

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-22-00

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

of WILLIAM E. SHURTZ  
in a BELL LINER Funeral, date, time Fri 12-29 2:00

Church, Chapel, Graveside Leathergill 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 2828 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need D-8565 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fee DEC 22 2000 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 14.73

Total Due 769.73

Paid receipt number R-53178 769.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 16100**

# MT HOPE CEMETERY

E 16100

## 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	OPEN	OPEN	<del>William</del> 2828 SHURTZ	Robert W. SHURTZ	OPEN	KELLEY

Interment space for: William Shurtz

Interment Date: 12-29-00 Time: 2:00

Lot: 2828 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

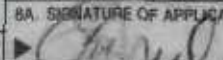
Blind Check & Verified By: DAKKEY Date: 1-26-01

Flag on grave



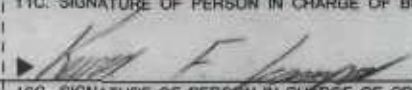
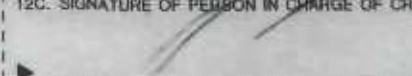
# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>William</b>		1B. MIDDLE <b>Edwin</b>		1C. LAST (FAMILY) <b>Shurtz</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/09/1920</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>12/21/2000</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marisel Shurtz, wife 146 Blanchard Rd. El Cajon, CA 92020</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>						7B. CALIF. LICENSE NUMBER— —IF APPLICABLE <b>FD1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED <b>12/22/2000</b>	

* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>12/22/2000</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2020795</b> <b>C. Maggard</b>	
<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 63222, San Diego, CA 92186-5222</b>					
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA  -					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-27-00</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Dec. 26, 2000

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

in a \_\_\_\_\_ Funeral, date, time Fri Dec 29, 10<sup>00</sup> AM

Type of Burial Container  
Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 pm of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned X C.R.

Lot 979 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund \_\_\_\_\_ 100.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 125.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Length = 26" Total Due \_\_\_\_\_ 270.00

Width = 14" Paid receipt number R-53181 270.00

Height = 10" Balance due 0.00

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16101

REA-104 (7-96)

This information is available in alternative formats upon request.



E-16101

## MT HOPE CEMETERY

E-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.

	Deborah Fleming	COLES	979 X	Cassandra Chambers		
		ANAYAH Chenai Nixley	Chante Laster			

Interment space for: \_\_\_\_\_

Interment Date: Fri Dec 29, '00 Time: 10:00 am

Lot: 979 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16101
6 mos

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CYNTHIA</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>ROJANO</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/16/2000</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/23/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CYNTHIA C. ROJANO—MOTHER (VANESSA)</b> <b>4126 ETA STREET</b> <b>SAN DIEGO, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATIN &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.				8B. DATE SIGNED <b>12/28/2000</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/29/2000</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2021051</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-6222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-29-00</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED <b>-</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED <b>-</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED <b>-</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION <b>-</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>
		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE <b>-</b>		

COPY 2 IS RETAINED BY 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

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

of Kerry Blanchard

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_ 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 895.00

Paid receipt number 115A 224.00

Balance due 671.00

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

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

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 16102**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16102

BLANCHARD, KERRY

4138 TIM STREET, BONITA, CA 91902

(619) 482-7712

			DEBIT	CREDIT	BALANCE
12-26-00	Opened Pre-Need Lot				
	Lot 16, Gr. 7, Sec. 2, Div. 12		8 95.00		8 9 5.00
12-26-00	VISA			2 24.00	6 71.00
03-23-01	Coupon 1 + 2 R-53490	716 30%		56.00	615.00
4-11-01	R-53563 3-10	179 20%		224.00	391.00
2-6-02	R-54631 Coupons 11-16			-168.00	223.00
4-16-02	R-54873 Coupons 17-24			-195.00	28.00
4-16-02	Paid Balance by Visa			-28.00	0

BLANCHARD, KERRY

PRE-NEED LOT

E-16102



**Mt. Hope Cemetery  
Prepayment Plan Record**

E-16102

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

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

E-16102

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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

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.	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 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

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.	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

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

E-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

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**

E-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

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**

E-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.	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

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

E-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.	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

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

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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

E-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.	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

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

## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY  
 PINK \_\_\_\_\_ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16102

53563

From: Kerry Blanchard Date: 4-11, 2001  
Two Hundred Twenty Four Address: 4138 Tim Street Bonita 91902  
part Dollars (\$) 224.00  
 In part Payment of Pre-Need Lot

Lot 16 Grave 7 Row    Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16102BALANCE DUE 391.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>224</u>	<u>00</u>

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

53490

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 23, 2001
 From: Kerry Blanchard Address: 4138 Tim St., Bonita, CA 91902  
Fifty - Six and NO/100 Dollars (\$ 56.<sup>00</sup>/<sub>XXX</sub>)
In - part Payment of Pre-Need Lot
 Lot 16 Grave 7 Row - Section 2 Division 12
Invoice No.                     Acct. No.                     W.O. E-16102BALANCE DUE 615.<sup>00</sup>NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE**PAID**

MAR 23 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY                     

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	56 <sup>00</sup>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
Handling Fee	100	
Recording &	77185	
Misc. Fees	100	
Pre-Need	77183	
Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	56 <sup>00</sup>

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

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54631

Date: 02/06, 20 02
 From: Kerry Blanchard Address: on record  
One Hundred Sixty Eight and 00/100 Dollars (\$ 168.00 )

 In part Payment of Pre-need Lots  
Coupons # 11-16 (6 payments)

 Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. 1W.O. E-16102BALANCE DUE \$223.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	87007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial	100
Containers	77181
	100
Handling Fee	77182
Recording & Misc. Fees	100
Pre-Need Trust	77183
Sales Tax	83033
	8022
	60101
	78390

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

AC-212 (Rev. 5-94)

1010

ISSUED BY Paulette CrawfordTOTAL PAID \$ 168.00



Payment Record for  
Kerry Blanchard

Payment No.

Payment Due

Payment  
Amount

Balance Due

Payment Sent

	1	March-01	28.00	643.00
	2	April-01	28.00	615.00
	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	October-01	28.00	447.00
	9	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
	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

E-1662



E-16102

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26<sup>th</sup> day of DECEMBER, 1900, 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 16, Grave 7, Row     , Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$895.00, payable as follows: \$24.00 cash herewith, the receipt of which is hereby acknowledged; \$28.00 on the 10<sup>th</sup> day of MARCH, 1900; and the balance in installments of \$28.00 or more, payable at the office of Mt. Hope Cemetery, on the 10<sup>th</sup> day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

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



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

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

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

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

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

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

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

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

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



E-16102

WITNESS our hands this day and year above written.

Deed to be issued to:

23 payments at 28.00  
1 payment at 27.00

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

PURCHASER

X Kerry Blanchard  
Print Name

X [Signature]  
Signature

X 4138 Tim St.  
Street Address (Mail)

X Bonita CA. 91902  
City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: [Signature]

SLW:st(62-1)  
1-23-90

0



Pre. Rec.  
Lat

## City of San Diego

Date 12-26-00

of Lenny Blanchard

in a	Funeral, date, time
------	---------------------

Church, Chapel, Graveside	Mortuary
---------------------------	----------

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

will be applied and billed to undersigned.

Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 13

Grave space & Care Fund .....	8500
-------------------------------	------

Additional spaces and care fund .....

Opening/Closing &amp; Setup.....

Burial Container.....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee ..... \$

Sales taxes .....

Total Due..... 875.00

Paid receipt number 115A 224.00

Balance due 671.00

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

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

Signature of recorded holder of deed

Signature \_\_\_\_\_

461/1000

人

TeleFax

Invoice #

Acct. #

Work Order # **E 16102**

REA-104 (7-85)

*This information is available in alternative formats upon request.*

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2019.7

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-26-00

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

of LORRAINE P. CARMICHAEL

in a LINER Funeral, date, time 2:00 pm 1-03-01

Church, Chapel Graveside Mortuary, (X) Burial

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. \*50

Lot 240 Grave 11 Row — Section 2 Division/Block 12

Grave space & Care Fund 895

Additional spaces and care fund PAID

Opening/Closing & Setup 375

Burial Container 190

Handling Fees 145

Flower vases - Marker setting fee 45

Recording and filing fee 14.73

Sales taxes 15.00

Total Due 1664.23

Paid receipt number R-53204 1665.00

Balance due 0

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

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

Signature of recorded holder of deed

\* Sharon S. Carmichael  
Signature

\* 4009 Grape St Unit B  
Address

\* El Cajon, CA  
City

\* 619/440-5503  
Telephone

92021  
Zip Code

Work Order # **E 16103**

Invoice #

Acct. #



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Lorraine</b>	1B. MIDDLE <b>Preston</b>	1C. LAST (FAMILY) <b>Carmichael</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/16/1954</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/21/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Sacramento</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Sacramento</b>	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dianne Carmichael - Daughter 7529 Golf Club Court Sacramento, CA 95828</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Morgan Jones Funeral Home 4200 Broadway, Sacramento, CA 95817</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-855</b>		

## ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **12/21/2000**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>FY Jones 12/27/2000</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>FAX AUTH # 9841</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>3701 Branch Center Road Sacramento, CA 95827</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>3851 Rosecrans Street, PO Box 85222 San Diego, CA 92186-5222</b>		

## AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>1-3-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT HOPE CEMETERY

# 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 <sup>2</sup>	open <sup>3</sup>	open <sup>4</sup>	open <sup>5</sup>	open <sup>6</sup>		
open <sup>8</sup>	open <sup>9</sup>	open <sup>10</sup>	open <sup>11</sup>	open <sup>12</sup>		
open	JAMES	open	X SAMUEL	open		
<sup>2</sup>	<sup>3</sup>	<sup>4</sup>	<sup>5</sup>	<sup>6</sup>		
HUBBARD	open	WILKINS	open	GREVES		

Interment space for: LORRAINE CARMICHAEL

Interment Date: 1-3-01 Time: 2:00

Lot: 240 Grave: 11 Row:      Sect: 2 Div: 13

Grave Laid out by: Norman F. Ross

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG  
ON  
GRAVE





**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

*Double Depth Crypt*

Date 12-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARRIE ALLEN TUE 1-2

In a DBL. DEPTH CRYPT Funeral, date, time TUE JAN 20<sup>th</sup> 1:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50.00 will be applied and billed to undersigned. *fa*

Lot 107 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container *Double depth add 190.00* 190.00

Handling Fees *DEC 27<sup>th</sup> add. 175.00* 145.00

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

Recording and filing fee *add 14.72* 14.72

Sales taxes 1564.71

*R-53194 379.72  
12-29-00*

Total Due 1564.71  
Paid receipt number VISA 1100.00  
VISA 371.20  
R-53188 Balance due 93.71

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

*AESHA JABBAR*

*ALSHA JABBAR*

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

*+ Alsha Jabbar*  
Signature Alsha Jabbar  
Address 5335 San Bernardino Ter S  
City SD Ca Zip Code 92117  
Telephone (619) 267-4716

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 16164**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

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

D.D.	add.	190
H.F.	add.	175
tax	add	14.72
		<hr/>
		379.72



## MONEY ORDER RECEIPT - NON NEGOTIABLE

E-1604

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

Payable to:  
Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.  
**PURCHASE AGREEMENT:** You the purchaser agree that Integrated Payment Systems Inc. need not pay payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you sign the back of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately issued by Integrated Payment Systems Inc., Englewood, Colorado.

\* 0 6 1 9 1 2 8 2 6 6 7 \*



← LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP →



## MONEY ORDER RECEIPT - NON NEGOTIABLE

E16104

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

Payable to:

Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.

**PURCHASE AGREEMENT:** You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately. Issued by Integrated Payment Systems Inc., Englewood, Colorado.

\* 0 6 1 9 1 2 8 2 6 6 6 \*



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

MT HOPE CEMETERY E-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				
	1	2	103	3	4	5	6
	ROGER S	open	X ALLEN	open	open	open	BYRNE
	7	8	9				
	SPENCER	WILSON	LEDAY	BRAY	RANDOLPH	LEDAY	

Interment space for: CARRIE ALLEN

Interment Date: 1-2-01 Time: 1:00

Lot: 107 Grave: 3 Row:      Sect: 2 Div: 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ 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) <b>Carrie</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Allen</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/20/1953</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/21/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Nieme Jabbar, Husband 5235 San Benardo Terrace San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <b>[Signature]</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>12/28/2000</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/28/2000</b> <b>[Signature]</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2020992</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P. O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

1C. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-2-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>[Signature]</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



*Enter Fund Transfer Liner 11/10/01 DAC*

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-26-00

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

of WILLIAM THOMPSON  
in a LINER Funeral, date, time FRI 12-29 10:00

Church (Chapel Graveside) RAGSDALE Mortuary.

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

Lot 91 Grave 4 Row - Section 1 Division/Block 12

Grave space & Care Fund PRE-NEED E-15347 0

Additional spaces and care fund \_\_\_\_\_ 1

Opening/Closing & Setup \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 1

Recording and filing fee \_\_\_\_\_ 0

Sales taxes \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # E 16105

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16105

HOUSE CONFIRMATION  
TRANSMISSION

DATE-26-12-1967 TIME 16:00

REF-107 20-10-1967 (10:00)  
TEL 100-1

Q.	DATE	EX. TIME	TOTAL TIME	REF-107	10	DEPT CODE	#PSS
007	12-26	16:00	09:01:18		6192631507		04-2-16-10

# 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.

			OPEN			
OPEN 1	KING 2	BAILEY 3	X 4	5	6	
MYLES 7	CREWS 8	OPEN 9	10	JOSEY 11	OPEN 12	

Interment space for: WILLIAM THOMPSON

Interment Date: FRI 12-29 Time: 10:00

Lot: 91 Grave: 4 Row:      Sect: 1 Div: 12

Grave Laid out by: Norman Ran

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Renee C. Date: 12-27-00

FLAG ON GRAVE

# 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) <b>William</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Thompson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/21/1929</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/24/2000</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gretchen Thompson, Wife</b> <b>225 Rexview Dr.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED <b>12/28/2000</b>					

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>
	9B. DATE PERMIT ISSUED <b>12/28/2000</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2021022</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P. O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>12-29-00</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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





THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

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

Monday through Friday • Gates open daily

E-16105

## FAX COVER LETTER

TO: RAGSDALE

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 12-26-00

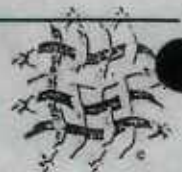
PAGES incl this page 2

FAX #  
527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER AND  
RETURN to U.S.

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



DIVERSITY  
BRINGS US ALL TOGETHER

E-16105

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-26-00

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

of WILLIAM THOMPSON

in a LINER

Funeral, date, time FRI 12-29 10:00

Church Chapel Graveside

RAGSDALE

Mortuary

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

will be applied and billed to undersigned.

Lot 91 Grave 4 Row \_\_\_\_\_ Section 1 Division 12

Grave space & Care Fund PRE-NEED E-15347

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

**E 16105**

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper



Pre-Need  
Lot & Trust

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANET CUMBERBATCH and/or CAROL WIGGINS

in a T.S. Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before <sup>3:00</sup> 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 1 Row — Section MASONIC Division/Block A  
Grave space & Care Fund 1,495.00  
Additional spaces and care fund \_\_\_\_\_  
Opening/Closing & Setup 375.00  
Burial Container T.S. Vault 250.00  
Handling Fees 185.00  
Flower vases UPRIGHT Marker setting fee [(18" x 30" x 30" / or (12" x 24")] 162.00  
Recording and filing fee 45.00  
Sales taxes 19.38

Total Due 2,531.38

Paid receipt number R-53185 633.00

Balance due 1,898.38

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

6161 EL CAJON BLVD # B134

SAN DIEGO, CA 92115

City (619) 441-9183 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 16106

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date DEC. 29, 2000

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

In a BELL LINER Funeral, date, time WED, JAN. 3RD 11:00 AM  
Church Chapel, Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before <sup>3:00</sup>3:30 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. x D. C.

Lot 129 Grave 4 Row — Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container BELL LINER 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1,664.73

Payment number R-53197 1,664.73

Balance due 0

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

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

Signature of recorded holder of deed

DINAH Chamberlain  
8172 Dodie St  
San Diego CA, 92114  
(619) 466-4277  
Zip Code

Work Order # E 16107

Invoice # —

Acct. # —

# MT HOPE CEMETERY

E-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.

DECATUR <sup>1</sup>	GOFF <sup>2</sup>	OPEN <sup>3</sup>	129 <sup>4</sup> DOE	OPEN <sup>5</sup>	BRAYSON <sup>6</sup>	
MOORE <sup>1</sup>	ROCHELLE <sup>2</sup>	DORSEY <sup>3</sup>	129 <sup>4</sup> X	ROCHELLE <sup>5</sup>	MCBRIDE <sup>6</sup>	
DOE <sup>7</sup>	LOPEZ <sup>8</sup>	THOMAS <sup>9</sup>	ELSIE <sup>10</sup>	ANDERSON <sup>11</sup>	STOVE <sup>12</sup>	

Interment space for: Serome Lee Otis

Interment Date: WED 1-3 Time: 11:00

Lot: 129 Grave: 4 Row:  Sect: 1 Div: 12

Grave Laid out by: Norman R...

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 1/4/03

FLAG  
on  
GRAVE



# 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) <b>JEROME</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>OTIS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/17/1981</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/22/2000</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SPRING VALLEY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DINAH CHAMBERLAIN—MOTHER</b> <b>8172 DODIE STREET</b> <b>SAN DIEGO, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>12/29/2000</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>12/29/2000</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2021142</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>SAN DIEGO VITAL RECORDS P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> B. CREMATION  <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY  <input type="checkbox"/> D. SCIENTIFIC USE         </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT  <input type="checkbox"/> F. DISINTERMENT  <input type="checkbox"/> G. SHIP IN TO CALIFORNIA  <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA         </div> </div>	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3851 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED  <b>1-3-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 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.



1/1/01  
\* ADVISED  
NORMAN G.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Dec 29, 2000

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

of CAROLYN J. FIELDS  
in a T.S. VAULT Funeral, date, time SAT JAN 6 11:00 AM  
Type of Burial Container  
Church, Chapel, Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before <sup>3:00</sup>9:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup>  
will be applied and billed to undersigned. X

Lot 129 Grave 4 Row - Section 3 Division/Block 12

Grave space & Care Fund ..... 895.<sup>00</sup>

Additional spaces and care fund SAT. SERVICES ..... 600.<sup>00</sup>

Opening/Closing & Setup ..... 375.<sup>00</sup>

Burial Container ..... 250.<sup>00</sup>

Handling Fees ..... 185.<sup>00</sup>

Flower vases - Marker setting fee ..... 45.<sup>00</sup>

Recording and filing fee ..... 19.<sup>38</sup>

Sales taxes ..... 2369.<sup>38</sup>

Total Due ..... 2369.<sup>38</sup>

Paid receipt number R-53195/R-53212 2369.<sup>38</sup>

Balance due 0

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

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

Signature of recorded holder of deed

ANNETTE SMITH  
X Annette Smith  
9315 Francis Dr.  
Spring Valley 91977  
(619) 462-6984 26 Code  
Telephone

Work Order # **E 16108**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Friend: Deceased  
Beverly Joyce Handy  
DIV 12  
LOT 136  
Gr A  
Sec 3

# 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 DeCorty Fuller	open	Jeanene Bradford no marker	Carolyn X Fields	John Doe John Doe	Susan Stephens no marker
7	8	9	10	11	12
Charlene Townsend	Shirley Henderson	open	open	John Doe John Doe	Margaret Becker no marker

Interment space for: CAROLYN J. FIELDS

Interment Date: SAT JAN 6 Time: 11:00AM CHURCH

Lot: 129 Grave: 4 Row: — Sect: 3 Div: 12

Grave Laid out by: Norman R

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] 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) <b>CAROLYN</b>	1B. MIDDLE <b>J.</b>	1C. LAST (FAMILY) <b>FIELDS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/27/1947</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/02/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SPRING VALLEY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ANNETTE SMITH-SISTER 9315 FRANCIS DR. SPRING VALLEY, CA 91977</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/05/2001</b>	

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/05/2001</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2100315</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

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

GREENWOOD  
CREMAINS

Into Grave of  
Reginald Allan Mobley

MT. HOPE CEMETERY  
INTERMENT ORDER

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 LOLA BELL MOBLEY (X)

in a ASH VAULT Type of Burial Container Funeral, date, time TUE. JAN. 9 11:00AM  
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. XG-L-m

✓ Lot 60 Grave - Row - Section I00F Division/Block 30

Grave space & Care Fund 2

Additional spaces and care fund 2

Opening/Closing & Setup 105.00

Burial Container ASH VAULT 55.00

Handling Fees 60.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 269.13 KSV

Paid receipt number R-53210 269.13

Balance due 2

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

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

Signature of recorded holder of deed

X Katherine L Mobley  
5269 OLIVERA AVE.  
SAN DIEGO, CA 92114  
City (619) 264-3809 Zip Code  
Telephone

Work Order # **E 16109**

Invoice #

Acct. #



# MT HOPE CEMETERY

E-16109

## 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		
CECILIA VILLASANA	JAMES McHORE 110-MARKER	ROY STILES	REV. SAMUEL DAWSON		
58 MARY HAUGEN	59 Rev. Andrew HAUGEN	60 Rev. Andrew HAUGEN X 110-MARKER	56 CARLOS PROANO		
		110-MARKER			

Interment space for: LOLA BELL MOBLEY (X)

Interment Date: TUE. JAN 9 Time: 11:00AM

Lot: 60 Grave: — Row: — Sect: I00F Div: 30  
Block

Grave Laid out by: RICKY

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] 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) <b>LOLA</b>		1B. MIDDLE <b>BELL</b>	1C. LAST (FAMILY) <b>MOBLEY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/25/1933</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/30/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOHNNIE L. MOBLEY - HUSBAND</b> <b>5269 OLVERA AVENUE</b> <b>SAN DIEGO, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY I-805 &amp;</b> <b>IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Lawless</i>		8B. DATE SIGNED <b>01/08/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>01/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>SHARON LAWLESS 2100480</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY: 3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED  <b>1-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>GREENWOOD CREMATORY I-805 &amp;</b> <b>IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>	12B. DATE CREMATED  <b>01/09/01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date JAN. 5, 2001

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

in a BELL LINER Funeral, date, time FRI JAN 5 10:00AM

Church/Chapel Graveside \_\_\_\_\_: ANDERSON-RAGSDALE Mortuary.

