT & TRUST

REA-104 (7-96)

City of San Diego

Date 3-19-01

You are hereby authorized and instructed, of JOSE A DEN	subject to your rules and regulations,	to inter the remains
2 01 - 0 - 01/	Funeral, date, time	
Church, Chapel, Graveside	1	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra cha	rge of \$
will be applied and billed to undersigned.		
rou 193 Grave S How	Section 2 Divisio	nieleck 12
Grave space & Care Fund		845.00
Additional spaces and care fund	married flow wa	3.75
Opening/Closing & Setup	at 375	750.00
Burial Conteiner		380.00
Handling Fees		320.00
Flower vases Marker setting fee		152.00
Recording and filing fee	6X 45	90.00
Sales taxes		38.50
	Total Due	2612.2
Pa	id receipt number V15A	653.0
	Balance	due 1959. 25
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorizat any liability on account of said authorization	ion of remains as above indicated. I c	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	X Significant 1470 TUJEE	
Signature of recorded holder of deed	X LEMAN GROV X Cay 638-9547	2 CA 91945 2 2p Code
E16974	Invoice #	

& Printed on recycled paper

This information is available in alternative formats upon request.

SANCHEZ,	JOSE & DENISE 7470 Tweed St., Lemon Grove 91945	698-9542		
		Debit	Credit	Balance
03-19-01	Opened pre-need lot & trust.			
	Lot 123, Grave 2, Section 2, Division 12 Trust includes 2 opening/closings, double depth	895.00 1568.50		895.00 2463.50
	crypt, handling fee, 2 recording fees, tax on crypt. Also galvanized flower vase and marker setting fee.	23.75		2612.25
03-19-01	Visa Visa	148173	807 653	77 200 1000 1000
4-3-01	R-53526		82.00	Marketing both that had not seen and the
05-04-01	R-53649 Coupon 2		8 - 82.00	1795.25
6-1-01	R- 53762 3 Jun 10		80 82.00	1713.25
7-10-01	R-53897 4 (+nux)		82,00	1631 25
8-7=01	R- 51008 5		88.00	1549. 25
9-11-01	R-54120 6		82.00	1467, 25
10-11-01	R-51223 7		82.00	1385,25
11-15-01	R-54339 8		\$8.00	The second of th
12-14-01	R-54446 9		10,58	1221.25
1-8003	R-54530 10		82.00	VIB91 35
2-0-00	R-54630 COLDON 11		82.00	1050.25
3-602			80	975,25
4-3-03	2 R-54738 Coupm 12 R-54827 13		83.00	893.25
		WER		
	E-16274 SANCHEZ, JOSE & DENISE			

Rent to tout

		Hem to 1	mes.			Samuel Barrier
				DeBit	CRCP: T	BALANCE
						18913, 25
5-16-07	R-54996	Coupon !			82.00 82.00 82.00 82.00	893,25 811,25 236
5-30-00	R-5504H	Coupon #	5		82.00	
1-2-00	13-55184	11 Ko			82 00	64725
8-1-02	R- 55264	" 17	(XN)	1	8200	483 25
10 9 40	N- 55368	# 18	10.		08.00	
10-9-02	R-55502 R-55588	20			88.00	4104.25
12-9-02	R-35715	3)			82.00	231925
1-7-03	R-85796	22			82.00	138 25
2-303	R55878	23			82.00	7325
3-6-03	R- 55986	23	Paid-in-	Full	73.25	8
	2.20					
	E-16274 SANCHEZ	, JOSE & DENISE	5			

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55986

From Jose + Denise &	lanches Address: 0	Pre cord	06,2	0 03
Severty Three	ord Tweely Fine		Dollars (\$ 73.25) L J W Division 12	
Lot 123 G	rave #3 2 Row		Division Block	2.
Invoice No. Acct. No. W.O. <u>E - 16274</u> BALANCE DUE <u>PAID</u>	NOT VALID FOR PURPOSES STAMPED PAID IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bursal Containers Handling Fee Recording &	77184	
Pre-Need Lot X At Need On /	1) 1	Misc. Fees Pre-Need Trust	63033 77186 70	3 a5
Pre-need Trust X Cash Ch AC-212 (Rev. 10-02) 344	O SISSUED BY Kaukett	C. Sales Tax TOTAL PAID		3. 25



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	Da	ite: FCO - 5	
From: Jose Sanchez	Address: 7470 Twe	ed et. L.	G. 91945
Eightytwo dollars	100/100	Dollars	(s 82.00)
in Payment of	Preneed 1 ot 4	trust	
Lot 1)3 Grave	2 Row	Section 2	Block 12
Invoice No. E 16274	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	n
Acct. No.	PAID	20% Sales Care 77184 80% Sales 100	
w.o	1 7.10	of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 73.25	FEB 0 3 2003	Burisi 100 Containers 77182	
Charles Bull to the Bull	MT. HOPE CEMETARY	Handling Fee 77185 - Recording & 100	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGO, CA	Misc. Fees 77183 Pre-Need 63033 Trust 77186	82 00
Pre-need Trust Cash Check	ISSUED BY PAN HORE	Sales Tax 60101 78390	
AC-212 (Flex. 10-02) This information is available in alternative formats upon reques		TOTAL PAID S	80 00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Joe Jundey	Address: _	7470 tu	Dat	It de	mon	Grove \$87.00	9194
in Payment of	Pre- Ned	- Pow_	× T	Section 2	Johans (Division \	٦)
Acct, No. W.O. E-1627Y BALANCE DUE \SS. 25	NOT VALID FOR PUR STAMPED "PAID" IN		UNLESS	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers	67007 77184 - 100 77184 - 100 77181 - 100 77182 - 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		111 11		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 - 100 77183 - 63033 77186 - 60101	82	00
AC:212 (Rev. 10-02) 3375	ISSUED BY	Shehill	5	TOTAL PAID	78390	85	00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Jee Jandey	Address		Date: 12	- 7 - 0 .	, 20	
in Payment of	Pri ne	ed Edt Row	- trust Section_	Dollars	S S 2 · O C Division Block	12
Pre-need Trust Cash Check	STAMPED "PAID"	PURPOSES STATED U	NLESS CREDIT 20% Sal 80% Sal of Lots Opening Closing Burial Contains Handling Recordin Misc. Fe Pre-Nee Trust Sales Ta	es 100 77184 100 77181 100 88 77182 100 1Fee 77185 100 es 77185 100 63033 77186	82	00
AC-212 (Rev. 10-02) This information is available in alternative formats upon reque	ISSUED BY 🔌	2012-10001	TOTAL P	AID \$	89	01

CITY OF SAN DIEGO, CALIFORNIA

Nº 55588

From: Joseph January Two In Payment of P	Address: On Rico	Dollars (\$	82.00	
Lot 123 Grave	3 Row S	ectiona	Division 13	_
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67907 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Containers 77185 — Recording & 77185 Recording & 100 Misc. Fees 77183 Pre-Need 59333 Trust 7718 — 6622	82 01	
Pre-need Trust A Cash Check AC-212 (Rev. 5-94)	ISSUED BY J MECHELLA	Seles Tex 60101 78390 — TOTAL PAID \$	8200	0

Nº 55502

dura u Carabas	Date:		0100	, 20	02
Erom Ose M. Sanchez Eighty - Two and In Part Payment of Pre	00		2000 a 14 -	32,00)
Coupon # 19	2	ection 2		Division Block	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Operaing/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77185		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Recording & Misc. Fees Pre-Need Trust 77186	100 77183 ————————————————————————————————————	82	00
AC-212 (Rev. 5-94) 3340	ISSUED BY Taulette .	TOTAL PAID	78390	82	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

- Close M Sanche	7	nn ra	Date:	9-4	, 20	02
Eighty - Two and	e-need	lot/t	vust aec	Dollars (\$ -	82.00	一点
Lot 23 Grave	2	Row	Section	2	Division Block	2
Invoice No.	NOT VALID FOR PURPO "PAID" IN THIS SPACE.	DSESTATED UNLESS S	80% Sale	e 100		
Acct. No. E - 16274			of Lots Opening Closing Burial	100		
BALANCE DUE \$ 546.25			Contains Handling Recording	Fee 77185		
Pre-Need Lot At Need On Acct			Misc. Fe Pre-Nee Trust	77183 — 771863033	82	00
Pre-need Trust Gash Check GAC-212 (Rev. 5-94)	ISSUED BY RU	eletto C.	Sales Ta	78390	82	00

CANARY

PINK

From Jose M. Sanch	NEZ Address	on rea	ord	8/1	, 20	02
Eighty - TWO In Part Payment of PV	e-need		ist AC	Cau	82.00 nt	
Lot 123 Grave	2	RowS	ectiona		Division	2
Pre-Need Lot At Need On Acct Pre-need Trust & Cash Check	"PAID" IN THIS SPACE.	ESTATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Crosing Buriel Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 83033 9022 — 80101	82	00
40.012 /B-1 500	ISSUED BY 1 QU	uette C.	TOTAL PAID	78390	82.	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Jose M. Sanchez Eighty - Two an In part Payment of Pr	60	record Arust, Coup		2,00 2
Lot 133 Grave	Row	Section CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	Bloc	sion 2
Pre-Need Lot X At Need On Acct Pre-need Trust X Cash Check X AC-212 (Rev. 5-94)	ISSUED BY Paulette (Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 60101 78390	82 00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Fram Jose M. Sanches	Address:	on	Date:	May)	02
Eighty-Two and	00 -	-1 2 1	1 000	Dollar	rs (\$ 82,01)
Payment of Pre	-need 1	of ? Tru	St ucci	ount		
Lot 123 Grave	2	Row	Section	2	Division Block	12
Invoice No	NOT VALID FOR PURPOSE "PAID" IN THIS SPACE.	ESTATED UNLESS STA	20% Sale		184	-
Acct. No E - 16274			80% Sale of Lots Opening Closing	771	100	
\$ 492 1K			Burial Contain	ers 771	100	
BALANCE DUE 114. 45			Handling Recording Misc. Fe	g Fee 771	185	
Pre-Need Lot At Need On Acct			Pre-Nee Trust	d 630 90	133 8	2 00
Pre-need Trust 🔼 Cash 🗆 Check 🛱 AC-212 (Rev. 5-94) 329	ISSUED BY BULL	ette	Sales To	783		2 00

AC-212 (Rev. 5-94)

TOTAL PAID



WHITE _____ TO CUSTOMER CANARY CEMETERY
PINK AUDITOR

From free lunches	P	Addre	Address: 7470 Tweed It Genon Grove 9 - Nech It a trust Dollars (\$ 22.00)						
Lot 123	Grave	3	Row—	Se	ction 3		Division Block	12	
Invoice No. Acct. No. W.O. E 16274 BALANCE DUE 811.25		NOTVALID FOR F	PURPOSE STATED UNLES	SSTAMPED	CREDIT 20% Seles Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 83033	8 2	00	
Pre-need Trust D Cash D Ch	Acct D	ISSUED BY	Milulda	n_	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	85	00	

54738

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Jose & Denise Jan	raha Address: Mrecord	march	6 , 20	02
Eighty- Jus -	mood of ne & larget	parount	ars (\$ 82,00)
Sinchen Jase/De	mise Coupor # 12	2	Division	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 8 20% Sales Care 7 90% Sales of Lots 7 Opening/ Closing 7 Burial	77007 77184 100 77184 100 77181 100 77181 100 77182	30
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Paralord	Recording & Misc. Fees 7 Pre-Need 6 Trust Sales Tax 6	77185 100 77183 33033 9022 0101 8380	00
AC-212 (Rev. 5-94) 325	ISSUED BY COUNTY OF	TOTAL PAID	. 82	. 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54630

From: Jose Sauchery Eighty - Jus S In Part Payment of Pre	and 00 and 20 E-med Lat & J.	Date: Telm record Dollar Just Occaun	91 00	_)
Lot	NOT VALID FOR PURPOSE STATED UNLESS STATED IN THIS SPACE.	20% Sales Cere 775 90% Sales 1 of Lots 771 Opening/ 1 Closing 771	84 000 84 100 81 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check PAC-212 (Rev. 5-94)	ISSUED BY Paulette Crawy	Handling Fee 771 Recording & 1 Misc. Fees 771 Pre-Need 630	100 183 323 822 101	

CITY OF SAN DIEGO, CALIFORNIA

54530

From: Jose Janchez	Address: On Record	1-7	, 20	03
in plats Two Payment of	hant - til hud - uf	Dollars (\$	82.00)
Lot 123 Grave _	2 Row Se	oction a	Division Block	12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burlal 100 Containers 77182 — Handling Fee 77185 — Recording & 100 Miss. Fees 77183 — Pre-Need 63033	8 &	00
Pre-need Trust Cash ☐ Check R AC-212 (Rev. 5-94) 3230	ISSUED BY J Whilliam	Trust 9022 — Sales Tax 60101 78390 — TOTAL PAID \$	85	00

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From: Josephy Two January In Payment of	Rre-Ned It a true	It Sen	, 20 on Grave 9 on Grave 9	1945
Lot 123 Grave	3 Rows	ection 3	Division	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	
Acct. No		80% Sales of Lots Opening/	77184 	
W.O. F 1691		Closing Burial Containers	77181 ——————————————————————————————————	
BALANCE DUE 1241.25		Handling Fee Recording &	77185 100	-
Pre-Need Lot At Need On Acct		Misc. Fees Pre-Need Trust	63033 83	00
Pre-need Trust Cash Check	111.10	Sales Tax	60101	66
AC-212 (Rev. 5-94) 322 6	ISSUED BY	TOTAL PAID	: 85	00

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

		Text-No2	Date: 11-15		, 20	01
From Jose Danche	Address	0.n	Record			
- out players	1	-		ollars (\$	82,00)
in farth Payment of	bu a goli	mer prid	t in tall.	Ben	In the	tou
Lot 123 Grav	/e 3	Row	Section3		Division Block	12
Acct. No.	NOTVALID FOR PUI	RPOSE STATED UNLESS S CE	TAMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 100 77184		
WO. E - 16274			Closing Burtal Containers	77181	10	00
BALANCE DUE 1303125			Handling Fee	100 77185 —	13	00
			Recording & Misc. Fees	100 77183 —	43	00
Pre-Need Lot At Need On Ac	ct 🗆		Pre-Need Trust	63033	13	25
Pre-need Trust Cash Check	P	-1111 04	Sales Tax	60101 78390		175
AC212 (Rev 594) 32 11	ISSUED BY	Mehry	TOTAL PAID		85	00

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

	- box banks.	Date On Re	10 - 10	, 20	01
	In part payment of 8	u- New 2st - truel	Dolla	ars (\$ 82.00)
part	Lot Grave	y tee + god fl	ection_	Division Block	
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 7: 80% Sales of Lots 7: Opening/ Closing 7: Burial Container® 7:	7007 7184 100 1184 100 7181 100 7181 100 7182	
P	Pre-Need Lot At Need On Acct	111 100	Recording & Misc. Fees 77 Pre-Need 60 Trust 5	7185 100 7183 8 2 9033 9022	00
	AC-212 (Rev. 5-94) Cash Check Check Ac-212 (Rev. 5-94)	ISSUED BY J Whilling	TOTAL PAID	\$ 82	00

OFFICIAL RECEIPT



WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	ROTIQUA

CITY OF SAN DIEGO, CALIFORNIA

From Jose M. Sanchan	Date: 1470 Tweed	9/11/20 Street	01	, 20)
A	no 4/100 Thed Thust for Jose+ De	. (han (\$	8200	
Lot 123 Grave	RowSe	ection Z		Division	2
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE A I D	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —		
W.O. E-16274 BALANCE DUE \$ 1467.25	SEP 1 U 2001	Opening/ Closing Burial Containers	100 17181 — 100 77182 — 100		
Pre-Need Lot □ At Need □ On Acct □	MT. HOPE CEMETARY CITY OF SAN DIEGO	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 9022 —	82	00
Pre-need Trust Cash Check AC-212 (Row. 5-94)	ISSUED BY Sillie Prince	Sales Tax TOTAL PAID	60101 78390 —	82	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