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

Lot 71 Grave 6 Row — Section 3 Division/Block 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 145.00

Flower vases - Marker setting fee —

Recording and filing fee 75.00

Sales taxes 14.25

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 769.25 xxx

Paid receipt number 53198 769.25 xxx

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature Xiloune Mustard  
Address 5560 ACKERFIELD AVE #301  
City LONG BEACH, CA. Zip Code 90805  
Telephone (562)408-2761

Work Order # E 16110

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-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	6 JOE C. X Collins	7 MAUDE HOLZLEIN		

Interment space for: JOE C. COLLINS

Interment Date: FRI 1/5/01 Time: 10:00AM

Lot: 71 Grave: 6 Row: — Sect: 3 Div: 12

Grave Laid out by: Norman Ran

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYI Date: 1-3-01



# 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) <b>Joe</b>		1B. MIDDLE <b>Charles</b>		1C. LAST (FAMILY) <b>Collins</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>05/19/1925</b>		3. DATE OF DEATH MONTH DAY YEAR <b>12/31/2000</b>		4. SEX <b>M</b>	
5A. CITY OF DEATH <b>Chula Vista</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Donnie Muqtasid, Son</b> <b>5560 Ackerfield Ave. Apt. 301</b> <b>Long Beach, CA 90805</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>William</i>				8B. DATE SIGNED <b>01/02/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 71100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/05/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100298</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>				11B. DATE BURIED <b>1-5-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

PRE-NEED  
LOTS  
& TRUST

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-2-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZEWDALEM M. KEBEDE

In a T.S. VAULT Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

1782 to 1785

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund 995 + 4 3980.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 575 + 4 1500.00

Burial Container 550 X 4 1000.00

Handling Fees 185 + 4 740.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45 + 4 180.00

Sales taxes 18.75 + 4 75.00

Total Due 7475.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]

Address 3420 43rd St #6

City SAN DIEGO

State CA Zip 92105

Telephone 619/2831624

Work Order # **E 16111**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-16111

$$\begin{array}{r} 7475 \\ \times .25 \\ \hline 1869 \end{array}$$

$$\begin{array}{r} 7475 \\ - 1869 \\ \hline 5606 \end{array}$$

$$5606 \div 24 = 234$$

$$\begin{array}{r} 234 \times 23 = \\ - 5282 \\ - 5606 \\ \hline 224 \end{array}$$

$$\begin{array}{r} 23 \text{ at } 234 \\ 1 \text{ at } 224 \end{array}$$



Interfund  
Transfer  
Liner  
01-10-01  
SME

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Jan. 02, '01

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

in a BELL LINER Funeral, date, time THUR JAN 4 1:00pm

Church, Chapel, Graveside; BERGE-ROBERTS Mortuary.

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

Lot 121 Grave 5 Row - Section 2 Division/Block 12

Grave space & Care Fund ET6069 X

Additional spaces and care fund Per Need X

Opening/Closing & Setup Lot X

Burial Container Trust X

Handling Fees PAID X

Flower vases - Marker setting fee JAN 02 2001 X

Recording and filing fee MT. HOPE CEMETARY X

Sales taxes CITY OF SAN DIEGO, CA X

Total Due R-53108 X

Paid receipt number paid in full

Balance due X

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. Gonzales, Sr.

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

X Henry B. Gonzales Sr.  
5252 Willowhaven Ave

Address LAS VEGAS, NV 89120

City (702) 458-1283 Zip Code

Telephone

Invoice #

Work Order # **E 16112**

Acct. #

# MT HOPE CEMETERY

E-16112

## 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		
	Hiawatha Hancock	open	Pauline X Barrios	open		
	9 Sandra Garrett	10 open	11 William Jr Hearn	12 Elmira Hearn		

Interment space for: PAULINE BARRIOS

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 121 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG  
on  
GRAVE



# 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) <b>PAULINE</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>BARRIOS</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/17/1921</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/02/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LEMON GROVE</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>REBECCA BARRIOS - GRANDDAUGHTER</b> <b>5252 WILLOWHAVEN AVE</b> <b>LAS VEGAS, NV 89120</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY</b> <b>BLVD, NATIONAL CITY, CA 91950</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pauline Barrios</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7109 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED <b>01/02/2001</b>				

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>01/02/2001</b> <b>P. Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2100039</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST,</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-4-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perquis</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



3/2/01 @ 9:05 am  
Left VIPS @ #  
283-1624 re: his  
intentions to  
purchase lots.  
DC

2/13/01  
Due in office 2/16  
before 3pm to pay  
25% down pymt  
1,869.<sup>00</sup>  
DC

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date JAN. 02, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MIL0 HENSTRAND

in a T.S. VAULT Funeral, date, time 1/8/01 MON 12:00

Church Chapel, Graveside ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. X

Lot 11 Grave 11 Row 13 Section 1 Division 5

Grave space & Care Fund Pre-Need Lots Paid 2

Additional spaces and care fund 2

Opening/Closing & Setup PAID 375.00

Burial Container 250.00

Handling Fees JAN 04 2001 185.00

Flower vases - Marker setting MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 18.75

Total Due 873.75

Paid receipt number R-53214 873.75

Balance due 0

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

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

Signature of recorded holder of deed

X Mrs. Venda Henstrand  
Signature

4068 MONROE AVE  
Address

SAN DIEGO, CA 92116  
City

(619) 282-2619  
Telephone

Zip Code

Work Order # E 16113 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# MT HOPE CEMETERY

E-16113

## 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.

				SHORE		
O. Smith	R. Smith	S. Smith	X	FAHLER		
				LUNDWALL		

Interment space for:

**MILO HENSTRAND**

Interment Date:

MON 1-8

Time:

12:00

Lot:

11

Grave:

Row:

13

Sect:

1

Div:

5

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Flag on  
Grave

Blind Check & Verified By:

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) <b>MILO</b>	1B. MIDDLE <b>E.</b>	1C. LAST (FAMILY) <b>HENSTRAND, SR.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/04/1907</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/02/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>VENDA Y. HENSTRAND: WIFE 4068 MONROE AVENUE SAN DIEGO, CA 92116</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit  
*[Signature]* 8B. DATE SIGNED  
**01/05/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2100413</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 2 IS RETAINED BY 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.

D. SMITH	R. SMITH	S. SMITH	X	PEAHLER		
				LUNDWAL		

Interment space for: MILO HENSTRAND

Interment Date: MUN 1-8 Time: 12:00

Lot: 11 Grave:  Row: 13 Sect: 1 Div: 5

Grave Laid out by: Norman Leguina

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Flag on Grave Date:

ATTN: ZONIA GARCIA

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date JAN. 02, 2001

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

in a + S. VAULT Funeral, date, time 1/8/01 MON 12:00

Church Chapel, Graveside GREENWOOD Mortuary.

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

will be applied and billed to undersigned. X

Lot 11 Grave  Row 13 Section 1 Division 5

Grave space & Care Fund Pre-Paid Lots Paid

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container  550.00

Handling Fees JAN 14 2001 185.00

Flower vases - Marker setting MT. HOPE CEMETERY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes  18.75

Total Due 873.75

Paid receipt number R-53214 873.75

Balance due 0

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

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

X Mrs. Venda Henstrand

4068 MONROE AVE

SAN DIEGO, CA 92116

(619) 282-2619

Invoice #

Work Order # E 16113

ORDER

CITY OF SAN DIEGO, CALIFORNIA

2374  
NºA 985

MT. HOPE CEMETERY

Date 12-8 1949

Charge Mito E. Henstrand

Address 4068 Monroe 104

Name of deceased

Mortician

Cre ned

Lot 10-11 Gr. Row 13 Sec 1 Div. 5 100 00

Opening: Time A.M. Day P.M. Date

Vault Box Size

Removal or Foundation

Total 100 00

Paid-Receipt Number @ 4050 100 00

Balance


 Authorized  
 In person  
 Phone By

 Order  
 Taken by R L Jay ✓

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-2-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANCES WINBUSH - HAIDAR

In a BELL LINER Funeral, date, time THUR 1-4 10:00  
Church, Chapel, Graveside CA BURIAL Mortuary.  
CLAUDETTE

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

Lot 84 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11  
Grave space & Care Fund 795.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees JAN 02 2001 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETARY 45.00  
CITY OF SAN DIEGO, CA

Sales taxes 14.25

Total Due 1564.25

Paid receipt number VISA 1564.25

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Frances Haidar  
Signature 2295 MONTCLIFFE  
Address SAN DIEGO, CA 92109  
City 619-470-0725 Zip Code  
Telephone

Work Order # E 16114

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# MT HOPE CEMETERY

E-16114

## 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		61				
3	4	5	84	6	85	1	2	3
open	open	open	X	open	open	open	open	open
open					open			

Interment space for: FRANCES WILBUSH - HAIDAR

Interment Date: THUR 1-4 Time: 10:00

Lot: 84 Grave: 6 Row:  Sect: 2 Div: 11

Grave Laid out by: Norman Ron

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 1-3-01

FLAG ON GRAVE



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16114 AGE  
64

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Frances</b>	1B. MIDDLE <b>Delois</b>	1C. LAST (FAMILY) <b>Winbush-Haidar</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/23/1936</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/30/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Suliman Haidar-Husband 2295 Montcliff Rd. SAN DIEGO, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5680 El Cajon Blvd., San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>7-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 71100 of the Health and Safety Code. 01/03/2001

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/03/2001</b> <b>J. Benyard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2800140</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

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

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



1st  
Grand

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-3-01

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

of George Anderson  
in a DOUBLE DEPTH Funeral, date, time mon 1-8 12:00

Type of Burial Container  
Church/Chapel/Graveside Graveside Mortuary

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

Lot 137 Grave 2 Row 2 Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund JAN 04 2001 —

Opening/Closing & Setup 375.00

Burial Container **MT. HOPE CEMETARY** 380.00

Handling Fees **CITY OF SAN DIEGO** 320.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 28.90

MORTUARY to Total Due 2043.00  
BRING CHECK

Paid receipt number R-53217 2043.00

Balance due 0

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

Tanisha N. Mitchell X HN Mitchell  
I hereby authorize the interment in lot I hold under deed. X

Signature of record holder of deed. X Signature 1844 Alta View Drive  
X Address San Diego 92139  
X City (619) 479-2012 Zip Code  
X Telephone

Work Order # **E 16115** Invoice # —  
Acct. # —

E-16115

# MT HOPE CEMETERY

E-16115

## 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.

		LEE <sup>1</sup>	137 <sup>2</sup> X	PARKER <sup>3</sup>	COOK <sup>4</sup>	OPEN <sup>5</sup>
		OPEN <sup>7</sup>	SOUKKEO <sup>8</sup>	OPEN <sup>9</sup>	CARTER <sup>10</sup>	LIVINGSTON <sup>11</sup>

Interment space for: GEORGE ANDERSON

Interment Date: MON 1-8 Time: 12:00

Lot: 137 Grave: 2 Row:      Sect: 2 Div: 12

Grave Laid out by:     

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:      Date:     

they on grave



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16115  
AGE 58

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>George</b>	1B. MIDDLE <b>Thaddeus</b>	1C. LAST (FAMILY) <b>Anderson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/15/1942</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/31/2000</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Carrie Anderson- Wife 1844 Alta View Dr. San Diego, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD1329</b>		

* ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>	8B. DATE SIGNED <b>01/05/2001</b>
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<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/2001</b> <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100427</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-3-01

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

In a BELL LINER Funeral, date, time MON 1-8 11:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

will be applied and billed to undersigned.

Lot 225 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup JAN 04 2001 375.00

Burial Container 190.00

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

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.25

**MORTUARY TO  
BRING CHECK** Total Due 1664.25

Paid receipt number R-53216 1664.25

Balance due 0

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

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

*Derrick B. Ragdsdale for Rufus Gardner*  
Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 16116**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16116

## 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.

	GILLIS <sup>1</sup>	PAYNE <sup>2</sup>	OPEN <sup>3</sup>	TREE <sup>4</sup>	OPEN <sup>5</sup>	OPEN <sup>6</sup>
JONES	7	8	225 X <sup>9</sup>	10	BURTON <sup>11</sup>	12

Interment space for: MARTHA BROWN

Interment Date: MON 1-8 Time: 11:00

Lot: 225 Grave: 9 Row:  Sect: 2 Div: 12

Grave Laid out by: Norman Ren

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: K. [Signature] Date:

FLAG  
ON GRAVE



# 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) <b>Martha</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Brown</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/31/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/31/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kurus Gardner, Son</b> <b>3087 54th St.</b> <b>San Diego, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>		
			8B. DATE SIGNED <b>01/05/2001</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/2001</b> <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100397</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurus F. Gardner</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kurus F. Gardner</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-3-01

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

of LLOYD C. FINLEY 12:00 01-17-01 Weds.

in a BELL LINER Funeral, date, time 12:00 1-16-01 (Tues)

Church, Chapel, Graveside DELIVERY : CA BURIAL Mortuary SEAN RITE

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

will be applied and billed to undersigned. X

Lot 95 Grave 1 Row      Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee     

Recording and filing fee 45.00

Sales taxes 14.25

MORTUARY to Total Due 1664.25

BRING CHECK Paid receipt number R-53258 1664.25

Balance due X

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

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

Signature of recorded holder of deed

X  
Signature

X  
Address

X  
City

X  
Telephone

Zip Code

Work Order # E 16117

Invoice #     

Acct. #

E-16117



E-1617

# MT HOPE CEMETERY

E-16117

## 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	95 X 1	OPEN 2	SNEED 3	WILSON 4
			OPEN 7	COTTN 8	THOMAS 9	10

Interment space for: LLOYD FINLEY

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 95 Grave: 1 Row: \_\_\_\_\_ Sect: 1 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG  
ON GRAVE

# 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) <b>LLOYD</b>		1B. MIDDLE <b>C.</b>	1C. LAST (FAMILY) <b>FINDLEY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/06/1912</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/29/2000</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARK HOSTETTER—PUBLIC ADMINISTRATOR</b> <b>5201-A RUFFIN RD.</b> <b>SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/02/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/02/2001</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100032</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY</b> <b>3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

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





E16117

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date	1-10-01
To	JEANETTE CABRIAL
Telephone	
Fax	
Subject	FINLEY

From	SVE
Telephone	527-3400
Fax	527-3403
Pages, including this cover sheet	2

COMMENTS
PLEASE BRING CHECK THURSDAY
MORNING. PLEASE SIGN
INTERMENT ORDER.

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

Mt. Hope Cemetery

Red Stone Assets • 3761 Market Street • San Diego, CA 92102  
Tel: (619) 527-3400

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

SET UP  
CHAIR 5

Date 1-4-01

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

in a \_\_\_\_\_ Funeral, date, time FRI 1-5 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 \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 111 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MUSLIM Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 450.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 6.22

Total Due 501.22

Paid receipt number 501.22

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Work Order # **E 16118**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16118

## 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.

115	115	113	111 X			
	116	114	112	110	109	106
				family open		marker

Interment space for: ALI AFZALI

Interment Date: 1-5 Time: 1:00

Lot: 111 Grave:  Row:  Sect: MUSLIM Div:

Grave Laid out by: [Signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] 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) <b>ALI</b>		1B. MIDDLE <b>AKBAR</b>		1C. LAST (FAMILY) <b>AFZALI</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/20/1920</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/04/2001</b>		4. SEX <b>M</b>	
5A. CITY OF DEATH <b>ESCONDIDO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARYAM AFZALI: DAUGHTER</b> <b>1972 RACHALLE PLACE</b> <b>ESCONDIDO, CA 92025</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE</b> <b>SAN DIEGO, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Neza</i>				8B. DATE SIGNED <b>01/05/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 71100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/05/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA NEZA 2100327</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>1-5-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jansen</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

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

1st BURIAL  
WAS  
VERONICA  
MATZKER

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 MILTON G. MATZKER

in a DOUBLE DEPTH Funeral, date, time JAN 12 Fri 1030 AM  
Type of Burial Container

Church, Chapel, Graveside FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150  
will be applied and billed to undersigned. X Cm

Lot 3856 Grave PRE-NEED Row D-5683 Section 10 Division 0

Grave space & Care Fund 375.00

Additional spaces and care fund 0

Opening/Closing & Setup PAID PRE-NEED E-14909

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 420.00

Paid receipt number R-53240 420.00

Balance due 0

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

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

Signature of recorded holder of deed

Charles R. Matzker  
X Ch R Matzker  
Signature  
3017 Fascination Circle  
Address  
Color. Spgs, CO 80912  
City  
(719) 570-1247 Zip Code  
Telephone

Work Order # E 16119

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

40716

Body from Colorado

FAX

719

471-2128

CALL OR 219 219  
THE MORE CREATIVITY

THE MORE CREATIVITY

BY ID



E-16119

# MT HOPE CEMETERY

E 16119

## 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.

			5771 HERRILL			
OPEN	ARNOLD	MATTHEWS	3856 X	RHODES	SMITH	WAGNER
			3141 MENARD			

Interment space for:

Milton Matzken

Interment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Lot: 3856

Grave: \_\_\_\_\_

Row: \_\_\_\_\_

Sect: \_\_\_\_\_

Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: [Signature]

Date: 1-11-01

FLAG  
ON GRAVE

# 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) <b>Milton</b>		1B. MIDDLE <b>Charles</b>		1C. LAST (FAMILY) <b>MATSKER</b>		2. DATE OF BIRTH <b>12/19/1911</b>		3. DATE OF DEATH <b>01/03/2001</b>		4. SEX <b>M</b>	
5A. CITY OF DEATH <b>Colorado Springs</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Colorado</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Charles R. Matsker, Son 3017 Fascination Circle, Colorado Springs, CA 80917</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED <b>01/08/2001</b>					
* PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>		9B. DATE PERMIT ISSUED <b>01/08/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>T. Truesdale</b>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222, San Diego, CA</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>PO BOX 85222, San Diego, CA 92185-5222</b>							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102</b>				11B. DATE BURIED <b>1-12-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



To: SKIPPER

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date JAN. 4, 2001

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

in a BELL LINER Funeral, date, time Fri JAN. 5 11:00AM

Church, Chapel, Graveside ANDERSON-RAGSDALE Mortuary.