- Nandeachea	Address:	7170 Two	Date:	30 mon (بمصو	91	945
In Payment of	Ru Nul	* t.t.	Trust		ollars (\$.	89.00)
Lot 133 Grave	a	Row	Sec	tion 3		Division I	12
Pre-Need Lot At Need On Acct Pre-need Trust At Cash Check	NOT VALID FOR PURP "PAID" IN THIS SPACE	OSE STATED UNLESS	who collected	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77164—100 77184—100 77181—100 77182—100 77185—100 77185—100 77185—63033—9022—60101 78390—	19	00
AC-212 (Rev. 5-94) 3 135	ISSUED BY 3 3	million		TOTAL PAID		82	00



Pre-Ne Pre-nee AC-212

WHITE TO	CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

From José + Denise Sanch	Date: 1470 Tweed	ST., Lemon 6	rove, CA 91945
EIGHTY - TWO . A	8-Need LOT of TRUST	Dollars	s (\$ 82. XXX)
Lot 123 Grave	2 Rows	ection 2	Division /2
Acct. No. E-16.274	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 6700 20% Sales Care 7716 80% Sales 10 of Lots 7716 Opening/ 10 Closing 7718	82 00
W.O	JUL 1 0 2001	Buriel 16 Containers 7718 Handling Fee 7718 Recording & 16	
Pre-Need Lot	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc, Fees 7718 Pre-Need 6303 Trust 900 Sales Tax 6010 7836	33

(619) 527-3400



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

Date: Dollars (\$ 82.00 Payment of Division 123 Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Care 00 80% Sales 100 Acct. No. of Lote 77184 Opening/ Closing 77181 Burisi 100 Containers 77182 **BALANCE DUE** 100 Handling Fee 77185 Recording & Misc. Fees 77183 At Need On Acct, Pre-Need 63033 Pre-Need Lot 902 Trust Pre-need Trust Cash Check Sales Tax 60101 78390 00 TOTAL PAID AC-212 (Rev. 5-94)



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

	(619) 527-3400 Date:	May 4	th	, 20	01
Eighty-Two and	2 Address: 7470 Tweed S NO/180 Le-Need-Lot & TRUS	D	ollars (\$	82. es	<u>~</u>)
Lot 123 Grave	2 Row Se	ection 2		Division /	2
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 — 100 77184 —	82	00
W.O. E-16274 BALANCE DUE 1,795, 25 Coupen #2	MAY 0 4 2001 MT. HOPE CEMETARY	Closing Burlal Containers Handling Fee Recording & Misc. Fees	77181 — 100 77182 — 100 77185 — 100 77183 —		
Pre-Need Lot	CITY OF SAN DIEGO, Cr	Pre-Need Trust Seles Tax	63033 9022 — 60101 78390 —	82	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

- Now Sanchen	7470 Tuy of Date	t Seman	Com	, 20	01
In part Payment of	re- Nech Sit a trust	Do	ollars (\$	89.00)
Lot 143 Grave	Rows	oction 3		Division (12
Invoice No. Acct. No. W.O. E - 16279 BALANCE DUE 1877, 25 Pre-Need Lot At Need On Acct.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 29% Sales Care 80% Sales of Lote Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100	63	00
Pre-need Trust Cash Check AT	ISSUED BY Allella	Sales Tax TOTAL PAID	60101 78390 —	8 9	00

INTERMENT ORDER

City of San Diego

Date March 19, 2001

You are hereby authorized and instructor Katherine L.	ted, subject to your rules and ru CRONK	egulations, to inter t	he remains
ina Liner	Funeral, date, time Th	wes March	22 11:00a
Church, Chape Graveside	: Fea	athering[1]	_Mortuary
All Funeral cars must arrive before 3:8	p.m. of regular work day or a	n extra charge of \$	150.00
will be applied and billed to undersigned	ed X JKW		
Lot 404 Grave Ro	w Section	Division Stock	10_
Grave space & Care Fund	- Mary D-38 10 : 1	2-1494	-
Additional spaces and care fund			~
Opening/Closing & Setup	GIAG	=	2
Burial Container	FAIR		2
Handling Fees	MAR 1 9 2001		-
Flower vases - Marker setting fee	11AK 13 200.	······· <u> </u>	<u> </u>
Recording and filing fee	MT. HOPE CEMETAR	<u> </u>	<u>A</u>
Sales taxes	CITY OF SAN DIEGO,		\
	Total D	- Need	
	Paid receipt number 170	-	7
77	OUTEO	Balance due	5
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorany liability on account of said authorization.	osition of remains as above inc rization and I agree to hold Mt.	of the above name dicated. I certify and hope Cemetery har LTh K. L	t represent
I hereby authorize the interment in lot I hold under deed.	S X Quality	BRADL	ey AVE
Signature of recorded holder of deed	8 → E1 (2 → (419) 49	78-1901	9203/ Exp Code:
	Invoice #		
Work Order # E 16275	Acct. #		-

REA-104 (7:96)

This information is available in alternative formats upon request.

E 16275

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.

the buria	space.	Note:	2nd Dow	Buria ole De	pth -	LINER
	Addre Perter	403 Anna B Murphy	404 X	405 Eulalee C Lee no marky	406 Alice Hubbard	
Interment	Date: Thu	ue Marc	422.	rime:	1:00 a	m
		<i>Norm +</i> ard: □ Ye		J No	Fla	n Grave
3	th Map:	Yes	1/	No	_ Date: _	grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

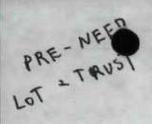


USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2 DATE OF BIRT	TH 3. DATE OF DEAT	
Katherine		Louise	Cronk		08/18/19	13 03/17/200	î P
SA. CITY OF DEATH			58 COUNTY OF DEATH	-OUTSIDE CALIF.	B. NAME. RELATIONSHIP, FU	ILL MAILING ADDRESS AND	O ZIP CODE
San Diego			San Die			atters, daugh	ter
Feathering	ill Mortua	A-FUNERAL DIRECTOR OR PERSON BY 6322 E1 Cajon B	lvd.	APPLICABLE	450 E.Bradley	y Ave. #14,	
San Diego,			1		BA SIGNATURE OF APPLICA	MT—Person tuting permit, 88. F	DATE SIGNED
ACKNOWLEDGMENT OF A	PLICANT I hereby a Section 10	clouwledge as applicant that the proposed dispo 376 of the Health and Safety Code and was author	sition stated herein is one of the road pursuant to Section 7100 of the	disputitions sufficiently by Paratte and Safety Code.	mas Suide	16 103	119/2001
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND 18 THE AUTHORIT IN THES PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE BY FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF FEE PA	03/18/20			WING PERMIT
LOCAL REGISTRAR		D HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA. EGISTRAR OF DISTRICT OF DEATH	\$7.00	C.Maggare	OF DISTRICT OF DISPOSITIO	044	
TION REQUIRES A NEW TO SHOW FINAL	IF DEATH OCCURRE		I IF D		I IN ANOTHER DISTRICT IN C		
10. AUTHORIZED DISPO	THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	100-3111		for (CORONER'S USE OF	NLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		TION PENDING REMAINS and Address)	LOCATED AT
BURIAL	My. Hope	ODRESS OF CALIFORNIA CEMETER Cemetery 3751 Mark , CA 92102	et ST.	3-22-01	11C. SIGNATURE OF	F Land	BURIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CREMATO	ORY	128 DATE CREMATI	ED 12C SIGNATURE OF	PERSON IN CHARGE OF	CREMATION
SCIENTIFIC USE	19A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C SIGNATURE OF	PERSON IN CHARGE OF	FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		SIGNATURE OF PERSON THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT NTIFY FINAL PLACE AND CA DISTRI		15B DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DI	SPOSITION OF C	NSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE

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





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-19-01

AL Mortuary
rge of \$
go or o
n/Bleek 13
795.00
375.00
190.00
145.00
45.00
14.25
1364.3
1564.25
due
ve named decedent
ertify and represent stery harmless from
Žip Cuse

PRE-NEED LOT TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-19-01

ns BELL LINER	Funeral, date, time	
Church, Chapel, Graveside	CA BURIAL Mortuary	
All Funeral care must arrive before 3:30	p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	·	
or 126 Grave 11 April 10	3 13	
	Section 3 Division/Black 13	
	195.00	
A STATE OF THE PARTY OF THE PAR	37500	
Opening/Glosing & Setup	PAID 375.00	
Juna Comminer	APR 30 2001 190.00	
Necording and filing rea	MT. HOPE CENTERO, C+ 45.00	
	14.25	
	Total Due \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
¢	Paid receipt number 53621 1564,25	
Y	Balance due	
hereby certify I am the	of the above named decedent	
hat I have the right to make this authorize my liability on account of said authorizati	ortion of remains as above indicated. I certify and represent tation and l/agree to hold Mt. Hope Certiflery narmless from	
$^{\sim}$	X Dant Bu- V -	
hdreby authorize the interment in lot I cold under deed.	TRON FICE ON	luc
Ma Whith	CATON CO CA S	2015
द्विताबीम्यात वर्ग स्वयत्त्वतेषय स्थितंबर वर्ग वेकल्त	Var (618) 284-3279500	
	Nacrona)	
	Invoice #	
Vork Order # E 16276		

INTERMENT ORDER

Pin 18050

REA-104 (7-96)

City of San Diego

Date March 19, 2001

V	
You are hereby authorized and instruct	ed, subject to your rules and regulations, to inter the remains
of GUBYLE	Johnson
ina Liner	Funeral date, time Fix March 23 11:00
Church, Chapel, Graveside	: CA BURIAL Mortuary
All Funeral cars must arrive before 3:5	p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigne	d. XXIII.
Lot 120 Grave 8 49 Ro	w Section 2 Division/Black 12
Grave space & Care Fund	395 x(2 Lots) 1,790.°
Additional spaces and care fund	
Opening/Closing & Setup	375.°°
Burial Container Sell	LINPAID 190.00
Handling Fees	145.
Flower vases - Marker setting fee	MAR 2 1 2001
Recording and filing fee	
Sales taxes	CITY OF SAN DIEGO, CA 14.25
1.	Total Due
Dealized at	Paid receipt number 53484 2, 559,2
Mary 20	Balance due
that I have the right to make this author any liability on account of said authoriz	ization of remains as above indicated. I centify and represent
I hereby authorize the interment in lot ! hold under ds and	Topolis S Vareneas
	Address Di Address SI
Signature of recorded holder at dead	-> San Diego, CA. 92114 -> (619) 262-5688
Work Order # E16277	Invoice #

O Printed on Special paper

This information is available in alternative formats upon request.

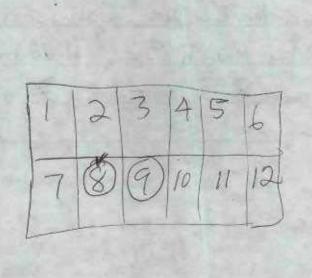
C 16277

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.

		(NO Marker)				
	12.0	7	8	9		
		Pearlie Foster (No Morker)	X	open	N. S.	
	132	Edmond Bradley	Martha Lewis			
Interment	space for: .	MR. QU	ayle	John	nson	
Interment	Date: Fre	. Marc	423 T	ime:	:00am	
Lot: 120	2 Grave	8	Row:	_ Sect: _	2 Di	v: 12
Grave Laio	i out by: _	1	-	=	4	>
Agrees wit	th Legal Ca	ard: 🗆 Ye	s C	J No	(F)	ag
Agrees wit	h Map:		1 ON	0		peave
Blind Chec	k & Verif	ied By: 4	avey	tanke	Date:	55.01



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(82)

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

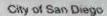
A NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST OF		SACRETA DAY YEAR MONTH DAY YEAR			4. SEX		
SAN DIEGO			SB. COUNTY C	F DEATH-OUTSIDE CALIF.	S. NAME, RELATIONSHIP,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT			
A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON. CALIFORNIA CREMATION & BURIAL CHAPEL. 5880 EL CAJON BLVD., SAN DIEGO, CA \$21		OR PERSON ACTING AS SUCH		2729 K STREE SAN DIEGO, O BA SIGNATURE OF APPLI	E SIGNED				
ACKNOWLEDGMENT OF AP			proposed disposition stated herein is and was sufficiently personnel to Section		▶ (Kundte (Bennord	03/2	20/200	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WI GRNIA HEALTH AND SAF TY FOR THE DISPOSITION DINGRET OF DEPOSAL OUTSIDE O	SPECIFIED	98. DATE PERMI 03/20/20 J. BENYAR	01		STRAR ISSUIN	G PERMIT	
	VITAL RECE	CA 92186-52	85222	BE. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSE				
IO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOF	CORONER'S	USE ONLY	e	
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	E	ADNS OTHER		Contract of the Contract of th		of Person In C	HARGE OF BL	URIAL	
BURIAL	MT. HOPE O	CA 92102	MARKET STREET	3-23-0	1 - Sun	F. In	vm		
CREMATION	12A NAME AND A	ODRESS OF CALIFORN	IA CREMATORY	126, DATE CREMA	TED 12C. SIGNATURE C	OF PERSON IN O	ARGE OF CRI	EMATION	
SCIENTIFIC USE	1SA, NAME AND AD	DDRESS OF CALIFORNI	A FACILITY RECEIVING REA	MANS 138. DATE RECE	IVED 13C, SIGNATURE (OF PERSON IN C	HARGE OF FA	CILITY	
* TRANSIT		DRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHEN	IE 148. DATE SHIPF		D SIGNATURE OF WITH THE CARR		CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION D CA <u>DISTRICT</u> OF DISPOSITI		15C. SIGNATURE (CHARGE OF	OF PERSON IN DISPOSITION	150. LICENSE OF CREM MARIS D —IF APPI	NATED RE-	

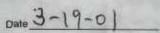
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



(8)	OFFICIAL RECEIPT	WHITET	O CUSTOMER ./	AT-NEED PURCH		ened 1	408	
	600	CANARY	PERMITTEN !	OUNT HOPE CE	13.00 (Section 1)	news	Mulleth	L
À			0 12/100 W	. (619) 527-340	0	1120		00
		1 11	Altr	- Canada Caralla	ite:	100	, 20	09
	From:	Collian	UNIS Address:	2729	- 'K	Street.	SD CA	92102
		Seven,	-and 54	TO a		Dollars (\$ _	7.54)
	in	_ Payment of	falv. ins	ext tox Que	1 1	nson		
*	Div 12	Sec	2	Blk/ Row	2100	(2)		
	+ 1/	777 Sec	-	now t	LOTTE	Grav	-	
(Sto	Invoice No.	, , ,	MARKET STATE OF THE STATE OF TH	RPOSES STATED UNLESS				0
	Acct. No		STAMPED "PAID" IN	HIS APPL	CREDIT 20% Sales Care	67007 77184		
	W.O			LL	80% Sales of Lots	77184		
	BALANCE DUE	5		JAN 2 0 2009	Opening/ Closing	77181		-
	BALANCE DOL				2000 APR	100 77182		
			MINI	HOPE CEMETE	ENT Comments	100	-	
	Money Or		MOON	1110	- CONTRACTOR OF AN	77185 100		7 00
4		Mici	-	1 +- 0	Misc. Fees Sates Tax	77183		20
	Check	ADDOTES	QISSUED BY	whethe C.		78390	-7	611
	AC-212A (11-05) This information is available in light	The state of the s			TOTAL PAID	8	- 1	124
	00	8119	98					

INTERMENT ORDER





You are hereby authorized and instructed,	subject to your rules and regu	ulations, to inter the remains
OF JOHN DOE	84 300011141) ME 00-36
ina Double Depth	_ Funeral, date, time We	1 3-21 110
Church, Chapel, Graveside	the play who ye	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an e	xtra charge of \$
will be applied and pilled to undersigned.		
Lot 5 Grave 1 T Row	Section	Division/ Diock 13
Grave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	126.00
Additional spaces and care fund		
Opening/Closing & Setup	Control of the Contro	11000
Burial Container	64,	50.00
Handling Fees		www.minimus
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
0 . 4 0	Total Due	386.00
D. Pa	ild receipt number	
Hew.		Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization liability on account of said authorization.	tion of remains as above indic- tion and I agree to hold Mt. Ho	the above named decedent ated. I certify and represent pe Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of dolar	City	Zip Code
	Telephone	1-201
	Invoice # 345	5496 3/200
Work Order # E16278	Acct. # 000	952
Service Control of the Control of th	Wagner and State of the State o	Variable service in the service servic