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

Lot 60 Grave 1 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting to MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.25

Total Due 1,664.25

Paid receipt number R-53215 1,664.25

Balance due 0

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

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

Signature of recorded holder of deed

PRINT NAME HERE  
Derek B. Ragdale  
Derek B. Ragdale  
Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 16120

# MT HOPE CEMETERY

E-16120

## 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
			Juanita X Johnson	ANN P. VELASQUEZ No-Marker	open	open
			7	8	9	10
			CRYSTAL BARNEY No-Marker	Open	Walter HARRIS No-Marker	open

Interment space for: JUANITA JOHNSON

Interment Date: FRI JAN. 5 Time: 11:00 AM Church

Lot: 60 Grave: 1 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Ren

Agrees with Legal Card: ☐ Yes ☒ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date:       





# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16120
AGE  
78

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Juanita</b>		1B. MIDDLE <b>—</b>		1C. LAST (FAMILY) <b>Johnson</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>11/30/1923</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/01/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Albert H. Greer, Jr., Son 1180 English Saddle Rd. Florissant, MO 63034</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heddie Williams</i>				8B. DATE SIGNED <b>01/05/2001</b>	

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

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID  <div style="text-align: center;"><b>\$7.00</b></div>		9B. DATE PERMIT ISSUED <b>01/05/2001</b> <i>Heddie Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <div style="text-align: center;"><b>2100306</b></div>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <div style="text-align: center;"><b>—</b></div>					

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)

☐ B. CREMATION

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

☐ D. SCIENTIFIC USE

☐ E. TEMPORARY ENVAULTMENT

☐ F. DISINTERMENT

☐ G. SHIP IN TO CALIFORNIA

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**  
  
☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-5-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>—</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>—</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>—</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>—</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



Inter Grave of  
Paul, Ace,  
Ace to Ford

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 ~~11" 0.0~~

in a ASH VAULT Funeral, date, time AYD FRI 1-19  
Type of Burial Container

Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 49 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 7

Grave space & Care Fund PRE-NEEP

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 60.00

Flower vases - Marker JAN 8 4 2001 \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETARY 4.13  
CITY OF SAN DIEGO, CA

Total Due 269.13

Paid receipt number R-53213 269.13

Balance due 0

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

I hereby authorize the interment in lot I hold under deed. FORD, KATHERINE A

Signature of record holder of deed \_\_\_\_\_

Signature X Katherine A Ford  
Address 3745 VANDYKE RD  
City SAN DIEGO CA 92105 Zip Code  
Telephone 619-281-6247

Work Order # E 16121

Invoice # \_\_\_\_\_  
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.

			MANDEL			
			FREDERICK			
	DECATUR	BROWN	49 X 1	GADSON	white	Miller
			MARTIN			
			Williams			

Interment space for: NADINE FORD ~~X~~

Interment Date: Fri 1-19 Time: 11:00

Lot: 49 Grave: 3 Row:  Sect: 1 Div: 7

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:  Date:

*flag on grave*



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16121 AGE  
106

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Nadine</b>	1B. MIDDLE <b>Olive</b>	1C. LAST (FAMILY) <b>Shakespeare-Ford</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/24/1895</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/01/2001</b>	4. SEX <b>Y</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Katherine A. Ford, Daughter 3745 Van Dyke Ave. Apt. 5 San Diego, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>01/03/2001</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/09/2001</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100498</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Ht. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-19-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>1-10-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 5, 2001

*Pre-Need  
LOT & TRUST*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED Lot and TRUST

in a DOUBLE CRYPT 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 \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot <u>145</u> Grave <u>8</u> Row <u>—</u> Section <u>2</u> Division <u>Block</u> <u>12</u>	
Grave space & Care Fund .....	<u>895.<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>375.<sup>00</sup></u>
Burial Container. <u>DBL CRYPT</u> .....	<u>380.<sup>00</sup></u>
Handling Fees .....	<u>320.<sup>00</sup></u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>45.<sup>00</sup></u>
Sales taxes .....	<u>28.<sup>50</sup></u>
<i>Paid in full</i>	Total Due .....
	<u>2,043.<sup>50</sup></u>
	Paid receipt number <u>R-53221</u>
	<u>511.<sup>00</sup></u>
	Balance due <u>1,532.<sup>50</sup></u>

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

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

Signature of recorded holder of deed \_\_\_\_\_

*MALORIS M. JOHNSON*  
*X Maloris M. Johnson*  
Signature \_\_\_\_\_  
Address 824 Reef Drive  
San Diego, Ca. 92154  
City (619) 575-0188 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 16122**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

JOHNSON, MALORIS M.

824 REEF DRIVE, SAN DIEGO, CA 92154 (619) 575-0188

			DEBIT	CREDIT	BALANCE
01-05-01	Opened Pre-Need Lot & Trust				
	Lot 145 Gr. 8 Sec. 2 Div. 12		8 95.00		
	Trust Includes: Opening & Closing; DBL Crypt;		1,1 48.50		2,043.50
	Handling Fee; Recording Fee; Tax on DBL Crypt.				
01-05-01	Receipt: R-53221			511.00	1,532.50
2-22-01	R- 53384	Coupon 1		64.00	1468.50
3-27-01	R- 53500	2		64.00	1404.50
4-26-01	R- 53611	3		64.00	1340.50
5-31-01	R- 53759	4		64.00	1276.50
6-28-01	R- 53857	Coupon 5		- 64.00	1212.50
8-3-01	R- 53982	6		64.00	1148.50
8-29-01	R -	7		64.00	1084.50
9-28-01	R- 54175	8		64.00	1020.50
11-8-01	R- 54309	9		64.00	956.50
11-01	R- 54390	10		64.00	892.50
1-9-02	R- 54529	11		64.00	828.50
1-30-02	R- 54593	12		64.00	764.50
3-6-02	R- 54725	13		64.00	700.50

JOHNSON, MALORIS M.

PRE-NEED LOT &amp; TRUST



REF TO TRUST

			DEBIT	CREDIT	BALANCE
3-29-02	R-54818	Coupon # 14		64.00	700.50
4-25-02	R-54903	Coupon # 15		64.00	636.50
5-31-02	R-55048	Coupon # 16		64.00	572.50
7-1-02	R-55152	" 17		64.00	508.50
8-1-02	R-55266	18		64.00	444.50
9-3-02	R-55357	19		64.00	380.50
9-26-02	R-55443	20		64.00	316.50
10/30/02	R-55557	21		64.00	252.50
11-29-02	R-55663	22		64.00	188.50
12-27-02	R-55748	23		64.00	124.50
01/31/03	R-55867	24		60.50	60.50

Paid in full

01-31-03A11:12 PAID



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:  
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

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-16122

## 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

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-16122

# 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

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-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

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

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.	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

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-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

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-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.	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

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-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.	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

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-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.	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

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



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.	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

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-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.	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

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-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

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-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.	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

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-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.	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

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-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.	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

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**

E16122

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

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-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.	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

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

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.	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

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-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

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-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.	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

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

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.	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

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-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.	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

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-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

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-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.	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

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



## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54075

Date: 8/29/01, 20\_\_From: Johnson, Maloris M Address: 824 Reef Drive San Diego CA 92154Sixty-four Dollars X/100Dollars (\$ 64.00)In part Payment of Pre-Need TrustLot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 1084.50NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78390	

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒2619ISSUED BY L. PrinceTOTAL PAID \$ 64 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

53384

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb - 22, 20 01From: MAJORIS M. JOHNSON Address: 824 REEF DR. SAN DIEGO, CA 92154Sixty four 00/100 Dollars (\$ 64.00)In PART Payment of PRE-NEED FOR (Johnson, Majoris M.)Lot 145 Grave 8 Row — Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-161222BALANCE DUE \$ 1468.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

FEB 22 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY Maria Castillo

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>64.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

55748

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec 27, 20 02From: Malori's JohnsonAddress: 824 Reef Dr. S.D. 92154Thirty FourDollars (\$ 64.00 )in partPayment of Pre-need Lot + TrustLot 145Grave 8Row -Section 2Division 12  
Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE \$60.50NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

64.0064.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒9874

ISSUED BY

Paulette Crawford

TOTAL PAID

\$



## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55663

Date: 11-29-02, 20\_\_From: Maloris Johnson Address: On RecordDuty done Dollars (\$ 64.00 )in part Payment of Pre-need Lot - TrustLot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 12  
~~Block~~

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 124.50NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

S. Shuchellin2858

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	64 00
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

N<sup>o</sup> 55443

E-16122

Date: 9-26-03, 20

 From: Maloria Johnson  
 Address: 824 Reef Dr San Diego 92154  
 City: San Diego  
 Dollars (\$ 64.00 )

In: part Payment of: Pre-need lot &amp; trust

Lot: 145 Grave: 8 Row: Section: 2 Division Block: 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122

BALANCE DUE 252.50

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	64	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	00

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

2834

ISSUED BY

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

 E-16122  
 No 55357

Date: 9-3-02, 20

 From: Malorie Johnson  
 Address: On file  
 In part Payment of Pre-need lot - trust Dollars (\$ 64.00 )

Lot 145 Grave 8 Row Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122

BALANCE DUE 316.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2818

ISSUED BY

J. Schubert

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	64	00
Trust	77186		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	64	00



## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY  
 PINK \_\_\_\_\_ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122

Nº 55266

From: Maforis Johnson Address: 824 Reef Dr. San Diego 92154 Date: 8-1-02, 20  
Sixty Four Dollars (\$ 64.00)  
 In part Payment of Pre-need lot & trust

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 380.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>

2801

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

N<sup>o</sup> 55152

E-16122

Date: 7/1, 2012

From: Malorio/Showana Johns Address: on record

Sixty-Four Dollars (\$ 64.00)

In part Payment of pre need lot/trust account

Lot 145 Grave 8 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122

BALANCE DUE \$ 444.00

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

AC-212 (Rev. 5-94)

2786

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

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64.00
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64.00

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122

Nº 55048

Date: 5/31/02, 20

From: Malerio M. Johnson Address: on record

Sixty-Four and 00 Dollars (\$ 64.00)

In part Payment of Pre-need Lot &amp; Trust Account.

Coupon # 16

Lot 145 Grave 8 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122

BALANCE DUE \$508.00

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

AC-212 (Rev. 5-94)

2766

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64.00



## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

Nº 54903

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4/25/02 . 2002
 From: Maloris/Showana Johnson Address: on record
Sixty - Four Dollars (\$ 64.00 )

 In part Payment of Pre-need lot & Trust Account  
Coupon #15

 Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE \$ 572.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2750

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

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

 E-16122  
 54818
Date: 3-29-07, 20\_\_
 From: MALORIS JOHNSON Address: ON RECORD
Sixty four Dollars (\$ 64.00 )

 In part Payment of Pre-need Lot & Trust

 Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 636.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2733

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	64	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54725

Date: 3-6-02, 20

From: Meloris Johnson Address: On Record

Sixty Four Dollars (\$ 64.00)

In part Payment of Pre-Need Lot 2. Trust

Lot 145 Grave 8 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122

BALANCE DUE 700.50

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	64	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	00

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

AC-212 (Rev. 5-94)

ISSUED BY

J. Shickelton

2715



## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

 E-16122  
 54593
Date: 1-30, 2002
 From: Malorie Johnson Address: On Record  
Duty Free Dollars (\$) 64.00

 In part Payment of Pre-Need Lot & Trust

 Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 764.50
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

2697

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54529

E-16122

Date:

1-9

20 02

From:

Malorie Johnson  
Sister

Address:

824 Reef Dr

San Diego

92154

Dollars (\$

64.00

In

part

Payment of

Pre-need Lot &amp; Trust

Lot

145

Grave

8

Row

Section

2

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-16122

BALANCE DUE

828.50

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

## CREDIT

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

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

J. McMillan

TOTAL PAID

\$

64 00

2682

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54390

Date:

Nov. 28, 2001

From:

Malaris Johnson

Address:

on record

Sixty-four

Dollars (\$

64.00)

In part

Payment of

pre-need Lot & Trust  
for Malaris M. Johnson

Lot

145

Grave

8

Row

Section

2

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-16122

BALANCE DUE

\$892.50

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

PAID

NOV 28 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO

ISSUED BY

Thelma Crawford

CREDIT

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

Handling Fee 100

Recording &amp; 77185

Misc. Fees 100

Pre-Need 77183

Trust 63033

Sales Tax 9022

80101

78390

TOTAL PAID \$

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



## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122

54309

From: Maloria Johnson Address: 821 Reef Drive San Diego 92154 Date: 11-8, 2001

Sixty four Dollars (\$ 64.00)

In part Payment of Pre-Need Lot & Trust

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 956.50Pre-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		
90% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>64</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		

ISSUED BY

J. Shellen

TOTAL PAID

\$ 64 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E16122

54175

From: Malorie Johnson Address: 824 Reef Dr San Diego Date: 9-28, 2001  
Sixty Four Dollars (\$ 64.00)  
 In part Payment of Pre-Need Lot & Trust

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 1020.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

2636

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
50% 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	64 00
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	64 00

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122

53982

Date:

8-3

20

01

From:

Meloria Johnson

Address:

824 Reef Dr San Diego

92154

Dollars (\$

64.00

In

part

Payment of

Pre-need Lot &amp; Trust

Lot

145

Grave

8

Row

Section

3

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-16122

BALANCE DUE

1148.50

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

## CREDIT

20% Sales Care

67007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

77182

Handling Fee

100

Recording &amp;

77185

Misc. Fees

100

Pre-Need

77183

Trust

63033

Sales Tax

9022

60101

78390

TOTAL PAID

\$

64

00

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☒

Cash

☐

Check

☒

ISSUED BY

J. Shellen

2604



## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

53857

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 28th, 2001
 From: Maloris M. Johnson Address: 824 Reef Dr., S. Diego, CA 92154  
Sixty-Four NO/100 Dollars (\$ 64.<sup>00</sup>~~xx~~)
In -part Payment of Pre-Need Lot & TRUST
 Lot 145 Grave 8 Row — Section 2 Division 12 Block 12
Invoice No.                     Acct. No.                     W.O. E-16122BALANCE DUE 1,212.<sup>50</sup>Coupon #5Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 5-94) # 2586NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

JUN 28 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY *[Signature]*

CREDIT	67007	
20% Sales Care	77184	<u>64 00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122

53759

From: Malorie Johnson Address: 824 Reef Dr San Diego 92154 Date: 5-31 .20 01  
Sixty Four Dollars (\$ 64.00 )  
 In part Payment of Pre-Need Lot + Trust

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 1276.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

J. Shelton

CREDIT	57007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	64	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78990		
TOTAL PAID	\$	64	00

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16122 53611

From: Melorie Johnson Date: 4-26, 2001  
Sixty Four Address: 824 Reef Dr San Diego 92154  
part Dollars (\$ 64.00)  
 In Payment of Pre Need Lot + Trust

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 1340.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	64 60
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64 00

2546



## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E 16/22 53500

From: Malorie Johnson Address: 824 Reef Dr San Diego 92154 Date: 3-27, 2001  
City of San Diego  
 In part Payment of Pre-Need Lot - Trust Dollars (\$ 64.00)

Lot 145 Grave 8 Row \_\_\_\_\_ Section 2 Division 13  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE 1404.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	64 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

Nº 55557

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: OCTOBER 30, 2002
 From: Malorio M. Johnson Address: 824 Reef Dr. S.D. CA 92154  
Sixty-four Dollars (\$ 64.00 )

 In part Payment of Pre-need lot + trust account  
Coupon #21

 Lot 145 Grave 8 Row - Section 2 Division 12 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16122BALANCE DUE \$188.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2845

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

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	64.00
Sales Tax	60101	
	78360	

TOTAL PAID \$ 64.00

1st  
BURIAL

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-5-01

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

In a DOUBLE DEPTH Funeral, date, time TUES 1-9 1:00

Church, Chapel Graveside GUADALUPANA Mortuary.

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

Lot 205 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12  
Grave space & Care Fund 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 300.00

Handling Fees 300.00

Flower vases - Make setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 289.25

Total Due 2043.50

Paid receipt number R-53233 2043.50

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature X

Address X

City X

Telephone X

Zip Code \_\_\_\_\_

Work Order # E 16123

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14123

E-16123

DBL Depth

2,043.<sup>50</sup>

2nd Fav



# MT HOPE CEMETERY

E 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.

			open			
1	2	3	4	5	6	
	LOGAN	205	X MIRANDA	open	open	
7	8	9	10	11	12	
ULLOA	open		RICHARDO	open	open	
				TRCO		

Interment space for: CARLOS MIRANDA

Interment Date: Tues 1-9 Time: 1:00

Lot: 205 Grave: 4 Row:  Sect: 2 Div: 12

Grave Laid out by: Row & Horn

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:

fly in grave

# 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) <b>CARLOS</b>	1B. MIDDLE <b>ALBERTO</b>	1C. LAST (FAMILY) <b>MIRANDA</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>03/17/1967</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>01/02/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARIA F. MIRANDA—WIFE 321 KENTON AVENUE NATIONAL CITY, CA, 91950</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA CORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>		

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *Joe Chavez* 8B. DATE SIGNED: **01/09/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>JOSE CHAVEZ 01/09/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100553</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102</b>	11B. DATE BURIED <b>1-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Maria F. Miranda</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



ATTENTION:

José

1st  
Burial

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-5-01

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

in a DOUBLE DEPTH Funeral, date, time TUES 1-9 1:00

Church, Chapel Graveside GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$0.50 will be applied and billed to undersigned.

Lot 205 Grave 4 Row      Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 300.00

Handling Fees 220.00

Flower vases - Marker setting fee     

Recording and filing fee 45.00

Sales taxes 28.25

Total Due 2043.50

Paid receipt number     

Balance due     

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

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

Signature of registered holder of deed

X [Signature]  
Signature  
X 2601 Sycamore Ave.  
Address  
X San Diego, Ca 92107  
City  
X 619-544-3333  
Telephone

Work Order: # E 16123

Invoice #     

Acct. #



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-8-00

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

in a T.S. VAULT Funeral, date, time Thurs 1-11 2:00

Church, Chapel, Graveside Beardsley 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. X

Lot 3770 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pre-Need Lot 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container T.S. VAULT 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 873.75

Paid receipt number R-53242 873.75

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 16124**

Leitt

295-2177

MontuARY

FAX #

223-

19121

Wills, Della

E-16124

LOT OWNER

C-5090

Wills, Della - 4492 Girrell St., San Diego, Cal.

Lot 3768 of Map 10  
3770



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16124  
AGE  
74

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>NINA</b>		1B. MIDDLE <b>MAE</b>		1C. LAST (FAMILY) <b>BOATRIGHT</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>09/21/1927</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/04/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LEROY CAUDILLO - SON 4458 TIVOLI STREET SAN DIEGO, CA 92107</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-816</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>01/10/2001</b>	
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID  <b>7.00</b>		9B. DATE PERMIT ISSUED <b>01/11/2001</b> <b>TC MITCHELL</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100725</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-11-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-16124

# 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 X BOATRIGT	EDWARD C. D. MERRILL	
				MATZKER	MATZKER
				MILTON	Veronica
				3856	3857

Interment space for: NINA MAE BOATRIGHT

Interment Date: THUR. JAN. 11 Time: 2:00 GRAVESIDE

Lot: 3770 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:           

FLAG  
ON GRAVE



E-16124

**DMV CALIFORNIA DMV**  
**DRIVER LICENSE**  
EXPIRES 05-28-05 NO479181 CLASS: C

LERDY CAUDILLO  
4458 TIVOLI ST  
SAN DIEGO CA 92107

SEX: M HAIR: BRN EYES: BRN  
HT: 5-05 WT: 205 DOB: 05-28-53

*Lerdy Caudillo*  
07/27/2000 609 23 FD/BS

Prudential Securities COMMAND™ Account

MS NINA MAE BOATRIGHT TTEE  
NINA MAE BOATRIGHT TR  
4458 TIVOLI ST  
SAN DIEGO, CA 92107


117

Date \_\_\_\_\_

25-807440

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

Dollars ☐ Back to account  
Details on back

 **Prudential**  
Bank  
PRUDENTIAL BANK ONE COLUMBIA BL  
COLUMBIA, OHIO 43001

1 2 3 4 5 6 7 8 9 0  
CHECK ONE BOX

For \_\_\_\_\_

MP

⑆044000804⑆ 4340002383782⑆0117



E-16124

1/2/1970



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

4707

# DEED

## 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 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:

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

R. W. Dehn  
Cemetery Manager

W. L. Larson  
Public Works Director





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-16124  
July 10, 1979  
4429

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Nina Barber for the sum of \$ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3771 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7399

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

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

Regulation flush marker only

[Signature]  
Cemetery Manager

[Signature]  
Public Works Director

FORM PW-584

CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

1/2/1979

4708

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

Della & Joe C. Wilds for the sum of \$ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lots 3769 & 3770 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-8090

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:

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

[Signature]  
Cemetery Manager

[Signature]  
Public Works Director

FORM PW-584



E-16104

OFFICIAL RECEIPT



WHITE TO CUSTOMER  
BLUE CEMETERY  
PINK AUDITOR  
YELLOW RETAIN

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

NO. 16889

DATE 1-2 '20  
FROM Nina Barber ADDRESS 1377 Elers St.  
Two hundred ninety & 00/100 DOLLARS (\$ 290.00)  
IN full PAYMENT OF Pre-need lot

LOT <u>3767#3768</u> GRAVE _____	ROW _____	SECTION _____	DIVISION <u>10</u>
INVOICE NO. <u>CASH</u>	<div style="border: 1px solid black; padding: 5px; text-align: center;">NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE <b>PAID</b> JAN 2 1970 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. ISSUED BY <u>R.W. Lehner</u></div>		
W.O. <u>C-8089</u>			
UNPAID BALANCE _____			
AFTER THIS PAYMENT <u>0</u>			
FORM AC-212			

CREDIT	306	
SALES CARE	951	<u>145.00</u>
HALF SALES	100	
OF LOTS	7784	<u>145.00</u>
	100	
OPENINGS	7781	
	100	
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		<u>290.00</u>



## OFFICIAL RECEIPT



WHITE TO CUSTOMER  
BLUE CEMETERY  
PINK AUDITOR  
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO.