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

UNK. AGE

	US	SE BLACK INK ONLY-	-MAKE NO ERASURES, W	HITEOUTS OR O'	THER ALTERATIONS FOUND,	
JOHN	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
SA CITY OF DEATH JULIL	AN		SE COUNTY OF DEATH ENTER STATE SE	SB. COUNTY OF DEATH—OUTSIDE CAUF. ENTER STATE SAN DIEGO OF INFORMANT ROMA STROMACH—DEPUTY		
		A FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 7B. CAI	F APPLICABLE	5201-A RUFFIN RD. SAN DIEGO, CA 92123	
ACKNOWLEDGMENT OF A	t hereby a	cknowledge as applicant that the prop	cood disposition stated herein is are of the was authorized pursuent to Section 7100 of th	dequestions authorized by is Health and Safety Code.	BALSIGNATURE OF APPLICANT—Person taking primit, 8B. DATE SIGNED	
PERMIT O 3 13 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL ROOSTOON.	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. MUET THE PERMIT GIVES IN 90. ADDRESS OF RE IF DEATH OCCURRE VITTAL REX	JED IN ACCORDANCE WITH I CORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE ID RIGHT OF DISPOSITION SPE ID IN CAUFORNA DROSS P.O. BOX DROSS P.O. BOX CA 92186-522	CODE CIFIED \$ 7.00 DEATH— 9E AD 85222	NANCY LOS 03/16 DRESS OF REGISTRAR	TISBUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 7 2001 Decry R. Bereure OF DISTRICT OF DISPOSITION— UNIT IN ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION	TIA NAME AND AL	DORESS OF CALIFORNIA C		DRINIA	D 11C SIGNATURE OF PERSONAN CHARGE OF BURIAL	
OREMATION		DOMESS OF CALIFORNIA C	REMATORY	12B DATE CHEMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C BIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREATED REMAINS DISPOSER OF APPLICABLE	

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





INTERMENT ORDER

City of San Diego

Date March 20, 2001

a	thorized and instructed	GRah	ole		
ina Lin	er	Funeral, date, to	ime FRi	3-23	1,00
	(Butal Container raveside		Berge.	Roberts	Mortuary.
	ust arrive before 3:90 p			W. The second	1 - 0 00
	billed to undersigned.	.,			
Los 1244 Gr			3	Division Block	8
Grave space & Car	re Fund Tre	- Need L	01 (-	3937_	0
Additional spaces a	and care fund			······································	775 60
	Setup				515,00
Burial Container	Bell Line				190.00
Harwing Fees	PA	D			145,00
Flower vases - Ma	rker setting fas				1
Recording and filin	g fee MAR 2 n	2001			45,00
Sales taxes			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	14,25
	MT. HOPE C	DIEGO C	Total Due		169.20
	CITY OF SAIN	DIEGO, Cr aid receipt number	W- 23	1849	767. 4
	VA			alance due	-0
that I have the right	n the thority to make dispose to make this authorization of said authorization.	ation and I agree to	above indicat hold Mt. Hope	ne above name ed. I certify an e Cemetery ha	d represent
I hereby authorize t hold under deed.	the interment in lot I	→X Sejnature			
Signature of recorded heider	of deed	Address Stry	tto (rement	Žip Code
Work Order # E	16279	Invoice #			

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date March 20, 2001

NAR-20- 01 TUE 14:18 ID:NT HOPE CENETERY

or GRace	GRable
Liner_	Funeral, date, time MARCH 232001 00
nurch, Chapel Cravelide	Berge-Roberts Monuary
ill Funeral cars must arrive before 3:	on of regular work day or an extra charge of s 150,00
0.	ow _ section 3 Division 8 e - Need Lot C-3937 Q
rave space & Gare Fund T. Y.	
	270 00
	3/5,00
urtal Container 5ell L1	ner 190,∞
andling Fees	1950
ower vases - Marker setting foe	months and the second s
ecording and filing (ee	
	14 25
ales taxes	14.20
ales taxes	Total Due 769.25
alės taxes	7/9 25
ales laxes	Paid receipt number
Y >	Paid receipt number
nereby certify I am the Andrew display to make display to make display to make this author the right to make this author.	Paid receipt number Betance due Betance due GHTER of the above named decedent position of remains as above indicated, i certify and represent prization and i agree to hold Mt. Hope Cematery harmless from
tereby certify I am the FIG. I have the right to make dispart I have the right to make this author it have the right to make this author it is a bullity on account of and author tereby authorize the interment in lot	Paid receipt number Betance due Of the above named decedent position of remains as above indicated, i certify and represent prization and I agree to hold Mt. Hope Cematery harmless from ization and interment. Part 3 BETTY G. TRIPP
tereby certify I am the FIG. I have the right to make dispart I have the right to make this author it have the right to make this author it is a bullity on account of and author tereby authorize the interment in lot	Paid receipt number Belance due GHTER of the above named decodent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cernatery harmless from ization and interment. Prince 2 BETTY G TRIPP Authority A PLACE Authority A
tereby certify I am the ACI and this is your authority to make this authority in all the second of said authority inability on account of said authority in authority authorize the interment in lost and under dead.	Paid receipt number Belance due GHTER of the above named decodent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cernatery harmless from izellion and interment. Proof. 2 BETTY GTEIPP Append A MIMIKA PLACE Authorized.
hereby certify I am the APC and this is your authority to make this author have the right to make this author hy liability on account of said author hereby authorize the interment in lost old under dead.	Paid receipt number Belance due GHTER of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Certify and represent prization and Interment. Property BETTY GTEIPP Authority BETTY GTEIPP Aut

TEL NO:

#306 P01

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.

		100				
RODRIGUS	HON DIKNES	1243 GRABLE	χ υν	1245 STOVER	JEHK:NS	1247 LEAMAP
			OPEN			
					rable	2
	Date: FR			12.1	3 D	8
	d out by:	/	/ _	Secti	3 0	v:
Agrees wi	ith Legal (Card:	Yes [J No	* July o	~
	ith Map: [101	-	3.0	
		1	Vericy!	Franker	Date:	3-22-0
E-	162'	79				

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS FOUND 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 05/30/1905 03/19/2001 MAYE GRABLE GRACE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF.. B. MAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE SAN DIEGO BETTY TRIPP - DAUGHTER SAN DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 2841 MIMIKA PLACE -IF APPLICABLE BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY SAN DIEGO, CA 92111 BLVD, NATIONAL CITY, CA 91950 FD-284 BA. SIGNATURE OF APPLICANT—Firster taking paint, 8B. DATE SIGNED. hereby acknowledge as displicant that the proposed disposition stated herein is one of the dispositions authorized by 03/21/2001 ACKNOWLEDGMENT OF APPLICANT Partett vale to Section 201376 of the Health and Safety Code, and was authorized purbount to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 2105407 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THEIR DESIGNAT P Valentine LOCAL REGISTRAR NOTE: THIS PERMIT CINES NO RESIT OF DISPOSAL OUTSIDE OF CALIFORNIA 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE VITAL RECORDS ... PO BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW UT TO SHOW FINAL SPOSITION SAN DIEGO, CA 92186-5222 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 111C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED MT HOPE CEMETERY, 3751 MARKET ST, BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 128. DATE CREMATED CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY. SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE HAIMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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



INTERMENT ORDER

Det 34

City of San Diego

Date_ 3 ~ | 9 ~ 0 |

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains 260 11141 ME 00-313
ina DOUBLE DEPTH	Funeral, date, time WED 3-31 11:00
Type of Burnal Container Church, Chapel, Graveside	AZTLAN Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 6 3 Grave Row	Section 3 Division/Black 17
Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	\P\\ 165.00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Durial Container	***************************************
Handling Fees	30
Flower vases - Marker setting fee	-17.63
Recording and filing fee	45.00
Sales taxes	
Ag	Total Due
). Paid	receipt number
Beny	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Cay Ze Code
	Telephone
	Invoice # 345495 3/22/0
Work Order # E1 6280	Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

UNK, AGE

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

JOHN	NT-FIRST (GIVEN)	1B. MIDDLE	SALE OF	IC. LAST (FA	MILY)		1	DATE OF BIRTH		OF DEATH	4. SEX
SA. CITY OF DEATH SAN DIEGO			SR. COUNTY OF DEATH—OUTSIDE CALIF.,			6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROMA STRONACH-DEPUTY PUBLIC GUARS			IP CODE		
7A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACCURATE AZILLAN SAN DIEGO, CA 9210			A CONTRACTOR OF THE PARTY OF TH		SAN SAN		01-A RUFFIN RD. N DIEGO, CA 92123 SIGNATURE OF APPLICANT—PRIOR TAINING DETRIN, SB. DATE SIGNED				
ACKNOWLEDGMENT OF A			ant that the proposed dispos Salirly Code, and was authors				1	anou (mol3	03/	2200
PERMIT -00361 AUTHORIZATION OF	THIS PERMIT IS ISSE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT GIVES N	TY FOR THE DISP	POSITION SPECIFIED	\$ 7.00	NAN	CY LOP		C SIGNATURE OF LO	CAE REGIS		IG PERMIT
TION REQUIRES A NEW TO SHOW PHAL SPOSITION	9D. ADDRESS OF REVITAL REA	BUNGS P.	b. BOX 8522					CT OF DISPOSITION— HER DISTRICT IN CALIFO	RHIA		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEM	6					FOR COR	ONER'S	USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	BE	DDRESS OF CA	LIFORNIA CEMETER , 3751 MARI		CALIFORNIA O OUTSIDE OF CA	ATE BURIED	116.	SIGNATURE OF PER		ARGE OF B	AIRIAL ME
CREMATION	12A. NAME AND A	ODRESS OF CA	LIFORNIA CREMATO	яч	129. DA	TE CREMATED	12C.	SIGNATURE OF PER	SON IN CHA	ARGE OF CR	EMATION
SCIENTIFIC	1224(1)111111111111111111111111111111111			MAINS 138, DA	TE RECEIVE	VEO 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY			ACILITY		
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE 14B. DA	ATE SHIPPED	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			SHORELINE, OR OTH ACE AND CA <u>DISTRIC</u>			ATE OF SPOSITION	15C.	SIGNATURE OF PER CHARGE OF DISPOS		MAINS I	MATED RE- DISPOSER PUCABLE

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

INTERMENT ORDER

City of San Diego

Date March 20,2001

You are hereby authorized and instructed, subject to y	our rules and regulations, to inter the remains
A	BINA
ina Bell Liner Funeral,	sate, time Mon. March 26 12:30pm
Church Chapel Graveside	Bayview GREMATION and BURIAL Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regula	workyday or an extra charge of \$ 150.00
will be applied and billed to undersigned.	ON The state of th
Lot 147 Grave 1 Row — s	Section 2 Division Black 12
Grave space & Care Fund	895.00
Additional spaces and care fund	2 0 0 2001
Opening/Closing a Setup	? 20 2001 <u>375.**</u>
	DPE CEMETARY 190.00
Handling Fees CITY OF	SAN DIEGO, CA 145.00
Flower vases - Marker setting fee (1) TRION Va	se a(12 X24) Fee 171.80
Recording and filing fee	45,00
Sales taxes	19,25
	Total Due 1,836.
Paid receipt nu	mber VISA 1,836.19
S7	Balance due
I hereby certify I am the XEX-SPOUS and this is your authority to make disposition of remain that I have the right to make this authorization and I again any liability on account of said authorization and intermediate.	ns as above indicated. I certify and represent ree to hold Mt. Hope Cemetery harmless from //
I hereby authorize the interment in lot I hold under deed. Michell & Dearborn	124 Jamacha Lane
emichelle ellerten	Corinu V-11- V(A 9197)
(Lot 8 Lonex)	619 461-1934 Epicode
-10004 Inv	oice #
Work Order # E 16281	ct. #

This information is available in alternative formats upon request.

@ Pyrated on recycled paper

REA-104 (7-96)

E- 16281 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.

		Meyer	1 75		
		1	2	3	
	Annie MULLY BUTH KING	X	spin	LEONO TRENE Nazorkiwkz	
Interment space fo	. Alic	ia Ti	OBIN	va	
Interment Date: N					
Lot: 147 Gra	ve:	Row: _	Sect:	2_ Di	v: 12
Grave Laid out by			200		
Agrees with Legal	Card: Y	es C	J No	Fla	g ave
Agrees with Map:				GR	ave
Blind Check & Ve	rified By: _	Kennet	4 Calle	Date:	3/23/01

E-16281

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(53)

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			
ALICIA		TUMINO	OBI	IA	1072571947	0371672001 F	
SA CITY OF DEATH LA MESA		58. COUNTY OF DEAT ENTER STATE		II. NAME, RELATIONSHIP, FULL M OF INFORMANT	AILING ADDRESS AND ZIP CODE		
			MAN DIEGO	MICHELLE DEARBOR			
BAYVIEW ME	MORIAL FUNE	AND DESCRIPTION OF THE PARTY OF		F APPLICABLE	233 N. MOLLISON EL CAJON, CA 920		
564 BROADW		M, CA 92021		7D-1709	BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE		
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed 1376 of the Houtto and Safety Code, and was			> (MUS)	03/20/200	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF ID RIGHT OF DISPOSAL OUTSEE OF CALFOR	OÉ IED	03/20/20 M. SHIR		CAL REGISTRAR ISSUING PERM	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. SOX	EGISTRAR OF DISTRICT OF DE BS222 O, CA 92186-5222			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUPO	NAA.	
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	BE	DDRESS OF CALIFORNIA CEM	F. DISINTERMENT G. SHIP IN TO CALE	41	(Neme and A	SON IN CHARGE OF BURIAL	
BURIAL	MT. HOPE 3751 MARK	CEMETERY GT ST., SAN DIE	GO, CA 92102	3-26-0	1 1 1 1 1 1 1	Lange	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREE	MATORY	12B, DATE CREMA	TED 12C. SIGNATURE OF PERS	SONOTIN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPP	ED 14G. ADDRESS AND SIGN OF PLACING WITH T	IATURE OF PERSON IN CHARGI HE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		

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

INTERMENT ORDER

City of San Diego

Date_3 - 20 - 0 |

You are hereby authorized and instructed, su	ROBERTS
or Dennie	RUDERIS
ina Bell Liner	Funeral, date, time THUR 3-27 11
Church Chapel Graveside	: Ca Bural Mortuary
All Funeral cars must arrive before 3 0 p.m.	of regular work day or an extra charge of \$ 150.
will be applied and billed to undersigned. X	ME
Lot 143 Grave 10 Row -	Section Division/Block 12
Grave space & Care Fund	895,0
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container Bell Lin	NER 190.00
Handling Fees	
Flower vases - Marker setting fee	MT. HOPE CEMETARY
Recording and filing fee	MT. HOPE GEMEIO. CA 45. 80
Sales taxes	14,25
	Total Due
Paid	receipt number 53482 1,664,25
7 10	Balance due
I hereby certify I am the X WITE	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X Dyra Bolist
Tible dider debu.	X 274 ENCINITAS AVE
Signature of recorded holder of deed	X San DIEGO, CA 92114
	X (619) 479 - 8172
	Invoice #
Work Order # E16282	Acct. #

E 16282

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.