E-16124  
16890

DATE 1-2 1970

FROM Della Wilds ADDRESS 4458 Lincoln St.  
Two hundred ninety & no/100  
IN full PAYMENT OF Pre-Paid lots DOLLARS (\$ 290.00)

LOT 3769 &amp; 3770 GRAVE

ROW SECTION

DIVISION 10

INVOICE NO. CASH

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

PAID

JAN 2 1970

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY

CREDIT	306	145.00
SALES CARE	951	
HALF SALES	100	145.00
OF LOTS	7784	
	100	
OPENINGS	7781	
	100	
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		290.00

UNPAID BALANCE  
AFTER THIS PAYMENT 0

FORM AC-212

## OFFICIAL RECEIPT



WHITE TO CUSTOMER  
BLUE CEMETERY  
PINK AUDITOR  
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO.

16445

DATE 7-10 1969

FROM Nina Barker ADDRESS 1377 Ebers St. SD.  
Two hundred eighty two & 50/100  
IN full PAYMENT OF Edward E. Barker Service DOLLARS (\$ 282.50)

LOT 3771 GRAVE

ROW SECTION

DIVISION 10

INVOICE NO. 1615

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

PAID

JUL 10 1969

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY

CREDIT	306	72.50
SALES CARE	951	
HALF SALES	100	72.50
OF LOTS	7784	
	100	85.00
OPENINGS	7781	
	100	52.50
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		282.50

UNPAID BALANCE  
AFTER THIS PAYMENT 0

FORM AC-212

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-8-01

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

in a LINER Funeral, date, time WED 1-10 11:00  
Type of Burial Container  
(Church) Chapel (Graveside) RAGSDALE Mortuary.

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

Lot 110 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

MORTUARY TO OK DEL by Kathleen Total Due ..... 1664.25

BRING CHECK 1-9-01 Paid receipt number 53241 1664.25

Balance due X

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

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

Signature of recorded holder of deed \_\_\_\_\_

X  
Signature \_\_\_\_\_

X  
Address \_\_\_\_\_

X  
City \_\_\_\_\_

Zip Code \_\_\_\_\_

X  
Telephone \_\_\_\_\_

Work Order # E 16125

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16125

## 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.

	HUFF 2	OPEN 4	99 10 OPEN	PERRY 11	ANDERSON 12	
1 TUAZON	2 OPEN	3 OPEN	110 4 X WHITMAN	5 OPEN	6 OPEN	
7 OPEN	8 INDA	9 LOVE	10 ESTERS	11	12	

Interment space for: PAMELA WITMAN

Interment Date: WED 1-10 Time: 11:00

Lot: 110 Grave: 4 Row: \_\_\_\_\_ Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG ON  
GRAVE



# 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) <b>Pamela</b>	1B. MIDDLE <b>Lynn</b>	1C. LAST (FAMILY) <b>Whitman</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/02/1958</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/02/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Fontana</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Bernardino</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dolores Hayes, Mother 5151 Robinwood Rd. #18 Bonita, CA 91902</b>		
			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Josephine DeLaCruz</i> 01/08/2001		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>J. DeLaCruz 01/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>TJ Prendergast mo</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Bernardino</b> <b>CO Health, 351 Mt. View Avenue San Bernardino, CA 92415-0010</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>San Diego Do Health Dept, PO Box 85222 San Diego, CA 92186-5222</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St San Diego, CA 92102</b>	11B. DATE BURIED <b>1-10-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ---
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ---
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ---
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ---
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date JAN. 8, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RUSTICO G. ALONZO

In a DOUBLE CRYPT Funeral, date, time WEDS. JAN 10 11:00AM

Church Chapel Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup> will be applied and billed to undersigned. 1229

Lot 486 Grave      Row      Section      Division/Block 10 ✓  
Grave space & Care Fund 995.<sup>00</sup>

Additional spaces and care fund     

Opening/Closing & Setup 375.<sup>00</sup>

Burial Container 380.<sup>00</sup>

Handling Fees 320.<sup>00</sup>

Flower vases - Marker setting fee     

Recording and filing fee 45.<sup>00</sup>

Sales taxes 28.<sup>50</sup>

Total Due 2,143.<sup>50</sup>

Paid receipt number 53239 2,143.<sup>50</sup>

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E 16126



# 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.

484	485	486	487	488	489	490
open	open	<del>Charles Mendez</del>	<del>Charles Mendez</del>	Charles Mendez	DAVID PILTZ	Raymond PILTZ
	?	Anthony Fontana	Mona NICKY Fontana	Alice GRACE		

Interment space for: RUSTICO ALONZO

Interment Date: Weds. Jan. 10 Time: 11:00 AM

Lot: 486 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NORM & LOU

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: —

Flag on Grave



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16126 AGE 68

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Rustico</b>	1B. MIDDLE <b>C.</b>	1C. LAST (FAMILY) <b>Alonzo</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/25/1933</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/05/2001</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>National City</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Burial Chapel 2200 Highland Avenue National City, CA 92105</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-1689</b>		
			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marino Alonzo-son 7966 Pala Street San Diego, CA 92114</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>01/08/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/2001</b> <b>C. Russ</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100485</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>1-10-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-8-01

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

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

Church, Chapel Graveside : MAYER Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 204 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 12 ✓

Grave space & Care Fund Pre-paid E-15324 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 0

Sales taxes \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 16127

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# MT HOPE CEMETERY

E-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			
203	3	4	204	2	3	4
BROWN			X			
			JONES 7	8	9	10
			HURD		PELTASON	

Interment space for: Eileen NELSON

Interment Date: WED 1-10 Time: 1:00

Lot: 204 Grave: 1 Row:  Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

*flag in grave*

Agrees with Map: ☐ Yes ☐ 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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eileen</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Nelson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/15/1916</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/06/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Peter Webb, Brother 890 Kenmore Circle Newbury Park, CA 90320</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>
				8B. DATE SIGNED <b>01/09/2001</b>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>7.00</b>		9B. DATE PERMIT ISSUED <b>01/10/2001</b> <i>John Mayer</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100601</b>
<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>			
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-10-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-16127

MT. HOLY CONGREGATION  
INTERMENT ORDER

City of San Diego

Date 1-8-01

You are hereby authorized and instructed to make necessary arrangements to inter the remains of Eileen Nelson

in a Single Private Final Resting Place WED 1-10 11:00

Church Chapel Gravestone MA/EP Secretary

All funeral services must be held before 2:30 p.m. on the day of the funeral. Any charges will be applied and billed to the undersigned.

Lot 204 Block 1 Section 3 Gravestone 12

Crypts None Gravestone E-16127 0

Additional services and charges None 0

Coffin None 0

Floral None 0

Handling Fee None 0

Flower cases - Market setting fee None 0

Recording and filing fee None 0

Home visit None 0

Total Due 0

PAID TO THE FUNERAL HOME

I hereby certify that I am the Funeral Director of the above named deceased and that I am authorized to make necessary arrangements to inter the remains of the deceased and to make the right to make the same and to make the same in accordance with the laws of the State of California and to make the same in accordance with the laws of the State of California and to make the same in accordance with the laws of the State of California.

I hereby authorize the interment to be made in the above named resting place.

Signature of the undersigned John May Jr.

John May Jr.  
2859 Adams Ave.  
San Diego 92116  
619 281-7055

File Order # E 16127

REASON FOR

This certificate is valid only if the funeral home is the one who has the right to make the same.

ashes on  
Left  
upper  
into GRAVE  
of STEIE  
ZIENTARSKI

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-9-01

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

in a ASH VAULT Funeral, date, time THUR 2-1 AYD

Church, Chapel, Graveside AYD : FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned.

Lot 6 Grave 7 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Pre-Need E-15222

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order #

**E 16128**



# 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.

			1 COLEMAN	2 TULL	3 PARIS	4 BRYAN
	5 AVCKY	12	6 STEVE	7 X ZIENTARSKI	8 NELSON	10 NELSON
			BLUETT			

Interment space for: EDWARD ZIENTARSKI ~~10~~

Interment Date: \_\_\_\_\_ Time: AYD

Lot: 6 Grave: 7 Row: \_\_\_\_\_ Sect: 3 Div: 12

Grave Laid out by: DANIEL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: KEVIN Date: \_\_\_\_\_

flag on grave

# 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) <b>Edward</b>	1B. MIDDLE <b>J.</b>	1C. LAST (FAMILY) <b>Zientarski</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/10/1923</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/05/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dorothy Zientarski, wife 5161 Leo St. San Diego, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <i>[Signature]</i>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222, San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>  9B. DATE PERMIT ISSUED <b>01/16/2001</b> <b>T. Truesdale</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100949</b> <i>[Signature]</i>
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS  <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE  <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mr. Hope Cemetery San Diego, CA 92102 3751 Market St.</b>	11B. DATE BURIED <b>2-1-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>1-17-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



Pre-Need Lot  
and  
Trust

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Jan. 16, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Pre-Need Lot & Trust (For: Doris Foster)

in a BELL LINER Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. X B.F.

Lot 70 Grave 6 Row - Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_ 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container LINER \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee TRION VASE & MARKER Set Fee 171.88

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.25

**PAID IN FULL**  
2-22-01  
Total Due \_\_\_\_\_ 1,836.13

Paid receipt number R-53262 1,500.00

Balance due 336.13  
-336.13

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

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

Signature of recorded holder of deed \_\_\_\_\_

X 4423 Tremont St. Apt #25  
Address: San Diego CA 92102  
City: (619) 263-0275 Zip Code  
Telephone

Work Order # **E 16129**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-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.

3	4	5	6			
open	John E. Hayes	open	X	0		
9	10	11	12			
Sally Little	open	open	Lessie B. Cook			

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: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FOSTER, BARBARA

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

E-16129

(619) 263-0275

01-16-01	Opened Pre-Need Lot & Trust.	DEBIT	CREDIT	BALANCE
	Lot 70, Gr. 6, Sec. 2, Div. 12	895.00		
	Pre-Need Trust: For Doris Foster	941.13		1,836.13
	Includes Opening/Closing; Liner; Handling Fee; Recording Fee; Tax on Liner; Marker Setting Fee; Trion Flower Vase.			
01-16-01	R- 53262		1,500.00	336.13
2-22-01	R- 53301		336.13	<del>0</del>

20% 179  
716  
Remaining  
to  
Trust

FOSTER, BARBARA

PRE-NEED LOT &amp; TRUST

22 2 W  
10

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date

1-11-01

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

of MARIA BRAVO-GUTIERREZ

in a \_\_\_\_\_ Funeral, date, time FRI 1-12 2:00

Church, Chapel Graveside

GUADALUPANA Mortuary.

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

will be applied and billed to undersigned \_\_\_\_\_

Lot 691 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 125.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 270.00

Paid receipt number R-53251 270.00

Balance due X

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

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

Signature of recorded holder of deed

X  
Signature

X 2601 Imperial Ave.

X Address

X S. Diego, CA 92102

X City

X (619) 544-9333

Telephone

Zip Code

Work Order #

**E 16130**

Invoice #

Acct. #



E-16130

# 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.

			611 OPEN	612 HERROP	613	614 LY
688 NGUYEN	689 DORSETT	690	691 X	692	693	694
			OPEN			
			CLARK			

Interment space for: MARIA BRAVO

Interment Date: FRI 1-12-00 Time: 2:00

Lot: 691 Grave:      Row:      Sect: 1 Div: 9

Grave Laid out by:     

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 1-12-01

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

MARIA

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARIA</b>	1B. MIDDLE <b>DE LA LUZ</b>	1C. LAST (FAMILY) <b>BRavo-GUTIERREZ</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/02/2001</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/04/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MANUEL BRAVO—FATHER</b> <b>7028 EASTMAN ST</b> <b>SAN DIEGO, CA, 92111</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MORTUARY, 2601 IMPERIAL AVE</b> <b>SAN DIEGO, CA, 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>AVE FD-1425</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</i>		
8B. DATE SIGNED <b>01/12/2001</b>		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/12/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>JOSE CHAVEZ 2100797</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222</b> <b>SAN DIEGO, CA, 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>—</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST</b> <b>SAN DIEGO, CA, 92102</b>	11B. DATE BURIED <b>1-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kuan F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-11-01

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

In a Funeral, date, time FRI 1-12 2:00

Church, Chapel Graveside GUADALUPANA Mortuary.

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

Lot 691 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9

Grave space & Care Fund 100.00

Additional spaces and care fund 125.00

Opening/Closing & Setup 45.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee 45.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 270.00

Paid receipt number R-53251 270.00

Balance due 0

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

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

Signature of recorded holder of deed

2601 Imperial Ave  
Address San Diego, Ca 92102  
City 619 5445333  
Telephone

Work Order # E 16130

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper



E16130

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date	1-11-01
To	GUADALUPANA
Telephone	
Fax	
Subject	BRAVO

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

COMMENTS
PLEASE SIGN INTERMENT ORDER.
PLEASE GET check over to us.
ASAP.

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

Mt. Hope Cemetery  
Rad. Grove Acres • 3750 Market Street • San Diego, CA 92102  
Tel (619) 527-3400



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-11-01

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

In a BELL LINER Funeral, date, time WED 1-17 2:00

Church, Chapel, Graveside DELIVERY. ONLY. MAYER Mortuary.

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

will be applied and billed to undersigned.

Lot 97 Grave 2 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 1664.25

Total Due 1664.25

Paid receipt number R-53255 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X Signature See  
X Address Attached  
X City San Diego Zip Code 92101  
X Telephone

Work Order # E 16131

Invoice #

Acct. #



# MT HOPE CEMETERY

E-16131

## 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 <sup>1</sup>	97 <sup>2</sup> X	MANUEL <sup>3</sup>	OPEN <sup>4</sup>	OPEN <sup>5</sup>
		OPEN <sup>7</sup>	OPEN <sup>8</sup>	FOSTER <sup>9</sup>	<sup>10</sup>	<sup>11</sup>

Interment space for: ANNA HEARLD

Interment Date: WED 1-17 Time: 2:00

Lot: 97 Grave: 2 Row:  Sect: 2 Div: 12

Grave Laid out by: NORM & RON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:

FLAG  
ON GRAVE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fnd

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Anna</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Hearld</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/04/1906</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/01/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ellen Beauparlant, PA 5201-A Ruffin Road San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Ave, San Diego, CA 92116</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>John Mayer</i>		
8B. DATE SIGNED <b>01/16/2001</b>		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>01/16/2001</b> <b>John Mayer</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100976</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>1-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. Lange</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
TRANSIT	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



JAN-12-'01 FRI 08:27 ID:MT HOPE CEMETERY

TEL NO:

#149 P02

AHN: Ellen BEAUPARLANT  
Please sign + RETURN

619-281-7587

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-11-01

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

of ANNA HEARLD

in a BELL LINER Funeral date, time WED 1-17 2:00

Church, Chapel, Graveside DELIVERY ONLY: MAYER Mortuary.

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 97 Grave 2 Row      Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 1664.25

Total Due 1664.25

Paid receipt number

Balance due

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

I hereby authorize the interment in lot  
hold under deed.

Signature of immediate next of kin

X Ellen Beauparlant  
Signature  
X PUBLIC ADMINISTRATOR  
Address  
X PUBLIC GUARDIAN  
City 5201-A Ruffin Road Zip Code  
X San Diego, California 92123-1699  
(858) 694-3502

Invoice #

Acct. #

Work Order # E 16131

REA-106 (7-99)

This information is available in alternative formats upon request.

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**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 of Laura Jane Cannon

in a T.S. Vault Funeral, date, time Tues. Jan. 16 1:00 pm.  
Type of Burial Container

Church Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup> will be applied and billed to undersigned. X E. Huff

Lot <u>126</u> Grave <u>8</u> Row <u>—</u> Section <u>2</u> Division/Block <u>11</u>	
Grave space & Care Fund .....	<u>795.<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>375.<sup>00</sup></u>
Burial Container .....	<u>250.<sup>00</sup></u>
Handling Fees .....	<u>185.<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>171.<sup>88</sup></u>
Recording and filing fee .....	<u>45.<sup>00</sup></u>
Sales taxes .....	<u>18.<sup>75</sup></u>

Total Due ..... 1,840.<sup>63</sup>

Paid receipt number R-53257 1,840.<sup>63</sup>

Balance due ~~0~~

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

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

Signature of recorded holder of deed \_\_\_\_\_

EARL Huff  
X Earl Huff  
Signature  
1458 Brookham Circle  
Address  
Nallas, Tex 75217  
City  
(214) 391-7347  
Telephone  
Zip Code

Work Order # E 16132 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# MT HOPE CEMETERY

E-16132

## 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
	George Richard Taylor	open	open	open	open
	7	8	9	10	11
	Alfonso Rojas	Laura X Cannon	Benita Castillo- Carnacho	Diana Londo- Harris	Nancy Nates

Interment space for: Laura Jane Cannon

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 126 Grave: 8 Row: — Sect: 2 Div: 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Karen F. [Signature] Date: \_\_\_\_\_

Flag  
on  
Grave



# 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) <b>Laura</b>	1B. MIDDLE <b>Jane</b>	1C. LAST (FAMILY) <b>Cannon</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/25/1917</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/07/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Earl Huff, Son 1458 Brockham Circle Dallas, TX 75217</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>Fdl329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/15/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/16/2001</b> <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2100955</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-16-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY -	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Todd Jordan Edwards 2001

in a \_\_\_\_\_ Funeral, date, time Thurs. Jan. 18 - 1:00

Church Chapel Graveside S.D. Memorial Chapel Mortuary.

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

Lot 809 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund PAID

Opening/Closing & Setup 125.00

Burial Container JAN 17 2001

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due \$270.00

Paid receipt numbr R-53266 \$270.00

Balance due 0

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

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


Signature of recorded holder of deed \_\_\_\_\_

X Evelyn Amos  
Signature  
4432 ILLINOIS ST #A  
Address  
SAN DIEGO, CA 92104  
City  
619 584 4445  
Telephone  
Zip Code

Work Order # E 16133

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Seaman Poe will  
be doing marker  
Per Day Under  
waving marker  
setting fee   
80 00

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date \_\_\_\_\_

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 16133**



# MT HOPE CEMETERY

E16133

## 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.

				Abel Rios		
			Todd X Edwards	PIREDA		
Angela Robins				MARTINEZ		

Interment space for: Todd Jordan Edwards

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 809 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16133

2001

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>TODD</b>	1B. MIDDLE <b>JORDAN</b>	1C. LAST (FAMILY) <b>EDWARDS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/28/2000</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/12/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>EVELYN AMOS - MOTHER 4124 TEXAS ST. #14 SAN DIEGO, CA 92104</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
		8B. DATE SIGNED <b>01/16/2001</b>			

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

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS: P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/18/2001</b> <b>J. JOHNSON</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101155</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-18-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

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

in a ASH VAULT Funeral, date, time A.Y.D.