Hazel

	GIVENS-Berr	Moody	KDOCFTS	Kennedy	
	9	10	11	12	
	Troy J. Rivers	Roberto	open	Virgil Robertson	
Interment spa	ce for: B	enni-	e R	ober	Is
Interment Dat	e: Thur 3/	22 1	ime: 1	:00 P	m
Lot: 143	Grave: 10	Row:	_ Sect:	Div	1:12
Grave Laid ou	it by: Noun +	Vice	NTE		
	egal Card:			(FI	39 0n
Agrees with M	lap: 🗆 Yes	91	No	6	Rave
Blind Check	& Verified By:	h fair	(+ -	Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(A)

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE BESINTE -				IC. LAST (FAMILY) ROBERTS			2. DATE OF BIRTH	3. DATE OF DE	ATH 4. SE
A. CITY OF DEATH SAN DIEGO				ENTER STATE DE DE OF			ME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT RA ROBERTS-WIPE		
	CREMATION	& BURIAL (SAN DIEGO,	CHAPEL		LIF LICENSE NUMBER IF APPLICABLE	SAN I	ENCINITAS AV DIEGO, CA 92	114	DATE SIGN
ACKNOWLEDGMENT OF AP	marcant 1 hereby a	chrowledge as applicant that 375 of the Health and Safety Co	the proposed deposition sta	ted heroin is one of th	e dispositions authorized by	0	with Penny	The state of the s	3/21/2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIGNS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE CRINIA HEALTH AND S. TY FOR THE DISPOSITIO D MEET OF DISPOSAL OUTSEE	AFETY CODE ON SPECIFIED	\$7.00	98. DATE PERM 03/21/2 J. BENY	001	DEC. SIGNATURE OF LOC ► 2105305	CAL REGISTRAR I	SSUING PERI
TO SHOW FEMAL HISPOSITION REQUIRES A NEW ISPOSITION.	VITAL RECO	EGISTRAR OF DISTRIC	X 85222		DORESS OF REGISTRAF	NAME OF TAXABLE PARTY.	ICT OF DISPOSITION— THER DISTRICT IN CALIFOR	NIA	
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR CORC	DNER'S USE	ONLY
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	SE STATE OF THE SECOND	AINS OTHER	G. 6	SHIP IN TO CALIF	ORNIA. SIDE OF CALIFORNIA	-	SIGNATURE OF PERS		OF BURIAL
BURIAL	MT. HOPE 3751 MARK	CEMETERY ET ST. SAN	DIEGO, CA	92186-52	2 3-22-0	11	Kury F.	lang	av .
CREMATION	12A, NAME AND A	DDRESS OF CALIFOR	NIA CREMATORY	6	128 DATE CHEMA	TED 12C	SIGNATURE OF PERS		
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFOR	NIA FACILITY RECE	IVING REMAINS	13B, DATE RECE	IVED 130	SIGNATURE OF PERS	ON IN CHARGE	OF FACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS			148. DATE SHIPE	ED 14C	ADDRESS AND SIGNA OF PLACING WITH TH		ON IN CHAR
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY					15B. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSE	TION ! O	CENSE NUMBE F CREMATED R AINS DISPOSES # APPLICABLE

Bre six

MT. HOPE CENETERY

INTERMENT ORDER

City of San Diego

Date_ 3 ~ 2 |- 0|

	ubject to your rules and regulations, to inter the remains
Type of Burnal Container	Funeral, date, time
Church, Chapet, Groveside	Mortuary.
All Funeral cars must arrive before 3:30 p m	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 138 Grave 9 Row_	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund Opening/Closing & Setup	D
	1004
Burial Container MAR 2 1 2	001
Flower vases - Marker sent HOPE CEN CITY OF SAN DI Recording and filing lee	METARY EGO, CA
Sales taxes	
Paid	receipt number R-53483 895.0
X a	Balance due
I hereby certify I am the	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and internent.
I hereby authorize the interment in lot I hold under deed.	X Platerie a. Ricko Sormanie X 6455 Park Ridge Blvd.
Signature of recorded horder of dead	X 6455 Park Ridge Blvd. Address? Address? Address? City (619) 466-0378 Telescorie
Work Order # E 16283	Invoice #

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DateMarch 27. 2001

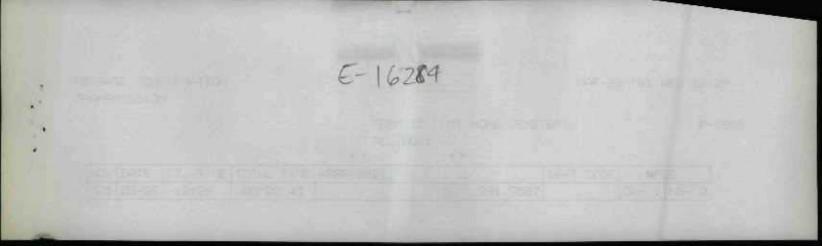
:00

You	THE RESERVE OF THE PARTY OF THE	GALLEGO		ucted,	subject	to your	rules	and reg	ulations	s, to inter	the remains
ina	- Hard Street,	LINER			Funer	al, date	time	DELI	VERY	ONLY/	3/29 10
Chur		pu d'Bursi Cons , Graveside		and the same		Statement of the state of the s		DIESE I	-		Mortuary.
			A CONTRACTOR OF THE PARTY OF TH	CHARLE STATE	1	100			100		150.00
		and billed to				guiai wi	JIK GA	y or an	BXIII OII	arge or a	
Lot	60	Grave	10	Bow	-	Sect	ion	2	Divisi	on/Block	12
									_ privide		895.00
		Care Fund									
		es and care							W/-		
Oper	ning/Closin	g & Setup			P	AI	D	**********			375.00
Buris	al Containe	t						***********			190.00
Hand	ding Fees .				MAR	28	2001				145.00
Flow	er vases -	Marker setti	ng fee								
Reco	ording and f	iling fee		M	. HOF	ECE	MET	ARY			45.00
Cata	s toward	iling fee	***********	CIT	Y OF S	SAN D	IEGO	O, CA			14.25
Jaie	s taxes	***************************************		*********	********	***************				\$1	664.25
							-	otal Due	04	1	11/105
				Pai	d receir	ot numb	Br 1	20	07	- 4	667.~
									Balanc	e due _	DX
and that I	have the n	am the X authority to ight to make account of sa	this aut	horizati	on and	agree	to hot	ve indic	cated. I	certify an	mlace from
	eby authori under deed	ze the intern I.	nent in k	ot I	1 1	Segruture	1	See	Cax	toched	
Signuti	iie of recorded h	older of deed			43	Cay)				Zip Cude
Work	Order#	E162	84			Invoice Acet.					

& Printed on received paper

REA-104 (7-96)

This information is available in alternative formats upon request.



HA MARCO FAX BACK 619 281-7587 MT HORE CEMETERY INTERMENT ORDER E 16284 Oweder 15 2%, 2001 The are having submitted and Principles appearing Japanies and reported in the Review of TOWY GALLEGO Cores out the DELIVERY DELY 3/29 11.00 Creek District DELIVERY ONLY MARTY HARRY WILLIAM WINDS STEEL HOUSEN WET IN A REAL PROPERTY 150.00 white agenda and dated for target agency. M. La CA Dies 10 Nos Nosal 2 Delegrapio 28 Compartment & Seller Fire Data by and him; her !... term, men, terminal Publishers and the second secon POST USBEL THAT E16284 ALKANIE DE The element is according to promoter to make been replace ASSIST SECH 12:01" SO TI WE SE, COME

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.

NOTE: Delivery Only

8	9	10	. 11	12	
least.	Herristle waiter no marker	Gasleye Toku	Educado	open	

willie
Interment space for: Tony Gallego
Interment Date: Thurs Mar 29 Time: 11:00 Delivery
Lot: 60 Grave: 10 Row: Sect: Div: Div:
Grave Laid out by: Norm + Vicente
Agrees with Legal Card: Tyes No Flag on Grane
Agrees with Map: U Yes U No
Blind Check & Verified By: KEVIN Date:

E-16284

E 16284

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

TA NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
Tony			Galle	go	09/08/1914 03/17/2001 M			
SA. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE			
San Diego			ENTER STATE	San Diego	Marco Delatobe, PA			
Mayer Mort	uary	A-FUNERAL DIRECTOR OR PERSON		LIF, LICENSE NUMBER F APPLICABLE	5201-A Ruffin Rd. San Diego, CA 92123			
2859 Adams	Avenue, S	an Diego, CA 921	The state of the s	D1424	BA SIGNATURE OF APPLICANT—ressertating permit, BB. DATE SIGNED			
ACKNOWLEDGMENT OF AP		cknowledge as applicant that the proposed dis G76 of the Health and Safety Code, and was auti			Doknorday 1 1 03/27/200			
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PROVI FORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED		an tom to	TISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2105654			
AUTHORIZATION OF LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES N	O RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	7.00	Johnstin	yer >			
TO SHOW FINAL POSITION.	P. ADDRESS OF RE	5222			R OF DISTRICT OF DISPOSITION— SUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPO	The state of the s				FOR CORONER'S USE ONLY			
B. CREMATION		AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF. H. TRANSIT TO OUTS	DRNM	I. DISPOSITION PENDING—REMAINS LOCATED A' (Name and Address)			
BURIAL	Mt. Hope	obress of California Cemetr Cemetery et St. San Diego,		3-29 G				
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128, DATE CREMA	ATED 120. SIGNATURE OF PERSONAN CHARGE OF CREMATION			
SCIENTIFIC USE	ISA, NAME AND AL	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			148. DATE SHIPP	TAC. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE			



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

note 3-22-01

You are hereby authorized and instructed	d, subject to your rules and regulations, to inter the remains
of Noll De	encer
ina Bell liver	Funeral, date, time
Type of Bunal Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 85 Grave 6 Row	
Grave space & Care Fund	795.00
Acditional spaces and care fund	wanted flower mase 3.75
Opening/Closing & Setup	- A - DIJ
Burial Container	190.00
Handling Fees	IAR 22 2001 145.00
Flower vases (Marker setting fee	HOPE CEMETARY
Recording and filing fee	DESAN DIEGO
A	14.38
P	Paid receipt number R- 53 485 1700 . 1
	Balance due
hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorizations.	of the above named decedent sition of remains as above indicated. I certify and represent tation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
hereby authorize the interment in lot I hold under deed.	× 9 all Sencer × 49 85 Logen Ave 19
Signature of recorded floider at deed	7 San Diego CA 92113-304- Feliphone 264-4376 Exp Code
Work Order # E 16285	Invoice #

Othersize when 36		
Line 36	MT. HOPE CEMETERY	
W= 25) W AAIN	TERMENT ORDER	
L=826 / L=	City of San Diego	
H = "	Date Marc	h 22,200
	ructed, subject to your rules and regulations, to int	er the remains
John C.		7/ 11:00
Type of Burial Lightwiner	Funeral, date, time Mon. March	
Church, Chapel, Graveside	BISHEP	
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra charge o	15 150.00
will be applied and billed to undersign	gned. X (MV)	
Lot 237 Grave 12	- 200	10
Lot 20 / Grave 10	Row Section Division/Ble	005 00
Grave space & Care Fund		895.
Additional spaces and care fund		2-5 40
Opening/Closing & Setup		375.
Burial Container #6	Liner (POHID)	222.00
Handling Fees	MID 0000	145.00
Flower vases - Marker setting fee	MAR 2 2 2001	
Recording and filing fee	MT. HOPE CEMETARY	45,00
Sales taxes 272, 65	× 7.5% +CHY OF SAN DIEGO, CA.	16.65
	Total Due	1,698.65
	Paid receipt number Master Card	1,698,00
V	Balance due	_8_
I hereby certify I am the	RIENO of the above na isposition of remains as above indicated. I certify	
that I have the right to make this aut	horization and I agree to hold Mt. Hope Cemetery prization and interment. × ALIENE B	harmless from
ary normy on account or one stand	ALLENE S	10
I hereby authorize the interment in I hald under deed.	ot 1 Springs	716
	-> P.O. BOX 433/	0.0
Signature of recorded holder of de-H	Bonita, CA 91	9 08
	(619) 479-36 Totophone	80
	1879000	

This information is available in alternative formats upon request.

Invoice #

Acct. #

Work Order # E 16286

E 16286

MT HOPE CEMETERY

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: OVERSIZED LINER #6 WIDTH = 36 LENGTH = 94
8 10 V 12
Rechard John C. Lewis ByRd
Interment space for: John C. Byrd
Interment Date: Mon. March 26 Time: 11:00 am
Lot: <u>237</u> Grave: <u>12</u> Row: — Sect: <u>2</u> Div: <u>12</u> Grave Laid out by:
Agrees with Legal Card: Yes No Flag Agrees with Map: Yes No Grave
Agrees with Map: Yes No

E-16286

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(66)

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

John 18. MIDDLE Clyde			1C. LAST (FAMILY) Byrd			2. DATE OF BIRTH 06/10/1934	3. DATE OF DEATH		
San Diego			58. COUNTY OF DEATH—OUTSIDE CALIF. 8			8. NAME, RELATIONSHIP, FIRL MAILING ADDRESS AND ZIP CODE OF INFORMANT Allene Byrd, Friend			
Bishop Mon	rtuary	n Grove, CA 91945	ACTING AS SUCH 78. CAL	San Diego, CA 92113 BA SIGNATURE OF APPLICANT—Person taking parint, BB. DATE SIGNED					
· ACKNOWLEDGMENT OF A	I hereby a	cknowledge as applicant that the proposed day 176 of the Health and Salety Code, and was puth	nestion stated herein is one of the grand persent to Section 7100 of the	dispositions authorized by a Haulth and Salety Code.	▶ 7	C. The control of the		22/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- ORINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DESKIT OF DISPOSAL OUTDING OF CALFORNIA.	9A. AMOUNT OF PEE P	K, Lama 03/23/2	r	9C SIGNATURE OF LC ▶ 2105441	OCAL REGISTRAR ISS	UING PERMIT	
	OD. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEAT	1 100			RICT OF DISPOSITION— OTHER DISTRICT IN CAUFO	RNIA		
TO NUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		- 19		FOR COR	RONER'S USE ON	ILY.	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND A	DORESS OF CALIFORNIA CEMETE		IDE OF CALIFORNIA	D 111	C. SIGNATURE OF PER		BURIAL	
		tet St., San Diego,		3 - ZG - C		C. SIGNATURE OF PER	PONTAL CHARGE OF	CREMATION	
CHEMATION	TEAC PARIE. ARD AL	oned or ordinaring ordinar		THE WATE CHEMIN		O SIGNATURE OF PER	on and a	DILMATION	
SCIENTIFIC USE	18A. NAME AND AL	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	198. DATE RECE	VED 13	C. SIGNATURE OF PER	SON IN CHARGE OF	FACILITY	
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER			IN CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or o' ntify final place and ca <u>distr</u>		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF O	ISE NUMBER REMATED RE- S DISPOSER APPLICABLE	



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_3-22-01

	subject to your rules and regulations, to it	nter the remains
* 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAITSON X	
in a KSH VAULT	_ Funeral, date, time TV & 4-17	
Church, Chapel, Graveside AND	MERKLEY MITC	hellmortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Lot 187 Grave 2 Row		loek
Grave space & Care Fund	Pre- Need B-1858	-0-
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container	1440 N. N. N. 2006	55.00
Handling Fees	MAR 22 ZUUI	60,00
Flower vases Marker setting the	T HOPE CEMETARY	125.00
Recording and filing tee	TY OF SAN DIEGO, C.	45.00
Sales taxes		4,13
	Total Due	394.13
P	aid receipt number R-53186	394.13
. 1	Balance due	-0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	ition of remains as above indicated. I certifiation and I agree to hold Mt. Hope Cemeter	named decedent y and represent y hamiless from
I hereby authorize the interment in lot I hold under deed.	x Glesday Stranger St	ow Rd
Signature of recorded house of deed	\$ (619) 447-0 X (199) 447-0	1003
F16287	Invoice #	

& Printed on respected paper

REA 104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY

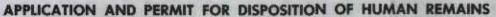
16287

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.

			447	1		
		١	187 _X ²	W. 3 WHITSON	186 1 WRITSON	# 3
Interment	space for	: Via	GINIA	whiT	SON X	
Interment	Date:		т	ime:		
Grave Lai	id out by:	DAK	Row:			
Agrees wi	ith Legal (Card:	Yes [J No	gret	on
			01		9	~~
Blind Che	eck & Ver	ified By:_	Came 1	her	Date:_	

E 16287





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

1A. NAME OF DECEDER VIRGIN				2. DATE OF BIRTH	S. DATE OF DE	TAJO		
	JOLLA		ENTER STATE	SAM DIEGO	OF IN	RELATIONSHIP, FULL M FORMANT IS C. WHITSI	AILING ADDRESS A	
		TAKEN SESSOR SIF	PRON ACTING AS SUCH 78	GALIF LICENSE NUMBER —IF APPLICABLE FD-119	720	JOLLA, CA 9		
SAN DIEGO, CA 92103 FO-119			BA. SIGN	ATURE OF APPLICANT—	The state of the s	THE PROPERTY OF THE PARTY OF TH		
ACKNOWLEDGMENT OF AP	FLICARI Section 10	576 of the Health and Safety Code, and w	us authorized pursions to Section 710	0 of the Health and Safety Gode.	1100	BUD FIRM	Marine Marine	3/23/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PI ORNIA HEALTH AND SAFETY O Y FOR THE DISPOSITION SPEC DIRECT OF DISPOSAL OUTDBE OF CALF	SPIED \$7.00	98. DATE PERM 03/23/20 V.I.MITC	100	90. SIGNATURE OF LO 2105455	CAL REGISTRAR IS	SSUING PERMIT
TION REQUIRES A NEW	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DIN CAUFORNIA SEE SAN DIEGO	5222	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			RNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMB			1	FOR COR	ONER'S USE	DNLY
B. CREMATION		NINS OTHER	F. DISINTERMENT G. SHIP IN TO CA			I. DISPOSITION (Name and A	PENDING—REMAIN ddress)	IS LOCATED AT
BURIAL		CEMETERY, 375		ET. 118. DATE BURE	ED 110	SIGNATURE OF PER	SON IN CHARGE C	F BURIAL
CREMATION		REELSINGRE, C		3-27-0	TED TEC	SIGNATURE OF PERS	ON IN CHARGE OF	CREMATION
SOIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	IS ISB. DATE RECE	EVED 130	2. SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPE	PED 140	OF PLACING WITH T		N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE. NTIFY FINAL PLACE AND CA		F 15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS	ITION ! OF	CENSE NUMBER CREMATED RE- LINS DISPOSER F 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

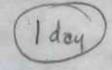
City of San Diego

Date March 23, 2001

You are hereby authorized and i	The state of the s	ACTUAL DESCRIPTION OF THE PARTY	es and re	gulations, to in	nter the remains
of Adria	in Jar			non	
in a	Fur	neral, date, ti	me Ma	R. 26	2.00 pm
Church, Chapel, Graveside			1 0		Mortuary.
All Funeral cars must arrive before	ore 3:60 p.m. of	negular work	day or an	extra charge	ofs 150.00
will be applied and billed to unde	ersigned.	lany (Cann	an	
Lot 2466 Grave	_ Row _	Section	1	Division	leek 9
Grave space & Care Fund				\smile	100.00
Additional spaces and care fund	I				
Opening/Closing & Setup					125,00
Burial Container	P	AID			
Handling Fees	MAR	23 706	11		
Flower vases - Marker setting fe	DO	23 200			-
Recording and filing fee	OUTV OF	SAN DIE	TARY GO, CA		45,00
Sales taxes	OIT OI				970 00
			1000 mm	6	2000
	Paid rec	eipt number	53	441	2.10,00
				Balance due	2
hereby certify) am the and this is your authority to mai that I have the right to make this any liability on ancount of said a	- whon tation or	not I amount on	above ind	icated. I certif	a basestana tena
I hereby authorize the interment hold under deed.	in lot I	Segnature 0	Larw	ood Rd.	
Signature of recorded holder of deed		San I	- Va 72	Ca. 7-8793	92/14 20 Code
1		Invoice #			
Work Order # E 1628	8_	Acct. # _			
REA-104 (7-96)	This informatio	n is availabl	e in alten	native formats	upon request.

(2 Printed on recyclist paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST	(FAMILY)			TE OF DEATH 4 SEX
Adrian		James	Canno	n		d3722720df^ d372	2/200TAR N
SA. CITY OF DEATH				Y OF DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
San Diego				Diego		B. Cannon, Fatl	her
				NG AS SUCH 78. CALIF. LICENSE NUMBER 1445		Larwood Rd.	1
	Total Control of the	ort.; 5050 F	ederal	—IF APPLICABLE	San I	lego, CA 92114	
Blvd.;	San Diego,	CA 92102		FD-1329	BA. SIGN	ATURE OF APPLICANT—Fersion billing	penit 88. DATE SIGNED
ACKNOWLEDGMENT OF A				in is one of the depositions authorized of ection 7100 of the Health and Salety Cade	DI 1/1/	att may	03/26/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE V FORMA HEALTH AND SA TY FOR THE DISPOSITION O ARDIT OF DEPOSAL OUTSIDE	N SPECIFIED	03/26/2	William S	9C SIGNATURE OF LOCAL REC	SISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI	Vital Recor	EDISTRAR OF DISTRIC ED IN CAUFORNIA Cds: P. O. B Lego, CA 921	lox 85222	9E. ADDRESS OF REGISTI		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFORNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			State of the last	FOR CORONER'S	S USE ONLY
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US		AINS OTHER		RMENT TO CALIFORNIA T TO OUTSIDE OF CALIFORN	NIA	(Name and Address)	
BURIAL	Mt. Hope	Cemetery; 3	751 Market S	3-26-	1000	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND AL	DORESS OF CALIFORN	NIA CREMATORY	128, DATE CRE	MATED 120	SIGNATURE OF PERSON AND	HARGE OF CREMATION
SCIENTIFIC	13A, NAME AND AL	DORESS OF CALIFORN	NA FACILITY RECEIVING	REMAINS 138 DATE RE	CEIVED 130	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
1 TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WARE TO BE SHIPPED	HERE 148 DATE SH	IPPED 140	ADDRESS AND SIGNATURE (OF PLACING WITH THE CARI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ELINE, OR OTHER DESCRIPTION OF DISPOSE			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE HUMBER OF GREMATED RE- MAINS DISPOSER —IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-01

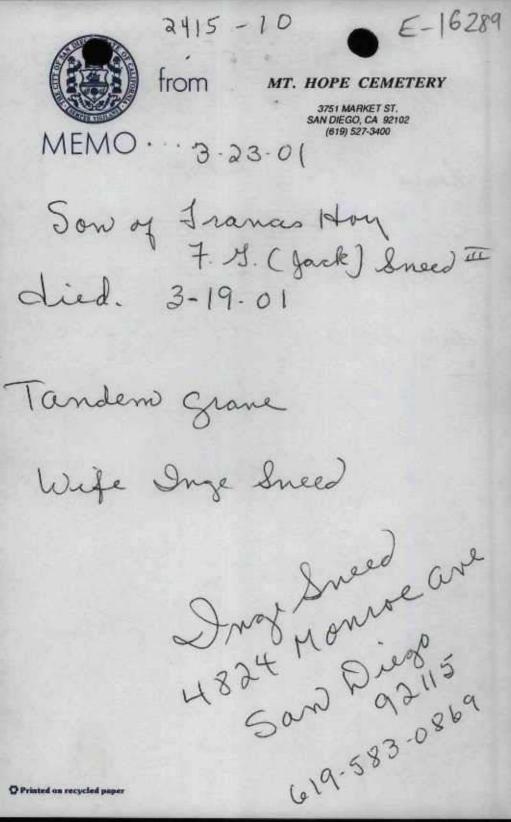
You are hereby authorized and instructed, si	ubject to your rul	es and regulatio	ns, to inter the	remains
Hand Brand	Funeral, date, ti	TUE	3-27	1:00
Church, Chape, Graveside		FATHERIN		ortuary.
All Funeral cars must arrive before 3.00 p.m.	of regular work	day or an extra	charge of \$ \S	0,00
will be applied and billed to undersigned.				3.5.
Lot 2415 Grave Row	Section	Div	islani/Black 1	10
Grave space & Care Fund	in vec		········	
Additional spaces and care fund	***************************************		37	5.00
Opening/Closing & SetupPAIL)		CONTRACTOR OF THE PARTY OF THE	0.00
Burial Container			mremmin	0.00
Handling Fees MAR 2 3 20 Flower vases – Marker setting fee	01			
Recording and filing teeMT. HOPE CEME CITY OF SAN DIE	etary Go, Ca		45 28	50
Paid	receipt number	Total Due	7/1/	8.50
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as i	AL OO Althe	above named d I certify and re emetery harmle	ecedent epresent ess from
I hereby authorize the interment in lot I hold under deed.	X Signature Address	824 C	Mon	roe on
Signature of recorded holder of deed	X S City G /	19, 583	-0869	1 d (15)
Work Order # E 16289	Invoice #			

MT HOPE CEMETERY E- 16289

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.

EVANS	OVI)	#04 5414	9412X	व्याप्त व्याप्ति	2411 2411	2418 066N
Interment	Date: TUE	3-2		Time:		-10
	Grave		Row:	Sect:	D	iv:
Agrees wi	th Legal C	ard: 🗆 Y	l'es .	□ No	ult	yon
AND PROPERTY OF THE	th Map:			No	9	
Blind Che	ck & Ver	ified By: _	Ken Ca	llino	Date:	3/26/01



Approven THOUGH The Estate of

Louise Power (Emighten or Peron Hoy)

Ray Hoy (Son or Hoy)

Nancy Finance (Sisten of Fit. (Smar) Smeet]

Antie Adminis Associated Fite The Setate

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	GERONE	10. LAST (FAMILY) Speed II	1		2. DATE OF BIRTH MONTH, DAY, YEAR 01/23/1936		OF DEATH DAY, YEAR	4. SEX
San Diego	- 2 -	3000		58. COUNTY OF DEATH	L CUTTING CALLE	G. NAME. OF INF	RELATIONSHP, FULL MORMANT Sneed, Wife	AILING ADD		P CODE
Feathering	poress of Californ gll Mortua gon Blvd.,	ry		ACTING AS SUCH 7B. CA	JIF. LICENSE NUMBER	San D	Montoe Ave. Diago, CA 92	115	mt, 88. DAT	E SIGNED
MONOWLEDGMENT OF A	manage hearing a	ckrowledge at applic	aid that the proposed door	sition stated herein is one of the unit pursuant to Section 7100 of th	dispositions authorized by in Health and Safety Code.	> 1/2	Ssa	late	03/2	3/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERIMIT IS ISSUED SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERIMIT, NOTE: THE PERIMIT GYES IN	ORNIA HEALTH	AND SAFETY CODE POSITION SPECIFIED	9A. AMOUNT OF FEE P	03/23/20 C. Magga	01	2105459	CAL REGIS	TRAR IBSUIN	G PERMIT
THE REQUIRES A NEW TO SHOW PINAL SPOSITION.		D IN CAUFORNIA		1 (#1			ICT OF DISPOSITION— WHEE DISTRICT IN CALIFO	RNIA		
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEM	is .				FOR COR	ONER'S	USE ONLY	1
B. CREMATION	SE	1000000111000		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA		I. DISPOSITION (Name and A	ddress)		
BURIAL	MARCH RECEIVED AND ADDRESS OF THE PERSON OF	Cem., 37	MIFORNIA CEMETER 51 Market .02	TAXA	3-27-0	The state of the s	SIGNATURE OF PER	SON IN CH	ANGE OF B	DHIAL
CREMATION	12A. NAME AND A	DRESS OF CA	ALIFORNIA CREMATO	DRY	12B. DATE CREMA	LED 150	SIGNATURE OF PER	SELM IN CH	RIGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CA	ALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PER	SON IN CH	IARGE OF F	ACILITY
* TRANSIT			CEIVING STATE OR MAINS ARE TO BE		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE		SHORELINE, OR OT ACE AND CA DISTRI	HER DESCRIPTION SUF- CT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS			MATED RE- DISPOSER



CERTIFICATE OF DEATH E- 16289

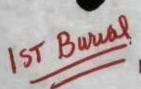
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASTIRES. WHITEOUTS OF ALTERATIONS
VS-11 (REV. 1/00) STATE FILE NUMBER LOCAL REGISTRATION NUMBER 3. LAST IFAMILY I NAME OF DECEMENT-FIRST (GIVEN) 2. Minnes 6: Gerome Sneed III Felix 4. DATE OF BIRTH MM/DD/CEYY MONTHS I YEAR OF UNIDER 24 HOURS 7. DATE OF DEATH MM.BD/CCYY 5. AGE YRS. fi. hex B. HOUR 03/19/2001 1306 01/23/1936 65 12. MARITAL STATUS 10. SOCIAL SECURITY NO 9. STATE OF BIRTH DECEDENT PERSONAL X 12 570-36-1431 married TN YES DATA No 16. USUAL EMPLOYER 14. PACE 15. HISPANIC -SPECIFY 01-00576 X No self-employed Cauc. Sneed 19. YEARS IN OCCUPATION 17. OCCUPATION 18. KIND OF BUSINESS 40 Real Estate Broker Real Estate 20. RESIDENCE-ISTREET AND NUMBER OF LOCATIONS 4824 Monroe Ave. USUAL 22. COUNTY 23. ZIP CODE 24. VRS IN COUNTY 25. STATE OR FOREIGN COUNTRY RESIDENCE \$1. CITY San Diego 92115 45 CA San Diego 26. NAME. RELATIONSHIP 27. MAILING ADDRESS ISTALET AND NUMBER OR RURAL MOUTE HUMBER CITY DR TOWN, STATE ZIP-INFORMANT Inge Sneed, wife 4824 Monroe Ave., San Diego, CA 92115 28. NAME OF BURVIVING SPOUSE FIRST 29. MIDDLE 30, LAST IMAIDEN NAME Klein Inge SPOUSE 31. NAME OF FATHER-FIRST 32. MIDDLE 33, LAST 34. BIRTH TYATE AND HARENT TN Felix Gerome Sneed, II NEGRMATION 35, NAME OF MOTHER-PIRST 38, MIDDLE 37. LAST (MAIDEH) 38. BIRTH STATE Francise unknown Maddy 39. DATE MM/50/CCYY 40, PLACE OF FINAL DISPOSITION DISPOSITIONIS 03/27/2001 Greenwood Memorial Park, 805 & Imperial, San Diego, CA 92102 42. SIGNATURE OF EMBALMER 43. LICENSE NO. FUNERAL Jul Hutw DIRECTOR 8475 LOCAL 44. NAME OF FUNERAL DIRECTOR 46. SIGNATURE OF LOCAL RESISTRAN AS. LICENSE NO 47. DATE MM DO CEVY REGISTRAR Featheringill Mortuary FD1083 Oh TOT, PLACE OF DEATH 102. IF HOSPITAL SHECIFY ONE: 103. FACILITY DIRECT THAN HOSPITAL IGA, COUNTY HOSP. Home, own San Diego PLACE IP ER/OP OF DEATH TOS. STREET AGDRESS (STREET AND NUMBER OF LOCATION) 106. CITY 4824 Monroe Avenue San Diego TIME INTERVAL BETWEEN CHIEFT AND DEATH FOT, DEATH WAS CAUSED BY INTER ONLY ONE CAUSE PER LINE FOR A. B. C. AND DI TOB, DEATH REPORTED TO CORONER X YES IMMEDIATE 'A Probable ASCVD CAUSE Years 01-00576 109, SIOPSY PERFORMED DUE TO (B) 110. AUTOPSY PERFO CAUSE DUE TO ICI X NO OF YES DEATH 111, OSED IN DETERMINING CAUSE DUE TO IDI 112. OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Congestive heart failure; Obesity 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IF YES, LIST TYPE OF OPERATION AND DATE. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, BATE
AND PLACE STATED FROM THE CAUSES STATED,
DECEDENT ATTENDED SINCE |
H M / D D / C T Y Y |
N M / D D / C C Y Y 115. BIGNATURE AND TITLE OF CERTIFIER I I d. LICENSE NO. 117 DATE MM/DD/CCXY PHYSI-CIAN'S CERTIFICA-118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP TION I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURY AT WORK 121. INJURY DATE M N / D D / C C Y Y 122. HOUR 123. PLACE OF INJURY 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED INVENTS WHICH RESULTED IN INJURY: X MATURAL SUICIDE HOMICIDE CORONER'S PENDING DETERMINED ONLY 125, LOCATION ISTREET AND NUMBER OR LOCATION AND CITY, ZIPI 126. SIGNATURE OF COROVER OR DEPUTY CORONER 127, DATE M M / D D / C C Y Y 128, TYPED NAME, TITLE OF CORDNER OR DEPUTY CORONER 03/20/2001 Stante Christina Stanley, M.D., D.M.E. FAX AUTH CENSUS TRACT STATE REGISTRAR