Church, Chapel, Graveside MERLEY - 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, N/A

Lot 1 Grave 2 Row - Section 4 Division/Block 6

Grave space & Care Fund Pre-Need Lots Paid

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee **MT. HOPE CEMETARY** 45.00

Sales taxes **CITY OF SAN DIEGO, CA** 4.13

Total Due 269.13

Paid receipt number R-53265 269.13

Balance due 0

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

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

Signature of recorded holder of deed

Signature [Signature]

Address 3336 RUSSELL ST.

City SAN DIEGO, CA.

Telephone (619) 272-3405 Zip Code

Invoice #

Work Order # **E 16134**

Acct. #



# MT HOPE CEMETERY

E-16d34

## 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.

		11 Irene Neville				
5	4	3	2	1		
Dorothy E Johnson + Bryan	NITA FORREST MEDKIRK	Open	Mabelle Page (X)	Open		Jessie monument
					Left of the on Grevilla Ave	

Interment space for: Mabelle Page ~~X~~

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 1 Grave: 2 Row: — Sect: 4 Div: 6

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
grave

# 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) <b>MAE</b>	1B. MIDDLE <b>BELL</b>	1C. LAST (FAMILY) <b>PAGE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/6/1905</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/30/2000</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MATTHEW HERMAN - ATTY 1620 FIFTH AVE. STE. #800 SAN DIEGO, CA 92101</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>HERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER IF APPLICABLE <b>FD-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>12/05/2000</b>		

## ACKNOWLEDGMENT OF APPLICANT

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

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>7.00</b>	9B. DATE PERMIT ISSUED  <b>12/05/2000</b> <b>TC MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2019664</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-19-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORIUM, 601-D CRANE ST., LAKE ELSINORE, CA 92530</b>	12B. DATE CREMATED <b>12-8-00</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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







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. SLANT

Name

Joseph A Mitchel  
Joseph Mitchel

Date

1/19/01

Witness

Denise Culverson  
Denise Culverson

Date

1/19/01

10132

Clemens

E-16135

362 X 10 W X 16 H  
DBL Name Marker

MT HOPE CEMETERY

162.00  
50  
212.00

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			10 Albert M. X Antchel	11 Open	12 Mary Wain Scott	13 James S. Jones
			9 Janette Hanlon	8 Norman J. Hanlon	7 John Curtis Boone	6 Bertha Behrend

Interment space for: Mary Fletcher X

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 46 Grave: 10 Row: — Sect: MAS Div: J

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Albert M. Mitchell  
Grave

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16135  
84

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY</b>	1B. MIDDLE <b>WILMA</b>	1C. LAST (FAMILY) <b>FLETCHER</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>07/25/1916</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>01/15/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SANTE</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOE MITCHEL-SON 8406 LAKE BACA DR SAN DIEGO, CA 92119</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1022</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i>		
			8B. DATE SIGNED <b>01/19/2001</b>		

**ACKNOWLEDGMENT OF APPLICANT**

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103275 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P O BOX 85222 SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/19/2001</b>  <b>JACKIE KOZICA</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101260</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <div style="text-align: center;">-</div>				

**10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS**

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

**FOR CORONER'S USE ONLY**

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92101</b>	11B. DATE BURIED <b>1-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COMPLETE ALL APPLICABLE ITEMS

**COPY 2 IS RETAINED BY 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-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*  
**MARY WILMA FLETCHER**

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 16, 2001

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

of ERNEST COLLINS

In a DBL CRYPT  
Type of Burial Container

Funeral, date, time Mon. Jan. 22 1:00 pm

Church Chapel Graveside Ragsdale Mortuary (Skipper)

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

will be applied and billed to undersigned. X

Lot 81 Grave 6 Row - Section 16 Division/Block 7

Grave space & Care Fund Pre-Need Lot & Trust Paid X

Additional spaces and care fund X

Opening/Closing & Setup X

Burial Container X

Handling Fees X

Flower vases - Marker setting fee X

Recording and filing fee X

Sales taxes X

Total Due X

Paid receipt number X

Balance due X

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

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

Signature of recorded holder of deed

X Signature 346 So. 48th St.

Address San Diego, CA 92113

City (619) Zip Code

Telephone

Work Order # E 16136

Invoice #

Acct. #

# MT HOPE CEMETERY

E-1636

## 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			
	James Patterson	ELIZA Wilkes	X			

Interment space for: Ernest Collins

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 81 Grave: 6 Row: — Sect: 16 Div: 7

Grave Laid out by: Norman R

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Hearte E Date: 1-18-01

Flag  
on  
Grave



# 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) <b>Ernest</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Collins</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/25/1919</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/16/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rosa Bennett, Sister 346 S. 48th St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Adams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/22/2001</b>			

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/22/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Chukelun</i> <b>2101341</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-22-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Rosa F. Bennett</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-01

Grave of  
Ralph Smith &  
Cecelia Butler

VIRGINIA ☒ R+ Middle

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

of VIRGINIA SMITH ☒

in a ASH VAULT Funeral, date, time MON 1-29 2:00

Church, Chapel, Graveside Caring Cremation Services Mortuary

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

will be applied and billed to undersigned. Stephen B. Smith

Lot 8 Grave 3 Row 4 Section 4 Division/Block 3

Grave space & Care Fund Pre-Paid D-8845 ☒

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY -

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number R-53276 269.13

Balance due 0

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

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

Signature of recorded holder of deed

Stephen B. Smith  
Signature  
4423 Colwood Ln  
Address  
San Diego Ca 92115  
City  
619-583-4546  
Telephone

Invoice #

Work Order # **E 16137**

Acct. #

18435

Head of gravel  
next to stone

GLASS BRICKS  
THE HOUSE OF THE

WALL

GLASS

GLASS BRICKS

GLASS BRICKS





# MT HOPE CEMETERY

E 16137

## 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			
		Edwin Isaac Butler	Cecelia X Butler			
		MAUDE Louise Miller	SMITH Ralph W. (X)	HENRY Edmund MILLS	EMMA SPRAGUE MILLS	

Interment space for: VIRGINIA SMITH X

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 8 Grave: 3 Row: — Sect: 4 Div: 5

Grave Laid out by: DARLEY

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_

Flag  
and  
Grave  
of Ralph W.  
Smith

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

21927-03

E-16137

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>VIRGINIA</b>	1B. MIDDLE <b>BUTLER</b>	1C. LAST (FAMILY) <b>SMITH</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/21/1913</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/15/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>STEPHEN B SMITH-SON 4423 COLLWOOD LANE SAN DIEGO CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CARING CREMATION SERVICES P.O. BOX 711036 SAN DIEGO CA 92171-9972</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1516</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>	
8B. DATE SIGNED <b>01/16/2001</b>		ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/17/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101036</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102</b>	11B. DATE BURIED <b>1-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORIUM INC 601-D CRANE ST LAKE ELSINORE CA 92530</b>	12B. DATE CREMATED <b>1-18-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

COPY 1

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

VS9 (REV. 6/91)

THIS IS  
A COPY  
WHICH WAS  
WITH THE  
PAGES  
KF



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-01

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

of JAMES Howard STEINEL  
in a LINER Funeral, date, time FRI 1-19 2:00

Church, Chapel Graveside : MAYER Mortuary.

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

will be applied and billed to undersigned X (M)

Lot 149 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 895<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375<sup>00</sup>

Burial Container ..... 190<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... JAN 17 2001

Recording and filing fee ..... MT HOPE CEMETARY 45<sup>00</sup>

Sales taxes ..... CITY OF SAN DIEGO 14.25

Total Due ..... \$1664.25

Paid receipt number SR-53263 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X M. J. Signature

X 4320 MENTONE ST #7 Address

X SAN DIEGO, CA 92107 City Zip Code

X 619 226-3360 Telephone

Work Order # E 16138

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16138

## 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.

	GRACE L. CARTER	DORIS MURIE				
	PATRICK ANTHONY		JAMES X			

Interment space for:

JAMES STEINEL

Interment Date:

01-19-01

Time:

Lot:

149

Grave:

6

Row:

Sect:

2

Div:

12

Grave Laid out by:

Ron Norman

Agrees with Legal Card:

☒ Yes

☐ No

Agrees with Map:

☒ Yes

☐ No

Blind Check & Verified By:

Vi Williams

Date:

1/19/01

# 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) <b>Janes</b>		1B. MIDDLE <b>Howard</b>		1C. LAST (FAMILY) <b>Steinel</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/20/1932</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/16/2001</b>		4. SEX <b>M</b>	
5A. CITY OF DEATH <b>La Jolla</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Maureen Steinel, Daughter 4320 Montone St. #7 San Diego, CA 92107</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT—Person filing permit <i>John Mayer</i>		8B. DATE SIGNED <b>01/17/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7120 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>7.00</b>		9B. DATE PERMIT ISSUED <b>01/18/2001</b> <b>John Mayer</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101205</b>			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S). CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY EXHUMATION <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102</b>				11B. DATE BURIED <b>1-19-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Jones</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Jan. 17, 2001

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

in a LINER Funeral, date, time Mon. Jan. 22nd 11:00am

Church, Chapel, Graveside : Anderson-Ragsdale Mortuary.

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

will be applied and billed to undersigned. X

Lot 36 Grave 8 Row - Section 2 Division 11

Grave space & Care Fund Pre-Need Lot & TRUST

Additional spaces and care fund paid-in-Full

Opening/Closing & Setup E-15520

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

X Signature  
X 1903 Madera Street  
X Address  
X Lemon Grove, CA 91945  
City  
(619) 466-0679  
Telephone Zip Code

Work Order # E 16139

Invoice #

Acct. #



E-16139

INTERM NT ORDER

San Diego

TO: ISAIAH Anderson  
FROM: WINEK  
DATE: 12-1-54  
AMOUNT: 150.00  
REMARKS: Payroll

Net Pay 8 and 2  
Gross Pay 11  
Social Security 1.50  
Federal Income Tax 1.50  
State Income Tax 1.50  
City Income Tax 1.50  
Union Dues 1.50  
Health Insurance 1.50  
Life Insurance 1.50  
Savings Plan 1.50  
Retirement Plan 1.50

Signature: [Signature]  
Title: [Title]  
Date: 12-1-54  
Amount: 150.00  
Remarks: Payroll

Check No. E 16139  
Date: 12-1-54  
Amount: 150.00  
Remarks: Payroll

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16139 AGE 89

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Isaiah</b>		1B. MIDDLE <b>H.</b>	1C. LAST (FAMILY) <b>Aldridge</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/25/1912</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/16/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rolland Aldridge, Son</b> <b>1903 Madera St.</b> <b>Lemon Grove, CA 91945</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 710376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Debbie Wilbur</i> <b>01/18/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/19/2001</b> <i>Debbie Wilbur</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2101281</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-22-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. Karpis</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-18-01

*neg size*  
*Van*  
*\* Ash Vault Loc. Upper RIGHT*

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

of DORIS Ann Ferris

in a Ash Vault Funeral, date, time Tues Jan 30 10:00 AM

Church, Chapel, Graveside : Family Delivery Mortuary.

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

will be applied and billed to undersigned. *X*

Lot 63 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund PRE-USED - E-10222 0

Additional spaces and care fund **PAID**

Opening/Closing & Setup 105.00

Burial Container JAN 23 2001 55.00

Handling Fees 60.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** 125.00  
**CITY OF SAN DIEGO, CA**

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 394.13

Paid receipt number R-53282 394.13

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

*X James Ferris*  
Signature  
*X 12625 MAPLEVIEW ST #6*  
Address  
*X LAKESIDE 92040*  
City Zip Code  
*(619) 561-2260*  
Telephone  
*or 561-2650*

Work Order # **E 16140**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16140 AGE  
32

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DORIS</b>		1B. MIDDLE <b>ANN</b>		1C. LAST (FAMILY) <b>FERRIS</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/02/1967</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>07/06/2000</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>ALPINE</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JAMES Q. FERRIS SR., FATHER 12625 MAPLEVIEW ST.#6 LAKEVIEW, CA 92040</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>						7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>01/17/2000</b>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/17/2001</b> <b>J. BENTARD</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101127</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102]</b>	11B. DATE BURIED <b>1-30-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Jan-18-2001

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

of Muslim Organization of San Diego

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

130,131  
Lot 132, 133 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section Mus Division 550

Grave space & Care Fund 4 graves 550  
x 4

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees JAN 18 2001 \_\_\_\_\_

Flower vases - Marker setting fee MT. HOPE CEMETARY \_\_\_\_\_

Recording and filing fee CITY OF SAN DIEGO \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 2200

Paid receipt number R-53270 2200

Balance due 0

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

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

Signature of record holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 16141**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 18, 2001

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

of Infant: Beni Pecani

in a \_\_\_\_\_ Funeral, date, time Jan 1-19 2:30

Church, Chapel, Graveside \_\_\_\_\_; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 58B Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... **PAID**

Opening/Closing & Setup ..... 125.00

Burial Container ..... JAN 19 2001

Handling Fees ..... **MT. HOPE CEMETARY**

Flower vases - Marker setting fee ..... **CITY OF SAN DIEGO, CA**

Recording and filing fee ..... 45.00

Sales taxes ..... 270.00

Total Due ..... 270.00

Paid receipt number ..... 0

Balance due ..... 0

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

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

Signature of recorded holder of deed

X Jamal Daski  
Signature  
X 1415 E. Lexington Ave 158  
Address  
X El Cajon CA 92019  
City Zip Code  
X (619) 447-8577  
Telephone

Work Order # **E 16142**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

8/6/42

## 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: Baby: Beni Pecani

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: \_\_\_\_\_ Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 9

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ 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

E-16042

3 days

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BERN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>PECANI</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/13/2001</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/16/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JAHR PECANI: FATHER</b> <b>1343 OAKDALE AVENUE, APT.#2</b> <b>EL CAJON, CA 92020</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE</b> <b>SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>01/19/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/19/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA</b> <b>2101254</b>	
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-19-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-18-01

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

in a \_\_\_\_\_ Funeral, date, time Sat Jan 20-2001 11:00  
Type of Burial Container \_\_\_\_\_  
Church, Chapel, Graveside \_\_\_\_\_ Mortuary, Greenwood

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150  
will be applied and billed to undersigned XZ.S

Lot 112 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MLK Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Sara Saher  
Signature  
X 10283 Glendamer  
Address  
X San Diego 92126  
City Zip Code  
X (858) 693-1516  
Telephone

Work Order # **E 16143**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16143

AGE  
77

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FATHEMEN</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>BOROOMAND</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/10/1924</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>01/17/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>LA JOLLA</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SARA SABER: DAUGHTER 7005 EBONY COURT PLANO, TX 75024</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>				8B. DATE SIGNED <b>01/19/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/19/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101317</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>		11B. DATE BURIED <b>01/20/01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date Jan. 19, 2001

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

in a T.S. Vault Funeral, date, time Weds. Jan. 24 1:00pm

Church, Chapel, Graveside Ragsdale Mortuary.

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

Lot 419 Grave — Row — Section — Division/Block 10  
Grave space & Care Fund 995.00

Additional spaces and care fund —  
Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker set —  
Recording and filing fee 45.00

Sales taxes 18.75

Total Due 1,868.75

Paid receipt number R-53279 1868.75

Balance due 0

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

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

Signature of recorded holder of deed

X Vernon Hollins Jr.  
Signature SAN DIEGO CA,  
Address 5041 LAPAZ DR.  
City (619) 264-5526 Zip Code 92113  
Telephone

Work Order # E 16144

Invoice # 343410  
Acct. # 104707

*one  
1/25/01*



# MT HOPE CEMETERY

E-16/44

## 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.

	417	418	419	420	421	
Paul John P. 55 RD	open	open	HOLLINS X VERNON	IRVING HOLLINS (No Marker)	carson J. Roy	

Interment space for: Vernon S. Hollins, Sr.

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 419 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Ron W. Doremus

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 1-25-01





# 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) <b>Vernon</b>	1B. MIDDLE <b>Sylvester</b>	1C. LAST (FAMILY) <b>Hollins</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/27/1950</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/15/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ola Mae Hollins, Mother</b> <b>5041 La Paz Dr.</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED <b>01/23/2001</b>
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<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>01/23/2001</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2101469</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-24-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-19-01

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

of E. RAE GAY

in a BELL LINER Funeral, date, time TUES 1-23 1:00

Church, Chapel, Graveside El Camino Memorial - Pac. Beh. Chap.

All Funeral cars must arrive before 3: 0 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 44 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section I00F Division/Block 0

Grave space & Care Fund PRE-NEED E-6377 +

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing 45.00

Sales taxes 14.25

**BEVERLY  
SCHAEFER**

Total Due 769.25

Paid receipt number R-53277 769.25

Balance due +

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

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

Signature of record holder of deed \_\_\_\_\_

X Beverly A Schaefer  
Signature  
X \_\_\_\_\_  
Address  
X 3063 Old Bridgeport Way  
City San Diego Zip Code CA 92111  
Telephone 858-492-9603

Work Order # **E 16145**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16145

## 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.

39 LEONHARD	40 LANG	41 MITCHELL	42 TODD	43 CAVIN		
44 VOLLEY	45 RASMUSSEN	46 RASMUSSEN	47 X GAY			

Interment space for:

RAE GAY

Interment Date:

702 1-23

Time:

1:00

Lot:

44

Grave:

Row:

Sect:

Div:

0

Grave Laid out by:

Ron Norman

Agrees with Legal Card: ☒ Yes

☐ No

Agrees with Map: ☒ Yes

☐ No

FLAG  
ON GRAVE

Blind Check & Verified By:

DARREN

Date:

1-23-01



# 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) <b>ESTHER</b>	1B. MIDDLE <b>RAE</b>	1C. LAST (FAMILY) <b>GAY</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/09/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/18/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LEILAH DESCHAMPS - DAUGHTER</b> <b>2735 BURGNER BLVD.</b> <b>SAN DIEGO, CA 92110</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - PACIFIC BEACH CHAPEL</b> <b>4710 CASS ST. SAN DIEGO CA 92109</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-815</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>L. Castro</i>	
8B. DATE SIGNED <b>01/22/2001</b>		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

* <b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/22/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101328</b> <b>L. CASTRO</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 22, 2001

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

of Mildred C. Stalnaker

in a T.S. Vault Funeral, date, time Weds Jan. 24 (11:00 AM)

Church Chapel, Graveside ; Featheringill Mortuary.

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

Lot — Grave 8 Row 1 Section 1 Division/Block 2

Grave space & Care Fund Pre-Need Lot & Trust

Additional spaces and care fund 00

Opening/Closing & Setup 00

Burial Container 00

Handling Fees 00

Flower vases - Marker setting fee 11

Recording and filing fee 00

Sales taxes 00

Total Due 00

Paid receipt number \_\_\_\_\_

Balance due 00

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Archie L. Stalnaker  
Signature  
X 1936 Lenrey Avenue  
Address  
X El Centro, CA 92243  
City Zip Code  
X (760) 352-4427  
Telephone

Work Order # E 16146

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mildred</b>		1B. MIDDLE <b>Clara</b>		1C. LAST (FAMILY) <b>Stalnaker</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>01/06/1907</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/18/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>Lemon Grove</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Archie L. Stalnaker, son 1936 Lenrey Ave. El Centro, CA 92243</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED <b>01/22/2001</b>					
* <b>PERMIT</b>		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>		9B. DATE PERMIT ISSUED <b>01/22/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. Maggard</b>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222, San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>				11B. DATE BURIED <b>1-24-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



E-16146

# Seaman-Poe Monument Company

3893 Imperial Avenue • San Diego, California 92113  
619-264-1933 • Fax 619-264-1973  
www.seaman-poe.com

Cell # 760 427-8678

No 4333

Date 9/16/00

Sold to GORDON STALKER Phone 760 356 5355  
Address 2057 ANDERHOLT RD City/State/Zip HOLTVILLE CA

Price \$

\$7250  
TAX \$103.13  
\$1353.13

\_\_\_\_\_ this day ordered from Seaman-Poe Monument Company,  
and said Company agrees to build and erect said MONUMENT as per sizes and materials  
given below, in MT HOPE Cemetery, not later  
than \_\_\_\_\_ unless unforeseen causes prevent. The purchaser on his part  
agrees, on the completion of said work, to pay the Seaman-Poe Monument Company as follows:  
Terms: Paid Full Cash \$2406

Note: An interest charge of \_\_\_\_\_ % will be made on unpaid balance commencing 30 days after erection.  
This stone is to remain the property of the Seaman-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 said monument.