4-1)ell		
#1	Line 8" L	R 95"	
w= 3	8" L	= 11	

MT. HOPE CEMETERY

INTERMENT ORDER

1ST Burnel City	of San Diego Date 3-3	73-01
102153	Date	
You are hereby authorized and instructed, s	subject to your rules and regulations, to	inter the remains
OF BEN W. CIN		
ina LINER #7	Funeral, date, time TUE, March	27 10:00 av
Church Chapel Graveside	RAGSDAIE	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.	(Re	A STATE OF THE STA
Lot 164 Grave 4+5 Row - Grave space & Care Fund 895.00	Section Division/	1,790.00
Additional spaces and care fund		
0		375.00
Burial Container OVERSIZED T	7 UNER (190"+ 30.")	220.00
		1111 00
Handling Pees		143.00
Flower vases Marker settion 12 - 2 - 6 - 21]{}}	45:00
Recording and filing fee MT. HOPE CEM	ETARY	45.00
CITY OF SAN DIE	EGO, Cr	1650
mand and to	Total Due	2591,30
bring check, Paid	receipt number R-531/95	9241.20
	AMIAO Balance du	. —
I hereby certify I am the + WIFE	- Ut the above	named decedent
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	in and Lagree to hold Mt. Hone Cemete	ry harmless from
	1 De con	
I hereby authorize the interment in lot I hold under deed.	Signifiuro	100 110 12
	4 4809 MAGN	
Signature of recorded holder of doed	X SAN DIEGO	CA 921/3
	X (619) 527-404	7
	Invoice #	
Work Orster # E 16290	Anot #	



E-16Z90

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

	GI.	AVEDE	ND OIL	OKTO	IIVI	
block mar existing m	ked with " arker's in space.	the dece X". Place the appro	the name	e's, lot # a ace(s) tha S/ZE	nd grave it are adjac	of all cent to
1	2	3	4	5	6	4 4
Earl Cochran	open	Thomas LeTourneau	#X/ L	INER	Anthony Carter	7.00
			. 1	0 1		
Interment	space for:	Be	n W	. CI	ark	
Interment	Date: TuE	March!	27 T	ime: 10	:00 an	n
Lot: 164	Grave	4+5	Row: -	Sect:	1 D	iv: 11
		MF				
		ard: 🗆 Ye			Fla	ig w
Agrees wi				No	16	Rave
DE 1.01	1 0 17 .	c in d	PARKE	3/	5	3-3601

Lot

34)

8 9 10 11 12

Jones Donothy Mane Relies Harris wither

1101 - 171

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA NAME OF DECED	ENT-FIRST (GIVEN) 18 MIDDLE Willis	Clark,	Jr.	2. DATE OF BIRTH 3. DATE OF GEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 03/15/2001 M
BA CITY OF DEATH	Diego	SE COUNTY OF DEATH ENTER STATE San Diego	-OUTSIDE CALIF.	6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROSemarie A. Clark, Wife
	Ragsdale Mort.; 5050 Federal San Diego, CA 92102	Blvd. TE	APPLICABLE	4809 Magnus Way San Diego, CA 92113 8A SIGNATURE OF APPLICANT—Person towns permit, 8B DATE SIGNED
ANNOWLEDGMENT OF A	PPLICANT 1 hereby acknowledge as applicant that the processed disco- Section 10316 of the steath and Safety Code, and was author	ution stated herein a one of the	dispositions authorized by	Alebbre Weelen 103/27/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SIVES NO RENT OF DEPOSAL OUTSIDE OF CALFORNIA.	9A AMOUNT OF FEE FA	03/27/200	ISSUED, 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW HOULT TO SHOW FINAL HISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUPONNA			of District of Disposition— P. O'OTHE OSTRIB'552 22 FORNIA San Diego, CA 92186-5222
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B CREMATION C DISPOSITION THAN IN A C D. SCIENTIFIC U		E TEMPORARY ENVA F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTSI Ket St.	RNIA	(Name and Address) 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	San Diego, CA		3-20-01	I Sull F. house
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128 DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEIV	PED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
, TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR OR REMAINS OR CREMATED REMAINS ARE TO BE S		148 DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAREST POINT ON SHORELINE OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 150. UCENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE
COPY 1 OF TH	E PERMIT ACCOMPANIES THE REMAINS TO	THE STATED PLACE	OF DISPOSITIO	N THE PERSON IN CHARGE OF DISPOSITION IS

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE Born	NT-FIRST (GIVEN)	18. MIDDLE Willis	1C. LAST (FAMILY)	地流流流	2 DAYE OF BETTH 3 DAY MONTH, DAY YEAR SIGNIFIC	GE DEARL C SEP
Sain I	liego		SE COUNTY OF DEATH ENTER STATE	H ONDER CALIF	NAME FILL ADDRESS OF BOLL MALINIC AT OF INFORMANT	ORESE MO OF DOCK
	tagadale No	IA FUNERAL DIRECTOR OR PER 100 CA 500 CA	ISON ACTING AS SUCH THE CA	F APPLYDABLE	SIENATURE OF APPLICANT FROM UMA	DE DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby i Section 10	acknowledge as applicant that the proposition of the Health and Safety Golds and wa	ed deposition matrix higher in the all the a nutberned pursuant to Johnson 7100 of the	department safety Code	。多少时 - 本体	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORMA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI KN MERT OF DISPOSAL OUTSIDE OF CAUPO	FIED \$7.00 /4	03/27/2001	SUED SC SIGNATURE OF LOCAL REG	ISTRAR CASLINAS PERIMT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PAIR TO SHOW FINAL DISPOSITION	9D. ADDRESS OF R IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DED IN CALIFORNIA	SE ADI	Describe & 16 octub	DISTRICT OF DISPOSITION— MANDRES DISTRICTION CARPORNIA OT DIEDO, GA 92186—	5222
B. CREMATION	BE		E TEMPORARY ENVA	DRNIA	(Name and Address)	HEMAINS LOCKTED A
BURIAL	Mr. Hope	San Diego,		3-22-01	· hur F. la	new 1
CREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	MARGE OF CREMATION
SOMENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY 22
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA I		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

Gran of Granden

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26-0

You are hereby authorized and instruc	ted, subject to your rules and regulations, to	inter the remains
or Rudy	L. Nowden	
in a T. S. VAULT	Funeral, date, time Thurk, Ma	ech 29,112
Church, Shapel, Graveside	Regsdale	Mortuary.
All Funeral cars must arrive before 3:0	o p.m. of regular work day or an extra charg	e or \$ 150.00
will be applied and billed to undersigned	ed. X	
Lot 5 10 O Grave Ro	owSectionDivisionA	Block 10
Grave space & Care Fund	Pre- Need E-7891	-0
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container	PAID	250.00
Handling Fees	MAR 2 7 2001	185.00
Flower vases - Marker setting fee	THE LOSS OF METADY	1000
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		101/5
morning	Total Due	8/3. 13
wing chille	Paid receipt number 53502	8.73.73
10.	Balance de	10 _ 0
I hereby certify I am the and this is your authority to make disp that I have the right to make this authoriany liability on account of said authoria	osition of remains as above indicated. I cer rization and I agree to hold Mt. Hope Cemete	named decedent tify and represent ery harmless from
I hereby authorize the interment in lot hold under deed.	X Bonald Now X 3056 E'ST	eli
Signature of recorded holder of doed	X SAN Diego X(6/1) 233-7338	92/02 Trp Code
	Telephone Invoice #	
Work Order # E16291	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(50)

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

Rudy 18. MIDDLE Lamon.		ic. Last gamey	Nowden				OF DEATH	4. SEX	
San Di	-		56 COUNTY OF DEATH ENTER STATE San Diego	1	OF INE	RELATIONSHIP, FULL MORMANT			P CODE
7A TYPED NAME AND AT ADDRESSOR-RA		L.; 5050 Feder Diego, CA 9210	RESON ACTING AS SUCH 78. CAL	1329	San 1	Elm St. Diego, CA 92		rat, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A			sed disposition stated terree is one of the res authorized pursuant to Socion 7100 of th		ele	He Weel	とルッシュ		7/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	ACCORDANCE WITH PORNIA HEALTH AND SAFETY OF THE DISPOSITION SPECION REPORT OF DISPOSAL OWIGEN OF CALL	SPIED \$7.00	10 03/28/2001	BSUED	C SIGNATURE OF LO	CAL REGIS	2105902	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL HSPOSITION.	ATENTA SESSE	Diego, CA 921	85222	DRESS OF REGISTRAR O DISPOSITION IS TO OCCUR			ENIA		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONL	1
B. CREMATION	SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA RIDE OF CALIFORNIA		I DISPOSITION (Name and A	ddress)		
BURIAL	Mt. Hope	Cometery; 3751 an Diego, CA 9	Market St.	3-29-01	110	SIGNATURE OF PERS	SON IN C	TARGE OF B	JHIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMATE	D 12C	SIGNATURE OF PERS	SON IN CH	ARGE OF CR	EMATION
- SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B, DATE RECEIVE	ED 13C	SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	140	ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	150.	SIGNATURE OF PER CHARGE OF DISPOS			NATED RE- DISPOSER

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26-01

You are hereby authorized and instructed,	The state of the s	es and regulation	ons, to inter	the remains
of SARAH SE	AFLL			
in a Dewell Depth	_ Funeral, date, til	me WED_	3-30	11:0
Church, Chapel Graveside		BAYVIEW	MEMOR	Androuary.
All Funeral cars must arrive before 300 p.	m. of regular work	day or an extra	charge of \$	150.00
will be applied and billed to undersigned.	7			
Lot 3 3 Grave 4 Row			rision/ Bl eck	7_
Grave space & Care Fund	re-need	D- 85	37	-6
Additional spaces and care fund				
Opening/Closing & Setup	<u></u>		<u>3</u>	75.00
Burlal Container PAI	D		3	80.00
Handling Fees	2004		3	20.00
Handling Fees Flower vases – Marker setting Vee 26	2001			
Recording and filing fee MT.: HOPE CE	METARY	*****************	<u>Y</u>	5.00
Sales taxes CITY OF SAN I	DIEGO, C/		5	8,50
		Total Due		48.50
Pa	id receipt number	NE _	11	48.50
X 1/ 1	1	Bala	nce due	-0
I hereby certify I am the and this is your authority to make dispositions that I have the right to make this authority any liability on account of said authorization	ion and I agree to a	bove indicated	above name I certify and emetery har	d represent
I hereby authorize the interment in lot I hold under deed.	X Suprague X	Hard 1 3666	(Sell Vocabu	all me are
Signature of recorded holder of deed	X Sand	-449	4308	Zip Code
Work Order # E16292	Invoice #			



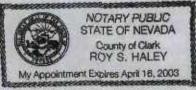
THE CITY OF

· E-16292

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

QUITCLAIM DEED

In consideration of
I/We MARJORIE DOROUGH
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to
RICHARD SCHELL
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 _33 Grave _4 Row Section _17 _ Division/Block _7
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
WITNESS my/our hand this 24 day of marci @ 2001
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:
K-57/1 -
Marjorie Derough





APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FOUND 3. DATE OF DEATH 4. SEX 1C. LAST (FAMILY) 2 DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 0672071945 SCHELL MARKE SARAH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALIF. SA CITY OF DEATH OF INFORMANT ENTER STATE SANTEE SAN DIEGO CHARD SCHELL - HUSBAND 78 TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 10366 WOODROWS AVENUE -IF APPLICABLE BAYVIEW MEMORIAL PUHERAL HOME SANTKE, CA 92071 564 BROADWAY, EL CAJON, CA 92021 FD-1709 BA. SIGNATURE OF APPLICANT—Person toking person, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 03/23/200 Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI 9A AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 23/2001 2105476 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$7.00 SHIROMA HUTE- THE PERMIT GHES NO RIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-OD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUIT IN AMOTHER DISTRICT IN CALIFORNIA DEATH OCCURRED IN CAUGORNIA REQUIRES A NEW TO SHOW FINAL MOITIGOS SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY III A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED . HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED BE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to in of MARY SURPRENANT	nter the remains
ina DOUBLE DEPTH Funeral, date, time 1:00 Pm 7.	HURS 3 FR-1
Charles Graveside Humpty CHAPS L. HUMPTREY	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge	ors 150.00
will be applied and billed to undersigned.	
Lot 70 Grave 10 Row Section 2 Division/BH	219.00
Additional spaces and care fund	
Opening/Closing & Setup. PAID Burial Container. PAID	375.00
Handling Fees MAR 2 5 2001	320,00
Flower vases – Marker setting fee	12.00
Recording and filing feMTL HOPE CEMETARY Sales taxes CITY OF SAN DIEGO, Cr	45.00
Paid receipt number R-53496	1367.00
S3\ 9 Balance due	1118.00
I hereby certify I am the of the above meand this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery any liability on account of said authorization and interpent.	amed desedent y and concesent y marmless from
I hereby authorize the interment in lot I hold under deed. ANDREA KOT NATIVE AND N	USENS #3
Signature of recorded holder or dised > LA MESA (Lo19) 464-0854 elephane	91941 2p Code
Work Order # E16293 Invoice #	

O Printed un recorded paper

REA-104 (7-96)

This information is available in alternative formats upon request.

KOUSENS	, ANDREA 4910 Taltec Dr., La Mesa 91941 8397	62°	73 on .	Ave	#3 La 1	lesa 9		-14848		
01=26-99	Opened Pre-need Lot.		DESIT			CREDIT		BALANCE		
	Lot 111 Gr 6 Sec 1 Div 11			895	.00	448	.00	447	.00	
1-13-01	Receipt #50780 R-53253 Coupon 1 To 13					183	8.00	121	911	00
	epichanged for lot 70	8	V	10	De	2	2	w	13	
	•									
-										
	KOUSENS, ANDREA Pre-need Lo	ot E	-14	348						

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	BLAKE 8	Little	70 X 10	OPEN	cook	
Interment	Date: Thu	u Marc	429 T	RENA/	00 pm	
Grave Laid	d out by: 🛶	Nour	+ VI	Sect:		
			es C		they	on land
	th Map: □ ck & Veril		/	No .	_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEI	DENT-FIRST (GIVEN)	IB. MIDDLE ELIZABETH	10. LAST (FAMILY)	PRENANT	1		OF DEATH 4. SEX
SA. CITY OF DEATH	E1 C	1	58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALLE	OF INFO	RELATIONSHIP, FULL MAILING AD	
Humphrey	ADDRESS OF CALIFORN	IIA—FUNERAL DIRECTOR OR PERSON B MOTTURY-753 Bro	oadway 78 CAL	F. LICENSE NUMBER APPLICABLE TD-964	La Me	Lemon Avenue, # esa CA 91941 TURE OF APPLICANT - Form tolving in	
ACKNOWLEDGMENT OF		acknowledge on applicant that the proposed dis 0376 of the Hegith and Safety Code, and was outh			-CAM	aith Exing	03/29/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO RISHT OF DISPOSAL UNITSEE OF CALFORNIA.	\$7.00	95. DATE PERMIT	101	C. SIGNATURE OF LOCAL REGI 2105762	STRAR ISSUING PERMIT
ANY CHANGE IM DISPOSI REQUIRES A NEW TO SHOW FINAL DISPOSITION.	WE SEAT OF LES	EGISTRAR OF DISTRICT OF DEAT BOTTLE P.O. Box 8: CA 92186-5222	100			CT OF DISPOSITION— HER DISTRICT IN CASHORNIA	
B. CREMATION	N OF CREMATED REM		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA		FOR CORONER'S I DISPOSITION PENDING (Nume and Address)	
BURIAL		Cemetery 3751 Mar CA 92102		3-29-01	D 11G.	SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN CH	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	ODDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECE	IVED 130.	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		ADDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPE	ED 140.	ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO ID	<i>arest point on shoreline, or o</i> entify final place and ca <u>disti</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150 LICENSE MUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



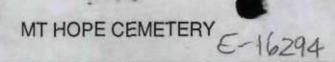
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26-01

You are hereby authorized and instructed, su	bject to your rules	and regulation	ons, to inter	the remains
	NOXI-			
ina + S. VAULT	Funeral, date, tim	e MoN	4-2	11:00
Church Chapel, Graveside		LAGSDA		_ Mortuary,
All Funeral cars must arrive before 300 p.m.	of regular work d	ay or an extra	charge of \$	150.00
will be applied and billed to undersigned.				
Lot 13 0 Grave 10 Row_	Section _	2_ Di	vision/Bleck	11
Grave space & Care Fund				795.00
Additional spaces and care fund	uged fla	un viae		3,75
Opening/Closing & Setup			2	75.00
Burial Container			3	250.00
Handling Fees PA	ID			85.00
Flower vases Marker setting fee	2004		1	25.00
Recording and filing fee MAR 2.6	ZUUI			45.00
Sales taxes	EMETARY			18:75
CITY OF SAN	DIEGO, Cr	Total Due		917.50
Paid i	eceipt number	2-5349	9 1	817.50
×	· · · · · · · · · · · · · · · · · · ·	Bala	nce due _	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to he	ove indicated	L I certify an	ed decedent nd represent rmless from
I hereby authorize the interment in lot I hold under deed.	X Addison	45 E	Bough	Pitte RC
Signature of recorded helder of deed	X GAN Velephone	266	767	6 Zer Code
	Invoice #_		4	
Work Order # E 16294	Acct.#			



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.