This order is not subject to cancellation after acceptance.  
Price does not include final inscription.

X Gordon Stalker Purchaser  
Seaman-Poe Monument Company Accepted

Date Ordered 9/16/00 Delivery Date \_\_\_\_\_ Letters \_\_\_\_\_ Cemetery MT HOPE  
Material GREY Size 1-6 x 0-6 x 2-0 Finish CURVED FLOWERS  
Base 2-0 x 1-0 x 0-6 (ROSES)

on Display Stone

IN LOVING  
MEMORY

MILDRED CLARA

STALKER

JAN. 6, 1907

JAN. 18, 2001

(Photo placed  
only)

No 4333

Approved X Gordon Stalker Purchaser

BASE 24" X 12" X 6"

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-22-01

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

of BARBARA ELLEN BOWDEN TUE 1-30-01

in a T.S. VAULT Funeral, date, time TUE 1-30-01 11:00

Church, Chapel, Graveside Delivery only; GREENWOOD Mortuary.

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

will be applied and billed to undersigned.

Lot 98 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund Pre-Paid E-5814 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 18.75

Sales taxes 873.75

**PAID**  
JAN 26 2001  
MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 873.75

Paid receipt number R-53290 873.75

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Work Order # **E 16147**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



Ethel Lee Boye  
to be buried in Montana

PAID

JUN 20 1911

CITY OF SAN DIEGO  
MT WOLF CEMETARY

101415



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.

			ESCO TO <sup>17</sup>			
WATSON <sup>2</sup>	ATKINS <sup>3</sup>	BUCKLEY <sup>4</sup>	98 X <sup>5</sup>	RODRIGUEZ <sup>6</sup>	ROSS <sup>1</sup>	FINLEY <sup>2</sup>
KARY <sup>11</sup>	KARY <sup>10</sup>	KARY <sup>9</sup>	LEAKES <sup>8</sup>	7		

Interment space for: BARBARA BOWDEN

Interment Date: MON 1-29 Time: 11:00

Lot: 98 Grave: 5 Row:      Sect: 2 Div: 7

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG ON GRAVE SITE

E-16147

100

NO.	DATE	BY	DESCRIPTION	AMOUNT	DATE	BY	DESCRIPTION	AMOUNT
1	10-1-50		PAID TO	100.00	10-1-50		PAID TO	100.00



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E-16147

## FAX COVER LETTER

TO: GERALDINE | GREENWOOD

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 1-26-01

PAGES incl this page 2

FAX #  
527-3403

MT HOPE CEMETERY

THE INTERMENT DATE HAS BEEN CHANGED 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) <b>BARBARA</b>		1B. MIDDLE <b>ELLEN</b>		1C. LAST (FAMILY) <b>BOWDEN</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>09/14/1947</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/18/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>LA MESA</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOSEPH R. BOWDEN —BROTHER</b> <b>P.O. BOX 69</b> <b>BIG TIMBER, MT 59011</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY - I-805 &amp; IMPERIAL AVENUE</b> <b>SAN DIEGO, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>				8B. DATE SIGNED <b>01/25/2001</b>	
* KNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/26/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2101703</b>	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT ROPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>1-30-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY  
INTERMENT ORDER

DisINTERMENT

City of San Diego

Date 1-22-01

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

of CYNTHIA C. PAPICH MORNING

in a Funeral, date, time THUR 1-25

Type of Burial Container Church, Chapel, Graveside ALHISER-COMER

ROGER 160 145-2162 Mortuary.

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

will be applied and billed to undersigned.

Lot 8 Grave 96 Row Section MAS Division/Block Y

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees DisINTERMENT PAID 400.00

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 400.00

PAID receipt number R-53291 400.00

Balance due 2

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

E 16148

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMT
5114 M2001-002/PAPICH	01/25/2001	Mt. Hope Cemetery	400.00		400.00
CHECK NO.	DATE	TOTALS >	GROSS	DISCOUNT	CHECK AMT
5114	01/25/2001	Mt. Hope Cemetery	400.00		400.00



E16148



## Alhiser-Comer Mortuary

225 S. Broadway Escal. 26 CA 92061 Phone: (760) 745-2162 FAX: (760) 745-2162  
Funeral Establishments #297

### FACSIMILE COVER LETTER

DATE: Jan 22, 2001

TO: MT Hope Cemetery

ATTENTION: SAC

SUBJECT: Facsim

FROM: Robert Dwyer

SENT 10 FAX #16148 5:27 PM 01

NUMBER OF PAGES: 1

INCLUDING THIS COVER SHEET

If all pages are not received, Please call (760) 745-2162

NOTES/COMMENTS: Thank You - Please Confirm A Date

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE MAY BE CONFIDENTIAL AND/OR LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY COPYING, DISSEMINATION, OR DISTRIBUTION OF CONFIDENTIAL OR PRIVILEGED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND WE WILL ARRANGE FOR THE RETURN OF THE FACSIMILE. THANK YOU.

ORDER  
CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

E-16148

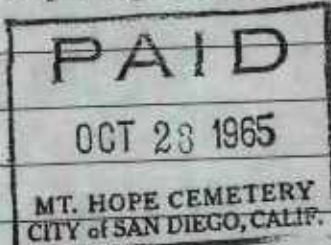
DATE 10-28-1965

CHARGE Michael Papich  
ADDRESS At 3 Bay 717, Escondido, Calif.  
NAME OF DECEASED Cynthia Papich  
OWNER Same  
ADDRESS \_\_\_\_\_  
MORTUARY Featherin'gell

LOT <u>8</u>	GR <u>96</u>	ROW <u>MAS</u>	DIV <u>Y</u>	\$ <u>50 00</u>
OPENING TIME <u>2:00</u>	DAY <u>FRI</u>	DATE <u>10-29-65</u>		<u>35 00</u>
WALL-BOX <u>#</u>	SIZE <u>#1X</u>			<u>20 80</u>
REMOVAL OR FOUNDATION _____				
TOTAL				<u>\$105 80</u>

PAID RECEIPT NUMBER 13428  
2248  
BALANCE \_\_\_\_\_

Flush marker or monument



THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.  
CITY OF MT. HOPE CEMETERY.

C-2561

Name PAPICH Cynthia  
Last First Middle Ashes  
Buried 8 96 MAS Y  
Lot Grave Row Section Blk. Div.  
10/26/1965 10/29/1965 Age 1 (2/19/1964)  
Date of Death Date of Burial Yrs. Mon. Days  
Santa Rosa, New Mexico W F  
Place of Death Race Sex

Removed \_\_\_\_\_  
Remarks Michael Papich

FORM PR-972

1-9-01 Roger / Deluier - Corner Mortuary  
760-745-2162  
Roger to mail check \$400 and copy of permit  
Mr. Papich to mail forms.

E-16148



# THE CITY OF SAN DIEGO

MT. HOPE CEMETERY • 3722 MAKAY STREET • SAN DIEGO, CALIFORNIA 92103

San Diego Health Department

Business Hours 8:30 a.m. to 5:00 p.m.

619-527-3400

Monday through Fridays • Hours 8:00 a.m. to 5:00 p.m.

## AUTHORITY TO DISINTER, REMOVE OR REINTER

JAN 2001  
MONTH YEAR

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

CYNTHIA CATHERINE PAPICH

from Lot 8 Grave 36 Section MAKAY Row      Block     

Division Y and to remove the same to and reinter said remains

in Lot 41 Grave 3 Section 12 Row      Block     

Division      Cemetery CARROLL CEMETERY 6540 DINO CA.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>[Signature]</u>	<u>FATHER</u>	<u>1345 COCA ST APT 203</u>
<u>[Signature]</u>	<u>MOTHER</u>	<u>6540 DINO CA 92103</u>
		<u>1345 COCA ST APT 203</u>
		<u>San Diego CA 92103</u>

Signature	Relation to Decedent	Address
-----------	----------------------	---------

I hereby authorize the above disinterment:

<u>[Signature]</u>	<u>- 2002 DINO CA</u>	<u>1-23-2001</u>
(Let owner sign if not legal custodian)		Date
<u>MA 0011 1345 COCA ST APT 203</u>		
<u>1-23-2001</u>		



E-16148

MT. HOPE CEMETERY  
INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 1-22-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CYNTHIA C. PAPICH MORNING

in a Funeral, date, time THUR 1-25

Church, Chapel, Graveside ALHISER-COMER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ ROGER 160 745-2162

will be applied and billed to undersigned.

Lot 8 Grave 96 Row MAS Division/Block Y

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees DISINTERMENT PAID 400.00

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

~~MORTUARY to~~  
~~BRING CHECK~~  
~~THUR.~~

Received  
U.S. Mail

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Paid receipt number R-53291 400.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature See

Address attached

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16148

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

5114



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



CALIFORNIA BANK & TRUST  
San Diego, CA 92128  
90-3210/1222

DATE  
01/25/2001

CHECK NO.  
5114

CHECK AMOUNT  
\$400.00

Four Hundred & 00/100 Dollars\*\*\*\*\*

PAY  
TO THE  
ORDER  
OF:

Mt. Hope Cemetery

*Kathleen Pontillo*

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW  
M2001-002/PAPICH  
005114 11222321091 4261275101



MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-22-01

NEED TO BE  
REMOVED BEFORE  
BURIAL

*Ashes  
placed  
middle  
right*

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

of KANG HO YI

in a T.S. VAULT

Funeral, date, time THUR 1-25 11:00

Church, Chapel, Graveside; CLAIREMONT 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 4783 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Ru-Need E-2199

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 873.75

Paid receipt number R-53281 873.75

Balance due 0

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

Choe Song Yi  
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

**E 16149**



# MT HOPE CEMETERY

E-16149

## 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.

			6-24-1909 Lee Grant			
	Russell	HO, KANG SUN	4783 X	Yamaguchi		
			Hutchinson			

Interment space for: KANG Yi

Interment Date: THUR 1-25 Time: 12:00

Lot: 4783 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*fly on grave*  
*see*

# 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) <b>KANG</b>		1B. MIDDLE <b>HO</b>		1C. LAST (FAMILY) <b>YI</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/28/1930</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>01/21/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CHAE YI: SON 3264 JEMEZ DRIVE SAN DIEGO, CA 92117</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1126</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>01/24/2001</b>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/24/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2101576</b>	
<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>					
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-25-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-22-01

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

of ETTA LEE  
in a LIVER Type of Burial Container Funeral, date, time THUR 1-25 11:00

Church, Chapel, Graveside DELIVERY ONLY: MAYER Mortuary.

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

Lot 72 Grave 1 Row \_\_\_\_\_ Section 1 Division 12

Grave space & Care Fund PRE-NEED E-12602 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording and filing fee \_\_\_\_\_ 0

Sales taxes \_\_\_\_\_ 0

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

✓ Signature \_\_\_\_\_  
✓ Address \_\_\_\_\_  
✓ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
✓ Telephone \_\_\_\_\_

Work Order # E 16150

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-16150

3.

NO.	NAME	CLERK	DATE	ACTUAL	DESCRIPTION	REMARKS	DEPT	CODING	DATE
206	W. H. H. H.		10/10/40						

# MT HOPE CEMETERY

E-16150

## 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.

	5	71	6	72 X 1	2	3
	MARLER	CARRADO		MILTON	OPEN	STILES
			6	7	8	9
			HERNANDEZ	BRIDGER	OPEN	HOM

Interment space for: ETTA LEE

Interment Date: THUR 1-25 Time: 11:00

Lot: 72 Grave: 1 Row:      Sect: 1 Div: 12

Grave Laid out by: Low & Moore

Agrees with Legal Card: ☐ Yes ☐ No

*they on grave fee*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] 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) <b>Etta</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Lee</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/24/1914</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/20/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Ave., San Diego, CA 92116</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>			8B. DATE SIGNED <b>01/22/2001</b>		
8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Greg Brown, PA 5201-A Ruffin Road San Diego, CA 92123</b>					

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>7.00</b>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9B. DATE PERMIT ISSUED <b>01/22/2001</b> 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>John Mayer</b>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102</b>	11B. DATE BURIED <b>1-25-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 23, 2001

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

in a T.S. Vault Funeral, date, time Fri Jan 26 11:00

Church, Chapel, Graveside : Anderson-Ragsdale Mortuary

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

will be applied and billed to undersigned. X KRA

Lot 69 Grave 10 Row — Section 1 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund —

Opening/Closing & Setup JAN 26 2001 375.00

Burial Container MT. HOPE CEMETARY 250.00

Handling Fees CITY OF SAN DIEGO, CA 185.00

Flower vases Marker setting fee Flat 12 X 24 125.00

Recording and filing fee 45.00

Sales taxes 18.75

MORTUARY to  
BRING CHECK

Total Due 1,893.75

Paid receipt number 7-53288 1,893.75

Balance due 0

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

KORRIE R. HUDSON

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

Signature of recorded holder of deed

X KATIE R HUDSON  
Signature  
X 7962 palm Ave  
Address  
X Yucca Valley, cal 92284  
City Zip Code  
X (760) 228-1944  
Telephone

Work Order # **E 16151**

Invoice #

Acct. #

# MT HOPE CEMETERY

E 16151

## 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
		Elizabeth Hall	Jacquette Huff	open	George Luster Davis	Sold
		7	8	9	10	11
		open	open	JoAnn Campbell	Robert Campbell	open

Interment space for: Jacquette L. Huff

Interment Date: Fri Jan. 26, 2001 Time: 11:00

Lot: 69 Grave: 10 Row: — Sect: 1 Div: 12

Grave Laid out by: Norm & Ron

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:           

Flag on Grave



# 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) <b>Jacquette</b>		1B. MIDDLE <b>La Marr</b>	1C. LAST (FAMILY) <b>Huff</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/11/1973</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/18/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kattie R. Hudson, Mother 7952 Palm Ave. Yucca Valley, CA 92284</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragnadale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>		
				8B. DATE SIGNED <b>01/25/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/25/2001</b> <i>Robert Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101684</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mr. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>0</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



mortuary to pick up marker

MT. HOPE CEMETERY  
INTERMENT ORDER

DisINTERMENT

City of San Diego

Date 1-22-01

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

of MICHAEL HONCZARENKO

in a \_\_\_\_\_ Funeral, date, time TUES 1:30

Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_ Mortuary, Parish of St. Nicholas

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 508 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 2 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees DisINTERMENT FEE 460.00

Flower vases - Marker \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes JAN 22 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Raid receipt number

Total Due 400.00  
R-53278 400.00

Balance due 0

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

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

Signature of recorded holder of deed

Daniel K. Honczarenko  
Signature  
834 W. Chase Ave  
Address  
El Cajon Ca 92020  
City  
(619) 444-3579  
Telephone

Work Order # E 16152

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# 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	WILSON	GUILFLEY	<sup>508</sup> X	ORR	REGISTER	DAVIS

DIS  
Interment space for: MICHAEL HONCZARENKO

Interment Date: TUES 1-30 Time: \_\_\_\_\_

Lot: 508 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: 2 Div: 8

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG ON GRAVE  
508







THE CITY OF

# SAN DIEGO

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

Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E-16152

## AUTHORITY TO DISINTER, REMOVE OR REINTER

January 2001  
MONTH YEAR

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

from Lot 508 Grave \_\_\_\_\_ Section 2 Row \_\_\_\_\_ Block \_\_\_\_\_  
Division 8 and to remove the same to and reinter said remains  
in Lot \_\_\_\_\_ Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_  
Division \_\_\_\_\_ Cemetery El Ceyon

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Janice K. Houshargh mother 834 W. Chase Ave.  
Signature Relation to deceased Address  
El Ceyon Ca 92020

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)

1-22-01  
Date



DIVERSITY  
BRINGS US ALL TOGETHER



E16152

## 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.

The burial site for Michael Paul Honczarenko is identified as:

Lot	Grave	Section	Division
508		2	8

**We acknowledge that we have been advised that the remains of Michael Paul Honczarenko may not be present and/or intact.**

Janice K. Honczarenko  
SIGNATURE(S)

Mother  
RELATION TO DECEASED

J. Shellen  
WITNESSED BY

1-22-01  
DATE

**Mt. Hope Cemetery**

Real Estate Assets • 3751 Market Street • San Diego, CA 92102  
Tel (619) 527-3400





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-16152

5/15/1961

# DEED

## 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 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:

10"X20" Flush Marker Only

*Raymond W. Dehne*  
Cemetery Manager

*L. E. Eames*  
Park and Recreation Director

FORM PR-584

B-7071									
Name <u>HONCZARENKO.</u>		<u>Michael</u>		<u>Paul</u>		<u>1</u>			
Last		First		Middle		Ashes			
Buried <u>508</u>		<u>2</u>		<u>8</u>					
Lot		Grave		Row		Section		Blk. Div.	
<u>3/6/1961</u>		<u>3/8/1961</u>		Age		Hours			
Date of Death		Date of Burial		Yrs.		Mos.		Days	
<u>La Mesa, Calif.</u>		<u>W</u>		<u>M</u>					
Place of Death		Race		Sex					
Removed .....									
Remarks <u>Anton Honczarenko</u>									
FORM 972									



Lot 505 thru 516 SEC 2 DIV 8

	DECEASED	OWNER	DATE & AMOUNT		
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.	QUIGLEY, 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/
516	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

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

in a DBL CRYPT Funeral, date, time Fri Jan 26 12:00

Church Chapel Graveside : Anderson-Ragsdale Mortuary.

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

will be applied and billed to undersigned. Xcc

Lot 45 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund —

Opening/Closing & Setup JAN 26 2001 375.00

Burial Container DBL CRYPT 380.00

Handling Fees MT. HOPE CEMETARY 320.00

Flower vases Marker setting fee TRION (1) & Setting fee 171.88

Recording and filing fee 45.00

Sales taxes 28.50

MORTUARY TO Total Due 3,215.38

BRING CHECK Paid receipt number R-53287 2,215.38

Balance due 0

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

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

Signature of recorded holder of deed X Corine B Collins  
Address X 4570 54th apt 122  
City X San Diego CA 92115  
Telephone (619) 287-2321

Work Order # E 16153 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-16153



# 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 Wilder			

Interment space for: Maysee B. Wilder

Interment Date: Fri. Jan. 26 Time: 11:00

Lot: 45 Grave: 6 Row: — Sect: 2 Div: 12

Grave Laid out by: Norman Barr

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 1-25-01

Flag  
on  
Grave

E-16153

# 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) <b>Maysee</b>	1B. MIDDLE <b>B.</b>	1C. LAST (FAMILY) <b>Wilder</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/04/1934</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/21/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Corine Collins, Daughter</b> <b>4570 54th St. Apt. 122</b> <b>San Diego, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>Debbie Williams</b> <b>01/23/2001</b>	

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/26/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101726</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

## AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23-01

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

in a LINER Type of Burial Container Funeral, date, time TUES 1-30 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned. X.D.C.

Lot 39 Grave 7 Row — Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1,664.25

Paid receipt number 53295 1,664.25

Balance due X

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

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

Signature of recorded holder of deed

X Dorothy K. Collins  
Signature  
X 1629 Canyon Rd # 36  
Address  
X S.U. CA 91977  
City Zip Code  
X (619) 469-3249  
Telephone

Work Order # E 16154

Invoice # —

Acct. # —



E16154

# MT HOPE CEMETERY

E-16154

## 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
			open	MARK P. HOPE	Sold	Sold
			7	8	9	10
			R. B. GILL	FRANK SOGLIuzzo	Margaret Allen (no marker)	open

Interment space for:

MR R. B. GILL

Interment Date:

Tue Jan. 30

Time:

11:00

Lot:

39

Grave:

7

Row:

—

Sect:

2

Div:

12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By:

[Signature]

Date:

Flag on Grave

# 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) <b>R.</b>		1B. MIDDLE <b>B.</b>	1C. LAST (FAMILY) <b>Gill</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>03/01/1919</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>01/20/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dorothy Collier, Daughter 1624 Canyon Rd. Apt. 36; Spring Valley, CA 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is not of the disposition authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				8B. DATE SIGNED <b>01/23/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/30/2001</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101884</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-30-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-23-01

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

of RAYSHON SCOTT

in a Ash vault Funeral, date, time Weds. Feb. 21 2:30 pm

Church, Chapel Graveside : Ce. Burial Mortuary.

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

will be applied and billed to undersigned. X

Lot 92 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Pre-Paid E-16034 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number R-53286 269.13

Balance due 0

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

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

Signature of recorded holder of deed

X Jeannette Scott  
X 18401 Pinecrest Ave  
X San Diego 92123  
X (858) 650-3526

Work Order # **E 16155**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Rayshon</b>	1B. MIDDLE <b>Riedel</b>	1C. LAST (FAMILY) <b>Scott</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/01/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/22/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Herbert Scott, III -Brother</b> <b>5231 Manzanares Way</b> <b>San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5880 El Cajon Blvd., San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.		8B. DATE SIGNED <b>01/25/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/26/2001</b> <b>J. Benyard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101716</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records-P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium, Inc. 601-D Crane Street Lake Elsinore, CA 92053</b>	12B. DATE CREMATED <b>1-31-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-24-01

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

In a F.S. VAULT Funeral, date, time SAT 1-27 11:00

Church Chapel Graveside : RAGSDALE Mortuary,

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

will be applied and billed to undersigned.

Lot 2663 Grave PAID Row 10 Section 10 Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund JAN 24 2001

Opening/Closing & Setup 375.00

Burial Container MT. HOPE CEMETARY 250.00

Handling Fees CITY OF SAN DIEGO, CA 185.00

Flower vases - Marker setting fee Saturday Overtime 600.00

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 2468.75

Paid receipt number VISA 2468.75

Balance due 0

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

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

Signature of recorded holder of deed

X Naomi Williams  
Signature 5330 Coban St  
Address San Diego, CA 92114  
City (619) 264-4572  
Telephone Zip Code

Work Order # E 16156

Invoice #

Acct. #



# MT HOPE CEMETERY

E-16/56

## 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.

			SESSION			
OPEN	HAMILTON	OPEN	2663 X	OZAKI		
			ALSO			

Interment space for: CHARLES WILLIAMS

Interment Date: SAT 1-27 Time: 11:00

Lot: 2663 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: NORM & DARREN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_

Pay m  
grave  
due

# 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) <b>Charles</b>		1B. MIDDLE —		1C. LAST (FAMILY) <b>Williams</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>02/20/1936</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/17/2001</b>		4. SEX <b>M</b>	
5A. CITY OF DEATH <b>National City</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Naomi Williams, Wife</b> <b>5330 Coban St.</b> <b>San Diego, CA 92114</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Andersson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Person taking permit <i>Charles Williams</i>			8B. DATE SIGNED <b>01/25/2001</b>		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/26/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>2101699</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-25-01

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

In a LINER Funeral, date, time Jan-Mon-29-2001  
Type of Burial Container  
Church Chapel Graveside D.L. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150  
will be applied and billed to undersigned. X G.P.

Lot 72 Grave 11 Row 1 Section 2 Division/Block 12  
Grave space & Care Fund 895

Additional spaces and care fund

Opening/Closing & Setup 375

Burial Container 190

Handling Fees 145

Flower vases - Marker setting fee 45

Recording and filing fee

Sales taxes 14.25

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, C.

Total Due 1664.25

Paid receipt number 53289 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

Delores Lynch  
Signature  
X 471 4th Ave Unit 8  
Address  
X Chula Vista 91910  
City Zip Code  
X 44 448-1443 (619)  
Telephone

Work Order # E 16157

Invoice #

Acct. #



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16157  
AGE 65

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Delores</b>	1B. MIDDLE <b>Jean</b>	1C. LAST (FAMILY) <b>Lynch</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/30/1935</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/22/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kittling</b> <b>John H. Kittling, Brother</b> <b>673 56th St.</b> <b>San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

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

8A. SIGNATURE OF APPLICANT—Person taking permit, *[Signature]* 8B. DATE SIGNED **01/29/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/29/2001</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2101811</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

**AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS**

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 8751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-16/56

AC	DATE	TIME	TITLE	TOTAL WTG	WOMEN SGL	WOMEN DGL	WOMEN TGL	WOMEN SGL
174	04-25	10:30	117 001 42					

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-25-01

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

of ANITA WILLIAMS  
in a T.S. VAULT Funeral, date, time MON 1-29 11:00  
Church Chapel Graveside : CABURIAL Mortuary.

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

Lot 55 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 18.75

Total Due ..... 1768.75

Paid receipt number 53284 1768.75

Balance due 0

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

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

Robert Williams  
Signature of record holder of deed

X Robert L. Williams  
X Signature  
X 4170 WABASH AVE  
X SAN DIEGO CA 92109  
X City  
X 619 584-2181  
X Telephone 584-2181

Work Order # **E 16158**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16158 AGE 59

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ANITA</b>	1B. MIDDLE <b>LOUISE</b>	1C. LAST (FAMILY) <b>WILLIAMS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/05/1941</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/22/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROBERT WILLIAMS—SON 4170 WABASH AVENUE SAN DIEGO, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Janette Binyard</i>	

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

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/24/2001</b> <b>J. BINYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2101512</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED  <b>1-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL  <i>Kenn F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY 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, subject to your rules and regulations, to inter the remains of Pre-Need Not a TRUST

in a Liner Funeral, date, time \_\_\_\_\_

Church Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 223 Grave 5 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 895.<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID IN 375.<sup>00</sup>

Burial Container ..... 190.<sup>00</sup>

Handling Fees ..... FULL 11-5-01 145.<sup>00</sup>

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.<sup>00</sup>

Sales taxes ..... 14.<sup>25</sup>

Total Due ..... 1,664.<sup>25</sup>

Paid receipt number R 53283 664.<sup>25</sup>

Balance due 1,000.<sup>00</sup>

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

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

Signature of recorded holder of deed

Burnett McClaron  
Signature  
→ 3022 Franklin Ave  
Address  
→ San Diego, CA 92113  
City Zip Code  
→ (619) 233-3304  
Telephone

Work Order # **E 16159**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16159

## 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	
BEATRIZ D. SMITH	Open	NATA S. FULCHER	BARNETT X McCLAREN	open	Tree
8	9	10	11	12	
open	open	open	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 ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



**Mt. Hope Cemetery** E-16159  
**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.	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**

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**

✓  
2-13-01

E-161591  
**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.	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

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

✓  
2-13-01

Mt. Hope Cemetery  
Prepayment Plan Record

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

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**

E-16159

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

**Lot 223 Grave 5 Div 12 Sec 2**

<b>Payment NO.</b>	<b>4</b>
<b>Payment Due Date</b>	<b>May-01</b>
<b>Payment Amount Due</b>	<b>42.00</b>
<b>Balance Due</b>	<b>832.00</b>

**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**

*3 payments  
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*

**Mt. Hope Cemetery  
Prepayment Plan Record**

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

*July*



Mt. Hope Cemetery  
Prepayment Plan Record

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.	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

*awg*

**Mt. Hope Cemetery  
Prepayment Plan Record**

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

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**

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

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

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

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-110159

## 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

*Paid in Full 2/29/3000*

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

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

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16159 54007

From: Burnett McClaron Address: 3022 Franklin Ave San Diego Date: 8-7 20 01  
One Hundred Dollars (\$) 100.00  
 In part Payment of Pre-Need Lot

Lot 223 Grave 5 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16159BALANCE DUE 400.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3480

ISSUED BY

S. Shults

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



## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

E-16159

54173

From: Burnett McClaron Date: 9-27 .20 01  
 Address: 3023 Franklin Ave San Diego 92113  
One Hundred Dollars (\$ 100.00 )  
 In part Payment of Pre-need Lot & Tunnel

Lot 223 Grave 5 Row \_\_\_\_\_ Section 2 Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16159BALANCE DUE 300.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

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

ISSUED BY

3498

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

53440

Date: March 7, 20 01From: Mrs. Burnett McClaron Address: 3022 Franklin Ave., S.D., CA 92113One - Hundred and NO/100 Dollars (\$ 100.<sup>00</sup> ~~xx~~)In - part Payment of Pre-Need Lot and TrustLot 223 Grave 5 Row — Section 2 Division 12Invoice No. /Acct. No. /W.O. E-16159 (Coupon #3-#4)BALANCE DUE 800.<sup>00</sup>Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

# 3300

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

PAID

MAR 07 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

 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  
 77183  
 63033  
 9022  
 60101  
 78390

TOTAL PAID

\$

100 00

## OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

53652

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 4th, 20 01From: Burnett McClaron Address: 3022 Franklin Ave., S.D., 92113
Three - Hundred and NO/100 Dollars (\$ 300.<sup>00</sup>/<sub>100</sub>)
In - part Payment of Pre-Need Lot & Trust
 Lot 223 Grave 5 Row — Section 2 Division 12  
 Block
Invoice No. / /Acct. No. / /W.O. E-16159BALANCE DUE 500.<sup>00</sup>Coupon # 5, 6, 7Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK # 3321NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

MAY 04 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	95 <sup>00</sup>
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	205 <sup>00</sup>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	300 <sup>00</sup>



MCCLARON, MRS. BURNETT &amp; MCCLARON, ANISSA

3022 Franklin Ave., San Diego, CA 92113

(619) 233-3304

		DEBIT	CREDIT	BALANCE
01-25-01	Opened Pre-Need Lot & Trust.			
	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	Receipt R-53350		100.00	900.00
03-07-01	Receipt R-53440		100.00	800.00
05-04-01	Coupon # 5, 6, 7 R-53652		- 300.00	500.00
8-7-01	R-51007 8 & 9		100.00	400.00
9-27-01	R-54173 10		100.00	300.00
11-5-01	R-51298		300.00	<del>0</del>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Arrival  
2:53 pm*

Date 1-26-01

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

of CHARLES EDWIN HUNN

in a BELL LINER Funeral, date, time TUE 1-30 1:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. *X*

Lot 103 Grave 3 Row 1 Section 1 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JAN 26 2001 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Market CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.25

Paid receipt number R-53285 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X Patricia Maxwell  
Signature  
X 2415 54th St  
Address  
X San Diego 92105  
City Zip Code  
X 619 263-4921  
Telephone

Work Order # E 16160

Invoice #

Acct. #

E 16160

1



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16160  
AGE  
77

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Charles</b>	1B. MIDDLE <b>Edwin</b>	1C. LAST (FAMILY) <b>Hunn</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/29/1923</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/23/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Pat Maxwell, Daughter</b> <b>2415 84th St. (54th)</b> <b>San Diego, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Whelan</i>
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/26/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$8.00</b>	9B. DATE PERMIT ISSUED <b>01/30/2001</b> <i>Whelan</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2101908</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED  <b>1-30-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED <b>-</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED <b>-</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED <b>-</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION <b>-</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE <b>-</b>

COPY 2 IS RETAINED BY 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. 26, 2001

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

of Juanita D. Campbell 1:00

in a BELL LINER Funeral, date, time Weds. Jan. 31 - 9:00 AM

Church, Chapel, Graveside DELIVERY ONLY: Lewis-Colonial-Benbow Mortuary.

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

will be applied and billed to undersigned. X

Lot 3671 Grave — Row — Section — Division/Block 10

Grave space & Care Fund C-6753 Pre-Need Lot Paid-in-full X

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container LINER 190.00

Handling Fees JAN 29 2001 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.25

Total Due 769.25

Paid receipt number R-53292 769.25

Balance due 0

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

WILLIAM CAMPBELL

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

Signature of recordant holder of deed

X William Campbell  
Signature  
→ 241 Chaparral Ln  
Address  
→ Escondido 92115  
City  
→ (760) 461 1415  
Telephone

Work Order # E 16161

Invoice #

Acct. #



# MT HOPE CEMETERY

E-16/61

## 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.

	CARLIN James B.	CARLIN Emma E.	Ruth Mary Nickerson			
3668	3669	3670	3671	grass before curbline	Horizon Ave	
ZENOVI H. GRAHAM	HALE Cornelia James Arthur	James R. Campbell	JUANITA X Campbell	curbline		

Interment space for: Juanita D. Campbell

Interment Date: WED 1-31 Time: 9:00

Lot: 3671 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Nolan & Son

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 1/24/01

Flag  
on  
GRAVE  
1/24/01



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16161  
AGE 85

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JUANITA</b>		1B. MIDDLE <b>D.</b>	1C. LAST (FAMILY) <b>CAMPBELL</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/05/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/26/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>WILLIAM J. CAMPBELL - SON 241 CROYDON LANE EL CAJON, CA 92020</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7110 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Paula Valentine</i>		8B. DATE SIGNED <b>01/26/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/30/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101968</b> <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-31-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

PULL OUT  
ashes of ROY DODSON  
WENT SIDE  
WAY

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 of ELEANOR DODSON 2100

in a BELL LINER Funeral, date, time WEDS. JAN. 31 11:00  
Type of Burial Container

Church, Chapel, Graveside : Mayer Mortuary.

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

Lot 128 Grave 4 Row - Section 3 Division/Block 12

Grave space & Care Fund Pre-Need Lot Paid/Owned 0

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00  
JAN 29 2001

Handling Fees 145.00

Flower vases - MT HOPE CEMETERY flower vase 23.75  
CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 793.00

Paid receipt number R-53294 793.00

Balance due 0

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

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

Signature of recorded holder of deed

X Howard Dodson  
Signature  
→ 51 Chammont Circle  
Address  
→ Foothill Ranch 92610  
City  
→ (949) 716-0708  
Telephone Zip Code

Work Order # E 16162

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# 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.

1 CHAMBERLAIN	2 WICKLESIMEE	3 OPEN	4 DODSON	5 EVANS	6 COLE	
7 VASQUEZ	8 MARTIN	9 NUNLEY	MEDINA	ROZIER	McElwee	

Interment space for: ELEANOR DODSON

Interment Date: WEDS. JAN. 31, 2001 Time: 2:00 11:00 GRAVESIDE

Lot: 128 Grave: 4 Row: - Sect: 3 Div: 12

Grave Laid out by: NORM & LOU

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: [Signature]



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16162 AGE 84

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eleanor</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Dodson</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>01/27/1916</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/26/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Arthur Dodson, Son</b> <b>1226 Alexandria Drive</b> <b>San Diego, CA 92107</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary</b> <b>2859 Adams Avenue, San Diego, CA 92116</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>		
8B. DATE SIGNED <b>01/29/2001</b>			ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102296 of the Health and Safety Code, and was authorized pursuant to Section 71005 of the Health and Safety Code				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>01/29/2001</b> <b>John Mayer</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101860</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market Street, San Diego, CA 92102</b>		11B. DATE BURIED <b>1-31-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

"Vietnamese  
Traditional  
Burial"

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan. 29, 2001

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

In a T.S. Vault Funeral, date, time Sat Feb. 3 1200 noon

Church, Chapel, Graveside CA BURIAL Mortuary.

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

Lot 4905 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-Need Lot Owned X

Additional spaces and care fund Saturday Services Overtime 600.00

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee (12 X 36 SIDE-BY-SIDE) 320.56

2-TRION in border 45.00

Recording and filing fee 18.75

Sales taxes 18.75

JAN 29 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

paid receipt number

Total Due 1,794.31

R-53293 1,794.31

Balance due X

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

**E 16163**

Invoice #

Acct. #



# 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	KET X TRAN	open	ISTVAN Hunyadi	Gizela Hunyadi

Interment space for: Mrs. KET THI TRAN

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 4905 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Ricci - Rose

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_

Flag  
on  
Grave



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16163 AGE 70

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>KET</b>		1B. MIDDLE <b>THI</b>		1C. LAST (FAMILY) <b>TRAN</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>10/15/1930</b>		3. DATE OF DEATH MONTH DAY YEAR <b>01/26/2001</b>		4. SEX <b>FE</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MINH DUC NGUYEN—HUSBAND 4849 54TH STREET SAN DIEGO, CA 92115</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeanette Benyard</i>				8B. DATE SIGNED <b>01/31/2001</b>	

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

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>01/31/2001</b> <b>J. BENYARD</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102029</b>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

12. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)

☐ B. CREMATION

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

☐ D. SCIENTIFIC USE

☐ E. TEMPORARY ENVAULTMENT

☐ F. DISINTERMENT

☐ G. SHIP IN TO CALIFORNIA

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-3-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

No 11757

# DEED

## 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 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:

Upright monuments must match style of existing monuments

Wendy J. Teague  
Cemetery Manager

Chas. Sullivan  
Property Director



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-01

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

of ROBERT MANZO PA 20010884  
in a DOUBLE DEPTH Funeral, date, time THUR FEB 1 11:00

Church, Chapel, Graveside DELIVERY ONLY : AZTLAN Mortuary,  
234-3307

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 4 Grave 5B Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 13

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... —

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... —

Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice #

345235 <sup>MON</sup> 3-12-01

Acct. #

000952

Work Order #

**E 16164**



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16164  
AGE 22

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROBERTO</b>	1B. MIDDLE <b>REYES</b>	1C. LAST (FAMILY) <b>MANZO</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/20/1978</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/20/2000</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROMA STONACH-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1658</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10526 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **01/30/2001**

<b>PERMIT</b> 00-02335 AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>01/30/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>EC.</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA  	

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. ROSE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-01-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-01

ME 00-01907

Contreras, Richard Q.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20010863

in a DOUBLE DEPTH Funeral, date, time THUR FEB 1 11:00

Church, Chapel, Graveside DELIVERY ONLY : K2TLAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 234-5307

will be applied and billed to undersigned.

Lot 4 Grave 4T Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PA 1 D 165.00

Burial Container 50.00

Handling Fees 4-30-01 \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature See attached

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 345244

Acct. # 000952

Work Order # **E 16165**



# 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) <b>JOHN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DOE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>UNKNOWN</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/12/2000</b>	4. SEX <b>M.</b>
5. COUNTY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DARNELL PRICE—DEPUTY PUBLIC GUARDIAN</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FUNERARIA AZULAN</b> <b>2436 MARKET ST., SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1658</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>5201-A RUFFIN RD.</b> <b>SAN DIEGO, CA 92123</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>		8B. DATE SIGNED <b>01/26/2001</b>

<b>PERMIT</b> 00-01907 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>01/26/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

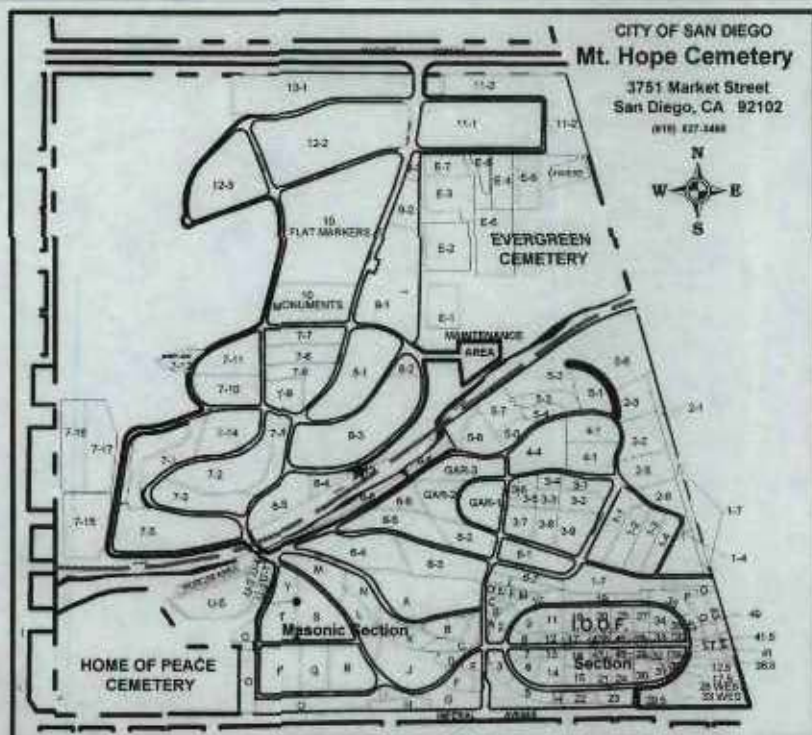
COMPLETE ALL APPLICABLE ITEMS BURIAL CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. ROSE CEMETERY, 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-1-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORY INC. 681 CHASE ST.</b> <b>HE., LANS BASTERS, CA 92530</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



# Locator Map

E-16165





## 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 Doe, 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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-01

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

of EARL B. GILLIAM  
in a VAIT Funeral, date, time TUE 2-6 1:00

Type of Burial Container Church, Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned Rebecca Prater

Lot 1134 Grave — Row — Section — Division/Block 10

Grave space & Care Fund PRE-NEED E-15462

Additional spaces and care fund PAID

Opening, Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 2300

Recording and filing fee 45.00

Sales taxes 20.13

Total Due 898.13

Paid receipt number R-53311 898.13

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 16166

Invoice #

Acct. #



E-16166

DATE		TIME		TEMP		WIND		SEA	
1954	10/10	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45

# 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. Gilliam

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 1134 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Rick & Lori

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

F-16166 AGE  
69

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Earl</b>	1B. MIDDLE <b>Bennie</b>	1C. LAST (FAMILY) <b>Gilliam</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/17/1931</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/28/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Jolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rebecca P. Gilliam, Wife 2121 Paradise St. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rebecca Gilliam</i>		
			8B. DATE SIGNED <b>01/30/2001</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/06/2001</b> <i>Rebecca Gilliam</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102369</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

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

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



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date JAN-31-01

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

of Takenori Ohara ~~✗~~ Thurs 11:00

in a ASH VAULT Funeral, date, time Feb-8-2001

Church, Chapter, Graveside Community Mortuary,

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

will be applied and billed to undersigned. X F.O.