PFAFF 1	2	3	CHAMBERIL	in oben	schaul 6	
open	open 8	open	130X 10	open	open	
			open			
Interment	space for	: ViRG	INIA	CHEVI	HLIER	
Interment	Date: Mo	N 4-	2	ime:\\	00,	
Lot: 130	Grave	: 10	Row:	Sect:	a Di	v: 11
Grave La	id out by:.					
Agrees w	ith Legal	Card:	Yes [J No	rulto	m
Agrees w	rith Map:	☐ Yes	0	No	C	~~~
Blind Che	eck & Ver	rified By:_			Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(13)

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1 1C. LAST (FAM	AILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
Virgini	a	-	Dixon	-Chevalier		1176271929	03/2	5/2001	F
SA CITY OF DEATH Let Me	sa		58 COUNTY OF	F DEATH-OUTSIDE CALIF., TE .ego	OF IME	RELATIONSHIP, FULL MORMANT		DRESS AND ZI	P CODE
Anderson-Ra	gsdale Mor	t.; 5050 Fede	A CONTRACTOR OF THE PARTY OF TH	IF APPLICABLE		Ebony Ridge lego, CA 92			
	Sai	n Diego, CA	92102	FD1329	BA. SIGN	ATURE OF APPLICANT-	erson taking p	ermit, SB. DAT	E SIGNED
ACKNOWLEDGMENT OF A			proposed disposition stated herein is a and was authorized pursued to Section		Me.	blu Will	lan	1 03/2	7/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAF- ITY FOR THE DISPOSITION IN BUILT OF USPOSAL OUTSIDE OF	SPECIFIED \$7.0	03/29/20	101	9C. SIGNATURE OF LO	OCAL REGIS	STRAPLISSUM 210580	G PERMIT
ANY CHANGE IN DISPOSI- REQUIRES A NEW T TO SHOW FINAL REPOSITION	Vital Reco	EGISTRAR OF DISTRICT D IN CALIFORNIA rds; P.O. Bo: n Diego, CA	x 85222	DE ADDRESS OF REGISTRAS IF DISPOSITION IS TO OCC			RINIA		
10. AUTHORIZED DISP	The second secon	The state of the s				FOR COR	ONER'S	USE ONLY	,
B. CREMATION C. DISPOSITION THAN IN A CE	SE .					(Name and A	ddress)		
BURIAL	HE. Hope	Cemetery; 37	SI Market St. CA 92102	4-Z-01	110	SIGNATURE OF PER	SON IN CI	HARGE OF BL	JRIAL.
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	A CREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	BON IN CH	MAGE OF CRI	MATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNI	A FACILITY RECEIVING REM	AINS 13B. DATE RECE	IVED 130	SIGNATURE OF PER	SON IN C	HARGE OF FA	ICILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS A	STATE OR COUNTRY WHER RE TO BE SHIPPED	E 148. DATE SHIPF	ED 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		INE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITIO			SIGNATURE OF PER CHARGE OF DISPOS		13D. LICENSE OF CREM MAINS D —IF APP	AATED RE-

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

14 H = 82 H

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San E ego

Date MARCH 27, 2001

of	KIWANNA	L. 1	BENDER				
in a	KENTINGE		_ Funeral, date, ti	me \	NED	4-4	11:00
	Type of Bunat Container				A BURI	AL	Mortuary.
All Funeral	cars must arrive befo	re 3:30 p	m. of regular work	day or	an extra	charge of \$	150.00
will be appl	ied and billed to unde	rsigned.	X				
Lot 33	31 Grave —	Row	Section	1	Div	ision/Block	9
	e & Care Fund						100.00
	spaces and care fund					-	
							165.00
Burial Cont	osing & Setup	AI	D				
Handling F	ees	103	2001			=	-
Fecordina							45.00
Sales taxes	and filing fee MT. H	ESAN	DIEGO, Cr			-	
	Citio			Total	Due		270.00
		Pa	aid receipt number	R-	5353	30	270.00
	.,				Bala	nce due _	-0
and this is that I have	rtify I am the X your authority to mak the right to make this on account of said a	authoriza	tion and I agree to	above hold M	indicated	I certify a	ed decedent nd represent armless from
I hereby au hold under	thorize the interment deed.	in lot I	X Signature		0.0	0/	
Signature of reco	arded holder of deed		Albarnos X City)	200	indre	Zp Code
	. € 1629		Invoice #				

@Publish endelsome

This information is available in alternative formats upon request.

€-16295



THE CITY OF

SAN DIEGO E-16295

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

FAX COVER LETTER

TO: CA BURIAL - JEANETT!	E
PHONE/FAX#	
FROM: SUE	
DATE: 4-2-01	
PAGES incl this page 3	
=== FAX # 527-3403	
MT HORE CEMETERY	

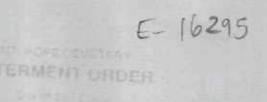
PLEASE SIGN AND RETURN. GET CHECK to US ASAP.

WE ALSO NEED CASKET MEASUREMENTS.

THANK YOU.

If all pages are not received, please call (619) 527-3400.





X Part X

E 16255

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.

he burial	space.					
3328	3327	3330	3331	3332	3313	
AUTA - WITH	AZTORGO	*Moray Davis	Kiwaning Bender	AGUERO	Raninez No marker	
			3427 Anthony Demotine Steel			
Interment	Date:WES	4-4	NNA L. T	ime:		iv: 9
Grave Laid	out by: _					
Agrees wit	th Legal Ca	ard: 🗆 Y	es [J No		
Agrees wit	th Map:	J Yes	U 1	No		
Blind Chec	ck & Veril	fied By: _			_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

[mo 9 days)

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

A NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX
TUCSON		58. COUNTY OF DEATH	I-OUTSIDE CALIF.	NAME RELATIONSHIP, FULL MAKING AND OF INFORMANT CARMELITEA BENDER-NO	
CALIFORNI	ORESS OF CALIFORNA FUNERAL DIRECTOR OF PERSON A CREMATION & BURIAL CHEREL AJOH BLVD., SAN DIEGO, CA \$2		APPLICABLE	126 COLLEGE CIRCLE COLORADO CITY, EX 7 BA. SIGNATURE OF APPLICANT—Person failing.	5912
- ACKNOWLEDGMENT OF A	I have be extensively as analysis that the manual from	outlion stated hermin is one of the	dispositions sytherized by		03/30/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GREEN OR MOST OF DISPOSAL OUTSIDE OF CALIFORNIA.	THE RESIDENCE OF THE PARTY OF THE PARTY.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO)1 ;	ISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	DD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA	vii		OF DISTRICT OF DISPOSITION— THE ANOTHER OSTRICT HE CALFORNIA 92186-5222	
A BURIAL (INCLE B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER EMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETE	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY	RNIA	L DISPOSITION PENDING (Name and Address) 11C. SIGNATURE OF PERSON IN C	
BURIAL	HB. HOPE CEMETERY, 3751 MA SAN DIEGO, CA 92103	REET ST.	14-4-01	WIN F. ha	west.
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATI	12C. SIGNATURE OF PERSON IN C	ARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIP		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —HE APPLICABLE

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

Sur Day

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03 - 27-01

You are hereby authorized and instructe	d, subject to your rules	and regulations,	to inter the remains
or Guadaluge &	Mantha	Barn	120
in a 2 Double Crupt	Funeral, date, tim	е	
Church, Chapel, Graveside	1		Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work de	ay or an extra cha	rge of \$
will be applied and billed to undersigned			
Lot 198 Grave 344 Row	Section_	2_ Divisio	nietock 12
Grave space & Care Fund	895 X2		\$1,140
Additional spaces and care fund	23 10 X 2	gallan	igga 47,50
Opening/Closing & Setup	375 X4		*1500
Burial Container	380 X2		¥ 160°
Handling Fees			* 640=
Flower vases - Marker setting fee	125 12 5	bietting	1 250
Recording and filing fee	-7 - 4	2 - 00	7 180
Sales taxes	20.20 XZ	Burnd Con	E0045
10-32-00		Total Due	- 12009
FULL IV	Paid receipt number	/ ISM	29245
I hereby certify I am the husband and this is your authority to make disport that I have the right to make this authorizany liability on account of said authoriza	sition of remains as ab ration and I agree to ho	ove indicated. I c	ve named decedent ertify and represent
I hereby authorize the interment in lot I hold under deed.	Signatur 294	the 180	
Signature of recorded holder of dised	SAN SAN Coly (G19 Telephone	DIEGO 1 DIEGO	CA 92154
Work Order # E 16296	Invoice #_ Acct. #		

O Delegal on regular paper

This information is available in alternative formats upon request.

03-27-2001 Opened Pre-Need Lot & Trust. Div	DEBIT	CREDIT	BALANCE
03-2-1 Pre-Need (2) Lot (# 3 & # 4). Also, 358	10% 1790,0	0	1790.00
Trust Includes: (4) Opening/Closing; (2)	80 %		
Dbl. Crypts; (2) Handling Fee; (2) Taxes;	3137-00 TA	ten	4927 00
(4) Recording Fee; (2) Marker Setting Fee; (2) Galv. Flower Vases. 47.50	a97.50		5 224,50
03-27-01 25% Down payment: VISA		1,300.00	3,9 24.50
05-04-01 Coupon 1 2 R-53648		- 328.00	3,596,50
7-12-01 VISA 324 2011	4	328,00	3 2 68 50
10-07-01 R-54103 3 26 Rem T	TRUST	328.00	2990, 50
18.24-01 R-54470 748		-328,00	2612.50
2-14-02 R=546601 9.10 411		492,00	2120,50
5-21-02 R-55004 12, 13 ~ 14		492,00	1628,50
8.6-02 R-55296 15,16 x 17 Show	MA SIST	488.00	1140.50
10-22-02 R-5534 15, 16 x 17 8ho		1/40,50	1
BARRAZA, GUADALUPE & MARTHA E-16296			

CEMETERY

AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54661

MOUNT HOPE CEMETERY (619) 527-3400

			HACK CO.	Lake		/	17
From Esteban Sanchan	Address:	02	Petr	dres	×, 17	, 20 (
Four Hundred Nin	noty and	00		D	ollars (\$	192.0	0,
In part Payment of Pur	- Ineld	Lot	& Ju	ust.	lica	runt	
_ caupons #	9,10,11	(3	payon	ende)		_
Lot 198 Grave	344	Row	Section			Division 1	_
Invoice No	NOT VALID FOR PURPOSI "PAID" IN THIS SPACE.	ESTATED UNLESS S	20	DIT 1% Sales Care 1% Sales	67007 77184		
Acct. No			of O	Lots pening/	77184 ————————————————————————————————————		
W.O. E 102 10			8	osing urial ontainers	77181 ——— 100 77182 ———		
BALANCE DUE	The state of			andling Fee	77185 ———		-
Pre-Need Lot D At Need D On Acct D	D		M Pr	e-Need ust	77183 — 63033 9022 —	492	00
Pre-need Trust Cash Check	1 trulett	The aw or	e) si	iles Tax	60101 78390 —	1100	-
AC-212 (Rev. 5-94)	ISSUED BY		TO1	AL PAID	3	442.	DD

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

	(619) 527-3400				
From Guadalupe a Ma	etho Barreladdress: 2945 Chovez	Rd. S.D.	4th.	2154	0/_
Three-Hundred	Twenty-Eight and No	/100 D	ollars (\$ _	328.	SXX
In - PART Payment of	PRE- Need LOT & TR	PUST	10000		
n - Payment or -					
Lot 198 Gra	ve 3 4 4 Row — Se	ection 2	<	Division Block	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	0.00	00
Acct. No.	PAID	60% Sales of Lots	77184 — 100	328	-
w.o. E-16296		Opening/ Closing Burist	77181		
BALANCE DUE 3, 596, 50	MAY 0 4 2001	Containers	100		
Coupon # 142	APT HODE OF METADA	Handling Fee Recording &	77185		
Pre-Need Lot At Need On Ac	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Misc. Fees Pre-Need Trust	77183 — 63033 9022 —		
Pre-need Trust Cash Check		Sales Tax	60101 78390 —		
04/07/18 - 3 AC-212 (Rev. 594)	ISSUED BY A LILLIANS	TOTAL PAID	\$	328	60



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54470

Three Hundred, Delety Eight and 00- Dollars (\$ 328.00), Impart payment of The new toot of November & Dance (e.	From Guadalupe + M	with Barrage of Date	December and	,24 ,20	01_
mpart payment of TRIS- regard 4 Sot November & Dancole	Three Hundred 6	relently Eight as	d W - Dollars	\$ 328.00)
1. 2 prim outs coupons 7 4 & Movember & Spronles	mart Payment of TRU	-real & Cot		0	
Jan 11 Color 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 2 paymen	to coupons 748	1/ovembe	i & Noc	ember
Lot 198 Grave 3 04 Row Section 2 Division 12	Lot 198 Grave 3	Row_s	ection 2		2
Invoice No. NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 PAID IN THIS SPACE 20% Sales Care 77184	Invoice No.	NOT YALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184		
Acct. No. 90% Sales 100 of Lots 77184 100 Opening/ 100	Acct. No.		of Lots 77184		
W.O. E - 10296 Closing 77181 100	WO. E-16296		Closing 77181 Burist 100		
BALANCE DUE 26/2,50 Containers 77182 100 Handling Fee 77185	BALANCE DUE 26/2,50		100		
Recording & 100 Misc. Fees 77183			Recording & 100 Misc. Fees 77183	-000	NA-
Pre-Need Lot At Need On Acct Pre-Need		Q Auc 11		278	00
AC-212 (Rev. 5-94) Check Sales Tax 60101 78390 TOTAL PAID \$ 328, 00	1218	ISSUED BY WEETE LA OLW JOIG	78390	Control of the Contro	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Hundalupe Barran Low funded lendy	Jus Carlo	Dollars	(\$ 492.00)
Lot 198 Grave		ection_2	Division \2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 Burtal 10 Containers 7718 Handling Fee 7718	000000000000000000000000000000000000000
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY D Dhullton	Pre-Need 6303 Trust 902 Sales Tax 6010 TOTAL PAID	492 00

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

54183

13
50
00
00
50

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 1
Payment Due Date May-01
Payment Amount Due 164.00
Balance Due 3,760.50

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

E16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 2
Payment Due Date June-01
Payment Amount Due 164.00
Balance Due 3,596.50

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



Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 3
Payment Due Date July-01
Payment Amount Due 164.00
Balance Due 3,432.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 4
Payment Due Date August-01
Payment Amount Due 164.00
Balance Due 3,268.50

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

- E-16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 5
Payment Due Date September-01
Payment Amount Due - 164.00
Balance Due 3,104.50

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

--E-16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 6
Payment Due Date October-01
Payment Amount Due 164.00
Balance Due 2,940.50

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

E: 16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA, 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 7
Payment Due Date November-01
Payment Amount Due 164.00
Balance Due 2,776.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 8
Payment Due Date December-01
Payment Amount Due 164.00
Balance Due 2,612.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 9
Payment Due Date January-02
Payment Amount Due 164.00
Balance Due 2,448.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 10
Payment Due Date February-02
Payment Amount Due 164.00
Balance Due 2,284.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 11
Payment Due Date March-02
Payment Amount Due 164.00
Balance Due 2,120.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 12
Payment Due Date April-02
Payment Amount Due 164.00
Balance Due 1,956.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 13
Payment Due Date May-02
Payment Amount Due 164.00
Balance Due 1,792.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 14
Payment Due Date June-02
Payment Amount Due 164.00
Balance Due 1,628.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 15
Payment Due Date July-02
Payment Amount Due 164.00
Balance Due 1,464.50

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

-VE-16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 16
Payment Due Date August-02
Payment Amount Due 164.00
Balance Due 1,300.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 17
Payment Due Date September-02
Payment Amount Due 164.00
Balance Due 1,136.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 18
Payment Due Date October-02
Payment Amount Due 164.00
Balance Due 972.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 19
Payment Due Date November-02
Payment Amount Due 164.00
Balance Due 808.50

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

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 20
Payment Due Date December-02
Payment Amount Due 164.00
Balance Due 644.50

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

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 21
Payment Due Date January-03
Payment Amount Due 164.00
Balance Due 480.50

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-16296

Mt. Hope Cemetery Prepayment Plan Record

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 22
Payment Due Date February-03
Payment Amount Due 164.00
Balance Due 316.50

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

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO.	23
Payment Due Date	March-03
Payment Amount Due	164.00
Balance Due	152.50

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

Guadalupe & Martha Barraza 2945 Chavez Road San Diego, CA 92154 619 - 428-8020 E-16296

Preneed for: Guadalupe & Martha Barraza

Lot 198 Grave 3 & 4 Div 12 Sec 2

Payment NO. 24
Payment Due Date April-03
Payment Amount Due 152.50
Balance Due 0.00

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

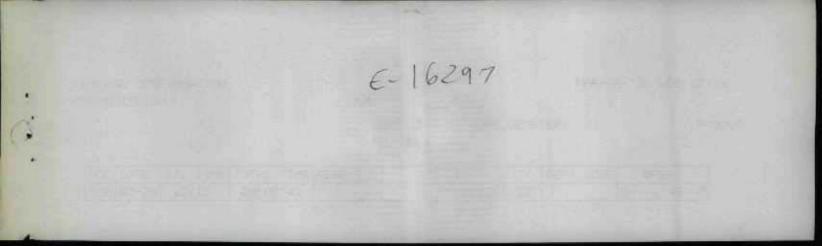
Date MARCH 27, 2001

You are hereby authori		subject to your ru	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ations, to inter	the rem	ains
in a LINER	GLADICE	_ Funeral, date, t	Section 1995	Mapel	29	2:1
Church Chapel Grave	side		RAGSD	ALE	Mortu	2010
All Funeral cars must a will be applied and bille		1.60001	day or an ext	ra charge of \$	150.0	00_
Lot 94 Grave		Section	2_1	Division/Block	12	
Grave space & Care Fu	and			<u>\$</u>	895.0	00
Additional spaces and	care fund					
Opening/Closing & Set	upqu				375.0	00
Burial Container	bell 11	ner			190.0	00
Handling Fees	PA	ID			145.0	00
Flower vases - Market Recording and filing fee	MAD 2	8 2001			45.	90
Sales taxes	CITY OF SAN	CEMETARY N DIEGO, C	Total Due	1	,664. 664.	25 25 25
I hereby certify ! am the	DAUGH'		Ва	lance due _	ed deced	dent
and this is your authori that I have the right to I any liability on account	ty to make disposit make this authoriza	tion and I agree to	above indicate	ed. I certify a e Cemetery ha	nd repres	sent rom
I hereby authorize the i hold under deed.	interment in lot I	Signature	150 3	5th 3	Jun t	
Signature of recorded houser of de	ed	G/A Telephone	282	1898	2/09	Code
Work Order # E1	6297	Invoice #				-

O Printed an incycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



MT HOPE CEMETERY

E-16297

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.

	4				-	
		2	3	4	5	
	open	I rene waney Capere	College Graduce	open	Dorothy McFarlane	
	Buter	Fay ha	Barbare Becker Lockhart	Downe, Robert E.	Veronite	
Intermer	nt space fo	r: G1	aduce	G11	ins - (reen
	nt Date: Th					
Lot: 94	4 Grave	a: 3	Row:	_ Sect:	2 Di	v: 12
Grave L	aid out by:					=
Agrees	with Legal	Card:	Yes [J No	(Flac	on vove
Agrees	with Map:	☐ Yes		No	0	
Blind Ch	neck & Ve	rified By:_	MARK		Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDENT—FIRST (GIVEN) IB. MIDDLE Beulahmae		Collins-Green		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX		
SA. CITY OF DEATH NAT:	ional City	58. COUNTY OF DEATH SENTER STATE SENT DIESO		Charles and the second of the latter	MANE RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT OFFICE A. Green, Daughter		
Anderson-E	San Diego, CA 92102	BIVE. FAPPLICABLE Sai		150 30th St. an Diego, CA 92104			
ACKNOWLEDGMENT OF A	I Thomas and an analysis and the second of		Aspositions authorized by	1.10.1.1.	Person taking person 88. DATE SIGNED 03/28/2001		
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THIS PERMIT.	9A. AMOUNT OF FEE PA			OCAL REGISTRAR ISSUING PERMIT		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	od. Address of Registrar of District of DEA Vital Records, 7.0. Box 85 San Diego, CA 92186-	222 " 0	About the Charles of the Committee of th	F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALIF			
AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	100	1	FOR COL	RONER'S USE ONLY		
B. CREMATION		E. TEMPORARY ENVAL	RNIA.	I. DISPOSITION (Name and	PENDING—REMAINS LOCATED AT		
BURIAL	Name and address of California cemeraty; 3/51 H		3-29-01	110. SIGNATURE OF PER	RSON IN CHARGE OF BURIAL		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMI	ATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PER	RSON IN CHARGE OF CREMATION		
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PE	RSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO E		148. DATE SHIPPED	0F PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C SIGNATURE OF PEI CHARGE OF DISPO			

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

JET Burial O

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 27, 2001

You are hereby authorized an	nd instructed, subject to your rules and regulations, to inte	r the remains
of Letic	cia K De Maldonado	
ina DBL Cuy	Funeral, date, time Thurs. Mar	ch 29 9:00
Church, Chapet Graveside	: Cypress View	Mortuary.
All Funeral cars must arrive b	pefore 3:90 p.m. of regular work day or an extra charge of	s_150.00
will be applied and billed to u	indersigned. X A/B	
Lot 5193 Grave	Bow Section Division/Block	10
Grave space & Care Fund	Face - 10000 CD1 C-137	0
Additional spaces and care fu	und	07FM
Opening/Closing & Setup		3/5,00
Burial Container	DBL Crypt	380.00
Handling Fees		320,00
Flower vases - Marker setting	g fee	
Recording and filing fee	MAR 2 7 2001	45,00
Sales taxes		28,50
	MT. HOPE CEMETARY	1,148.50
	CITY OF SAN DIEGO, C53501	1,148,50
	Balance due	R
I heroby certify I am the	Brother	
and this is your authority to n	of the above nar make disposition of remains as above indicated. I certify a this authorization and I agree to hold Mt. Hope Cemetery has d authorization and interment. ADRIAN Ber	and represent
I hereby authorize the interme hold under need.	× 3916 Marine View	
Signature of records; holder of deed	X San Diego, CA 9 (619) 263-7250	2113 Zip Code
	Invoice #	
Work Order # E162		
REA-104 (7-96)	This information is available in alternative formats u	pon request.

& Product on correlat paper

MT HOPE CEMETERY E - 162 98"

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:

DOUBLE CRYPT

Let BURIAL

5195	5194	5193	5192	5191	5190
ULLO a Genralez	open	hetisea Maldonado	Seno Bro Berlanga	Marwin Ellmole Fisher	Johanne Lee Fisher

Interment space for: LETICIA C. MALDONADO	
Interment Date: THUR. MAR. 29 Time: 1	1:00
Lot: 5193 Grave: Row: Sect	: Div:10
Grave Laid out by:	
Agrees with Legal Card: Yes No	(Flandorous)
Agrees with Map: Yes No	Contr
Blind Check & Verified By:	Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				E OF DEATH 4. SE
LETICIA		PALOMARES	DE MALDO!				25/2001 F
SA. CITY OF DEATH	O Triply		58. COUNTY OF DEATH		OF MEC	RELATIONSHIP, FULL MAILING A	
	DORESS OF CALIFORN	A-FUNERAL DIRECTOR OR PERSO - CYPRESS VIEW CH	ON ACTING AS SUCH 7B. CAL	UF. LICENSE NUMBER	2730	E 18TH ST NAL CITY, CA 9	
3953 IMPE	A STATE OF THE PARTY OF THE PAR	IAN DIEGO, CA 921	1 77	The state of the s	THE RESERVED	TURE OF APPLICANT—Person taking	permit 88. DATE SIGN
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed of 376 of the Health and Safety Code, and was as			► Pa	weeth Valentin	03/27/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE ID NIGHT OF DEPOSAL OUTSEST OF CALFORNE	\$7.00	98. DATE PERMIT 03/27/20 P Valenti	01	C. SIGNATURE OF LOCAL REI	GISTRAR ISSUING PERM
Control of the Contro	VITAL REC	CONTRACT OF DISTRICT OF DEAD IN CAUFORNIA CORDSPO BOX 85	1 5	DRESS OF REGISTRAR	OF DISTRIC	CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP	THE OWNER WHEN PERSON NAMED IN COLUMN	Commence of the Commence of th		6	1	FOR CORONER	S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		1. DISPOSITION PENDIN (Mame and Address)	G-REMAINS LOCATED
BURIAL		DDRESS OF CALIFORNIA CEMET EMETERY, 3751 HAI CA 92102		3-29-0	1	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMA	ATORY	12B. DATE CREMATE	ED 12C.	SIGNATURE OF PERSON	CHARGE OF CREMATIO
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		148. DATE SHIPPE		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FIGIENT TO EDE	REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA <u>DIST</u>	OTHER DESCRIPTION SUF- TRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15G.	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE PRIMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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



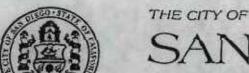
MT HOPE CEME, CHY

INTERMENT ORDER

City of San Diego

Date MARCH 27, 2001

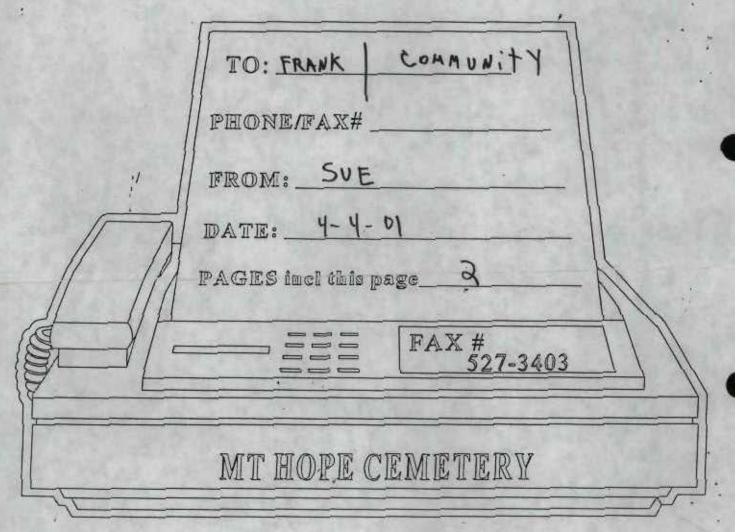
LINER T	ING	host II	9 10'00
Type of Type o	Funeral, date, time	HON 4-	9 10:00
hurch, Chape, Graveside GRAVE	SIDE ONLY	COMMUNIT	Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work day	or an extra ch	arge of \$ 150.00
ill be applied and tilled to undersigned	X		
ot 231 Grave 8 Row		2	13
at Twi Grave U Row	Section	d _ Divisi	onfillack 17
Srave space & Care Fund			895.00
dditional spaces and care fund			The same of the sa
pening/Closing & Setup	10		375.00
urial Container			190,00
urial Container APK 11	3 7001		145.00
lower va L - Martier se MT. HOPE	CEMETARY		
ecording and filing fee CITY OF SA	N DIEGO, CA		15.00
ales taxes			
CORTURNY TO	Ţ	tal Due	1664.25
LING CHECK	Paid receipt number $\underline{\mathcal{S}}$	-53550	1664.25
	,	Balance	e due
hereby certify I am the X Dava	bter	of the ab	ove named decedent
nd this is your authority to make dispo- nat I have the right to make this authorize	ation and I horse to hold	ve indicated. I i Mt. Hope Cen	certify and represent netery harmless from
ny liability on account of said authorizat	tion and interment.	2. 2	-
hereby authorize the interment in lot I	7Ch	stora	Esperiora
old under ceed	× 4040	Efa	54
graiture of recorded holder of direct	X Sn 11	Diegi	921/3
and the state of t	V7 619)	263-	6501 he code
	Telaphone		62-1
	Invoice #		
Ork Order # E 16299	Acet #		



SAN DIEGO

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

FAX COVER LETTER

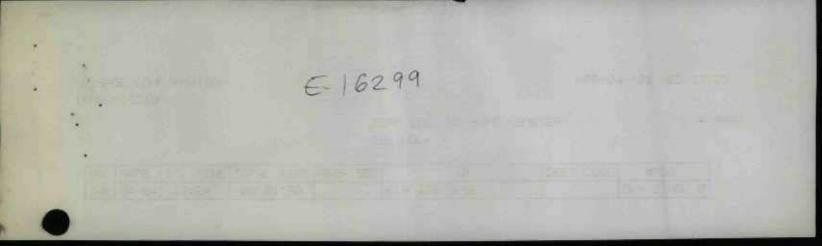


AS SOON AS DATE AND TIME IS SET - PLEASE LET US KNOW. PLEASE GET A CHECK to US ASAP FOR \$ 1664.25.

THANK YOU.

If all pages are not received, please call (619) 527-3400.





MT HOPE CEMETERY E- 16299

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.

NUNEZ		2	3	P .	5
	7	331 X 8	9	10	11
	LUCERO				

Interment space for: FRANCES T	ING
Interment Date:	Time:
Lot: 23 Grave: 8 Row: _	Sect: A Div: 12
Grave Laid out by:	The
Agrees with Legal Card: Yes	O NO Grave
Agrees with Map: Yes	l No
Blind Check & Verified By: DARK	P/L Date: 4-6-01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

Frances	NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C			ME		E OF DEATH 4. SEX
San Dieg	0	58. COUNTY OF DEATH	n Diego	OF INFOR	LATIONSHP, FULL MAILING A MANT tian Espinoza	
. Community	ADDRESS OF CALIFORNIA—FUNEBAL DIRECTOR OR PERSON MOTCUETY 855 Broadway ta, Calif 91911	FD	1682	4040 San D	Sta St lego Cs 92113	
ACKNOWLEDGMENT OF	APPLICANT I hereby acknowledge as applicant that the proposed drop Section 10376 of the results and Safety Code, and was author	oution stated herein is one of the rided pursuant to Section 71(0) of the	dispositions authorized by Health and Safety Code	> //re	4/14/001	04/05/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT CHES HO NESIT OF DISPOSAL DUTSUE OF CALFORNIA.	\$7.00	04/05/2 D.Heldenb	001 2	SIGNATURE OF LOCAL REG 106174	IBTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI TION REQUIRES A NEW T TO SHOW FINAL ISPOSITION.	Without Bosonda P O Box 8522	9E. ADI	DRESS OF REGISTRAR INSPOSITION IS TO OCCU		OF DISPOSITION— R DISTRICT IN CALIFORNIA	
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S	S USE ONLY
B. CREMATION	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA		I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETE Mt Hope Cemetery 3751 Mark San Diego CA 92102		4-9-01		GRATUBE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMAT	ED 12C 8	IGNATURE OF PERBOIL IN C	HARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	/ED 13C. S	IGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B. DATE SHIPPE		DORESS AND SIGNATURE (F PLACING WITH THE CARI	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRI		15B. DATE OF DISPOSITION		IGNATURE OF PERSON IN HARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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