Lot 4882 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Grave space & Care Fund Pre-Need ☐

Additional spaces and care fund ☐

Opening/Closing & Setup E-14439 ☐

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

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

Signature of recorded holder of deed

X Fumiko Ohara  
Signature  
X 1405 Ocala Court  
Address  
X Chula Vista, Ca, 91911  
City  
X (619) 421-5254  
Telephone

Work Order # E 16167

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Takanora</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>OHARA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/07/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/29/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Fumikori Ohara - Wife 1405 Ocala Ct Chula Vista Ca 91911</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Community Mortuary 855 Broadway Chula Vista, Calif 91911</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1682</b>		

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

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/30/2001</b> <b>P. Heldenbrand</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2101882</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego, Calif 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market San Diego Ca 92102</b>	11B. DATE BURIED <b>2-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium Inc 601-B Crane St Lake Elsinore Ca 92530</b>	12B. DATE CREMATED <b>2-2-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



# MT HOPE CEMETERY

E-16167

## 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.

		OHARA	TAKENORI OHARA	OHARA	NENASHI	
		Nishi	MAYUMI	MAYUMI	SEGAWA	

Interment space for: Takenori Ohara

Interment Date: Feb-8-2001 Time: 11:00 graveside

Lot: 4882 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Daniel Fomper

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: —



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-31-01

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

in a LINER Funeral, date, time \_\_\_\_\_  
Type of Burial 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 192 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 1664.25

JOHN EDWARDS Total Due ..... \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature

Address

City

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 16168**

*See attached for Nancy - Aztlan using another cemetery*

E-16168

NY HOSPITAL CEMETERY  
INTERMENT ORDER

City of New York

no 1-31-01

All burials must be made in accordance with the laws and regulations of the city of New York.

1. Name of deceased William H. H.

2. Age 1 M 2 A Sex M Date of birth 1-1-1880

3. Church, Synagogue, or other religious organization A27-LAA Minister Rev. J. J. J.

4. Place of interment Section 1, Lot 11

5. Date of interment 1-31-01

6. Burial fee 11 Fee for transportation 2 Fee for opening and closing of grave 12

7. Grave site and care fund 845.00

8. Additional expenses and care fund 575.00

9. Opening, closing, and care fund 45.00

10. Total 1469.25

11. Handling fee 45.00

12. Flower expenses - After handling fee 45.00

13. Recording and filing fee 1669.25

14. Total 1669.25

15. Name of person paying EDWARDS Title Rev. J. J. J.

16. Paid receipt number 1-31-01

17. Signature of person paying Edwards

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

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I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

I hereby certify that the above is a true and correct copy of the original record of the burial of the deceased, and that the same has been filed in the office of the Registrar of the City of New York, and that the same is available for inspection by the public.

PRE-NEED  
LOT & TRUST

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-31-01

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

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 \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 192 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

GREG P.A. **PAID** 1664.25

Paid receipt number R-53306 1664.25

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature See attached

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 16169

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16169

NO. DATE	ST. TIME	TOTAL TIME	LAST	NO.	DATE
196-05-21	15:00	00:00:00		196-05-21	



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

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

Monday through Friday • Gates open daily

E-16169

## FAX COVER LETTER

TO: GREG

PHONE/FAX#

FROM: SUE

DATE: 1-31-01

PAGES incl this page 3

FAX #  
527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDERS AND RETURN WITH  
YOUR CHECKS.

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



DIVERSITY  
BRINGS US ALL TOGETHER

E-16169

PRE-NEED  
LOT # TRUST

MY HOME COMFORT  
INTERMENT ORDER

City of San Diego

DATE 1-31-01

The undersigned hereby certifies and represents that the following is a true and correct statement of the facts

of MARIANNE SASSO

is a LINER Funeral Home

Church, Chapel, Crematory Ministry

All funeral services shall be held before 9:00 a.m. on days when the funeral home is open and

will be subject to the terms of the contract.

Lot 192 Grave 3 Row 2 Distance 1A

Cremation & Care Fee \$95.00

Embalming, Dressing and Casketing

Casketing, Dressing & Casket 375.00

Casket 170.00

Handling Fee 145.00

Flower service - Medal printing fee

Recording and filing fee 45.00

State (tax) 14.25

GREG P.A.

Total Due 1664.25

Funeral home

Signature

I hereby certify that the above is a true and correct statement of the facts of the above named deceased and that I have the right to make and execute this order in accordance with the laws of the State of California and the rules and regulations of the State Board of Funeral Directors.

I hereby authorize the undersigned to act as my agent in all matters relating to the funeral of the above named deceased.

Signature of the undersigned

X Greg P.A.  
X John P.A.  
X John P.A.  
X John P.A.

Order # E 16169

Address

Phone ( )

For information available in alternative format upon request.



PRE-NEED  
& TRUST

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-31-01

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

in a LINER Type of Burial Container Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary, \_\_\_\_\_

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 191 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.25

GREGS P.A. Total Due 1664.25

Paid receipt number R-53305 1664.25

Balance due 0

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

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

Signature of record holder of deed \_\_\_\_\_

X  
Signature

X  
Address

X  
City

X  
Telephone

Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16170

E-16170

PRE-NEED LOT  
A TRUST

ST. JOSEPH CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-31-01

The undersigned hereby certifies that the following is the name of the person to be interred in the cemetery

NAME GENEVA WALTON

as a LINER

Funeral date time

Church, Chapel, Grave

Ministry

All funeral costs must arrive before 3:30 p.m. of regular work day or an extra charge of \$5

will be applied and billed to undersigned.

Lot 191 Grave 3 Row 2 Section 12  
Gravestone & Casket \$ 895.00

Additional services and charges

Gravestone & Casket \$ 375.00

Burial services \$ 190.00

Interment fee \$ 145.00

Funeral home - \$45.00 (if not paid by funeral home)

Restocking and cleaning \$ 45.00

Casket rental \$ 14.25

GREGG P.A.

Total due \$ 1664.25

Additional charges

Signature

I hereby certify that the X Gregg P.A. is the duly authorized person and it is in your authority to make any necessary arrangements for the interment and that the funeral home is to be held responsible for the interment and the funeral home is to be held responsible for the interment.

Signature Gregg P.A.

5200 Puffer Rd  
San Diego, CA 92123

Martin / Snyder Mortuary  
562-425-6401  
To Bring check

MT. HOPE CEMETERY

# INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 2-1-01

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

in a \_\_\_\_\_ Funeral, date, time FRI 2-2 1:00  
Type of Burial Container \_\_\_\_\_ Church, Chapel, Graveside \_\_\_\_\_ CYPRESS VIEW 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. Greenwood 527-3040

Lot 299 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 2 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees DISINTERMENT FEE 400.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 400.00

Paid receipt number MC 400.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 16171

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16171

DATE	TIME	NAME	THE	AGE	SEX	IS	DEPT	ONE	WAS
1945-05-15	08:15	WATKINS				1945-05-15	1945-05-15	1945-05-15	1945-05-15

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16171

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SUSAN</b>	1B. MIDDLE <b>LEONA</b>	1C. LAST (FAMILY) <b>SNELGROVE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/28/1959</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/02/1959</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>*GREENWOOD MORTUARY - I-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		
			8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LISA LITTLE: SISTER 3142 WEST DEL MONTE DRIVE ANAHEIM, CA 92804</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 1100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
			8B. DATE SIGNED <b>02/02/2001</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/02/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2102184</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>CHALKHEAD BAPTIST CEMETERY OZARK, ALABAMA 36360</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	INTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E-16171

## FAX COVER LETTER

TO: JOHN / CYPRESS VIEW

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 2-1-01

PAGES incl this page 4

FAX #  
527-3403

MT HOPE CEMETERY

TOMORROW WILL BE A GOOD DAY.

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



DIVERSITY  
BRINGS US ALL TOGETHER



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 only. The casket will be removed only as a courtesy and only if it is, and remains, intact. 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.



THE CITY OF

# SAN DIEGO

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

Real Estate Assets Department  
527-3400

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

Monday through Friday • Gates open daily

E-16171

## AUTHORITY TO DISINTER, REMOVE OR REINTER

2-1-01

MONTH YEAR

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

SUSAN LEONA SNELGROVE

from Lot 299 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       

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

X	_____	_____	_____
X	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

X \_\_\_\_\_  
(Lot owner must sign if not legal custodian) Date



DIVERSITY  
BRINGS US ALL TOGETHER



E-16171

DISINTERMENT ORDER

NAME: SUSAN SHELLEY  
DATE: 2-1-01  
FBI 2-2  
LIPSON VIEW  
299

DISINTERMENT FEE

400.00

400.00

E 16171





THE CITY OF  
**SAN DIEGO**

MT. HOPE CEMETERY • 1017 PARKWAY • SAN DIEGO, CALIFORNIA 92101  
San Diego Public Employees  
Office: (619) 594-1234  
Toll-free: 1-800-441-1234

E-16171

ADVANCEMENT TO EXISTING GRAVE OR REINTERMENT

2-1-81  
NORTH SIDE

You are hereby authorized and instructed, subject to your rules and regulations, to sign the following:

DEED OF ADVANCEMENT

from lot 198 Grave 1 Section 1 Row 1 Block 1  
Division 1 and to remove the same to and reinter said remains  
in lot 198 Grave 1 Section 1 Row 1 Block 1  
Division 1 Cemetery 1

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 deceased as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

X <u>John M. Little</u>	<u>owner</u>	<u>342 W. 2nd North Anaheim CA</u>	<u>92804</u>
X <u>James H. Little</u>	<u>owner</u>	<u>1014 Santa Rita Ave Gardena CA</u>	<u>92841</u>

Signature	Position to be signed	Address
-----------	-----------------------	---------

X hereby authorizes the above disinterment.

(The owner must sign if not legal custodian) Date



THE CITY OF  
SAN DIEGO

FAX

019 - 527-3403



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Arrival  
11:58 AM

Date Feb. 1, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Jones 225872

in a DBL CRYPT Funeral, date, time Tues Feb 6 10:00

Church, Chapel, Graveside : Ragsdale Mortuary,

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

Lot 11 Grave 5 Row — Section 1 Division/Block 12  
Grave space & Care Fund Pre-Need Lot Balance due 495.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container **FEB 02 2001** 380.00

Handling Fees 320.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** —

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 28.50

Mortuary to Bring Check 2-2-01 Total Due 1,643.50  
Paid receipt number 53313 1,643.50  
Balance due X

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

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

Signature of recorded holder of deed

Sharon Jones  
X Sharon Jones  
Signature  
→ 4776 Solola Avenue  
Address  
→ SAN DIEGO 92113  
City Zip Code  
(619) 263-3847  
Telephone

Work Order # **E 16172**

Invoice #

Acct. #





## MT HOPE CEMETERY

E16172

## 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		
John Doe PA#	open	open	CLARENCE X JONES	open		
8	9	10	11	12		
open	MAMIE BATES (MARKER)	Sarah Baker (MARKER)	HATTIE MAMIE L Baker (NO MARKER)	Leonard Baker (NO MARKER)		

Interment space for:

CLARENCE JONES

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 11 Grave: 5 Row: — Sect: 1 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16172 AGE 62

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Clarence</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Jones</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/01/1938</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/30/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Vivian Jones, Wife</b> <b>4776 Solola Ave.</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 93102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

Signature: *Debra Williams* Date: **02/05/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/06/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102344</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2-6-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



OPEN BACK GATE  
*Interfund Transfer done 2/1/01*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-1-01

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

In a T.S. VAULT Funeral, date, time MON 2-5 1:00

Church, Chapel, Graveside \_\_\_\_\_; CONRAD Mortuary.

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

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-11100 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 1

Recording and filing fee \_\_\_\_\_ 0

Sales taxes \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X  
X  
X  
X  
X  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 16173**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BETTY</b>	1B. MIDDLE <b>LOU</b>	1C. LAST (FAMILY) <b>MOTZ</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/26/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/31/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>LINDA J. BREWER - DAUGHTER</b> <b>2480 HILTON HEAD PL., #1145</b> <b>EL CAJON, CA 92019</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY</b> <b>7387 BROADWAY - LEMON GROVE, CA 91945-1533</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD941</b>		
* ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>02/02/2001</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/02/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Grant K. Conrad</b> <b>2102174</b>
AUTHORIZATION OF LOCAL REGISTRAR	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>CD. OF SAN DIEGO DEPT. OF HEALTH SERVICES</b> <b>VITAL RECORDS P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

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

**FOR CORONER'S USE ONLY**

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

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

COPY 2 IS RETAINED BY 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

E16173

## 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.

			SEDANO			
		276 X MOTZ	JAMES	3	ROBINSON	4
			7	8	9	10
			BOGAN	WINSTON	BAUTISTA	COLEMAN

Interment space for: BETTY MOTZ

Interment Date: MON 2-5 Time: \_\_\_\_\_

Lot: 276 Grave: 1 Row: \_\_\_\_\_ Sect: 2 Div: 12

Grave Laid out by: Lick & Son

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kim F. [Signature] Date: \_\_\_\_\_

*Dragon  
Grave  
Inc*

E-16173



E-16173

# AT HOME CENTER INTERMENT ORDER

City of San Diego

2-1-01

This is hereby authorized and requested subject to your rules and regulations to inter the remains of

BETTY MDTZ

At T.S. VAULT Room and the MON 2-5

Direct Charge Number CONRAD Address

All funeral services and services to be performed on or after the date of this order shall be

and be subject and subject to the following:

Lot <u>276</u> Row <u>1</u> Date <u>2</u> December <u>12</u>	
Direct Charge & Care Fee	<u>PRE-NEED E-11100</u>
Interment space and care fee	<u>0</u>
Funeral home & fee	<u>0</u>
Funeral home	<u>0</u>
Interment fee	<u>0</u>
Other fees - funeral home fee	<u>0</u>
Interment fee	<u>0</u>
Interment fee	<u>0</u>
Interment fee	<u>0</u>

## STEP-FATHER

I hereby certify that the above named person is the step-father of the deceased and is entitled to the same as a next of kin.

Witness my hand and the seal of the City of San Diego this 1 day of February 1901.

City of San Diego

222 GLENVIEW DRIVE  
SAN DIEGO, CA 92114  
619/592-5835

Work Order # E 16173

Print Name

This order is valid for a period of 90 days from the date of issue.

I HEREBY CERTIFY THAT I AM THE DAUGHTER

Barbara M. MDTZ

2420 HILTON HEAD PLACE, #1147  
EL CAJON, CA 92019  
PHONE: 619/593-7389

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Feb 01, 2001

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

of William D. Freeman

In a Ash Vault Type of Burial Container Funeral date/time VOID

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 115 Grave 1 Row - Section 14 Division/Block 7

Grave space & Care Fund Pre-Need Lot owned

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container Ash Vault 55.00

Handling Fees 60.00

Flower vases - Marker setting fee (12x24) Flat Granite (125.00) 171.88

(1) Trion Vase 46.88 45.00

Recording and filing fee 4.13

Sales taxes \_\_\_\_\_

Total Due 441.01

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature  
X Address  
X City  
X Telephone

Work Order # E 16174

5-15-01 840 AM  
Hold Open  
possibly until  
June '01 or July '01  
Denise

E-16174

LOT OWNER

A-3709

5545 Laurel ST SD 92105

Pressley, Lucille 2936 Webster

13

NAME

ADDRESS

Lot. 114 Gr. 1 Sec 14 Div 7

→ (115) (1) Sec. 14, Div. 7 (B-98170)

91 Gr 2 Sec 14 Div 7 B-9087



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-01

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

of MARCOS GONZALEZ  
in a BELL LINER Funeral, date, time TUES 2-6 11:00

Church Chapel Graveside FEATHERINGILL Mortuary.  
RICK

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

will be applied and billed to undersigned.

Lot 200 Grave 10 Row 2 Section 2 Division Block 12  
895.00

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.25

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA  
Total Due 1664.25  
Paid receipt number VISA 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X George Kotte  
X 11027 Alonda Ct.  
X San Diego, CA 92126  
X (858) 527-6238 Zip Code 92126  
X (858) 454-4216 x 21.

Work Order # **E 16175**

Invoice #

Acct. #

E-16175

## 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 TREE	2	3	4 BRADLEY	5 OPEN	6 OPEN	
7	8 HARD	9 OPEN	10 200 X	11 OPEN	12 OPEN	
			OPEN			

Interment space for: MARCOS GONZALEZInterment Date: TUES 2-6 Time: 11:00Lot: 200 Grave: 10 Row:  Sect: 2 Div: 13Grave Laid out by: Ricky & LorAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: [Signature] Date: \*flag on  
grave

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E16175  
Age 20

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Marcos</b>	1B. MIDDLE <b>Antonio</b>	1C. LAST (FAMILY) <b>Gonzalez</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/13/1980</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/01/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>George Kokke, step-father 11027 Alonda Ct. San Diego, CA 92126</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>See [Signature]</i>		
8B. DATE SIGNED <b>02/05/2001</b>					

## ACKNOWLEDGMENT OF APPLICANT

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/05/2001</b> <b>C. Maggard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102294</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market ST., San Diego, CA 92102</b>	11B. DATE BURIED <b>2-6-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



ASLES  
MIDDLE LEFT  
MIDDLE - Left

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth M. KIDA ~~X~~ WED 2-7  
in a ASH VAULT Funeral, date time AYD  
Church, Chapel, Graveside AYD : COMMUNITY Mortuary.  
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X L K

Lot 5295 Grave — Row — Section — Division/Block 10  
Grave space & Care Fund Pre-Need Lot Owned X  
Additional spaces and care fund X  
Opening/Closing & Setup 105.00  
Burial Container Ash Vault 55.00  
Handling Fees 60.00  
Flower vases - Marker setting fee —  
Recording and filing fee 45.00  
Sales taxes 4.13  
Total Due 269.13  
Paid receipt number 53307 269.13  
Balance due X

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

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

Signature of recorded holder of deed

LARRY KIDA  
X Larry Kida  
X 3918 Idaho #4  
X San Diego Ca 92104  
X (619) 2981693  
Signature Address City Telephone Zip Code

Work Order # E 16176

Invoice # —  
Acct. # —

# MT HOPE CEMETERY

E-16176

## 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: Grave X-Deep w/ 1-Full Body; Ash Vault to be placed: Left Middle.*

			5295	5296		
			Ken Kida	Isamu		
			X			
			(Left middle)	Sugita		

Interment space for: Kenneth M. Kida

Interment Date: WED 2-7 Time: AYD

Lot: 5295 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: —

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: — Date: —

Flag on Grave

## Cremains

Left Headstone Right

Top

Left Upper

Right Upper Top

Ai Ko

Left Middle

Right Middle

Ken

Lanny

Left Bottom

Right Bottom

(wished)

Foot

Foot

Grave



# 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) <b>Kenneth</b>	1B. MIDDLE <b>Minoru</b>	1C. LAST (FAMILY) <b>Kida</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/04/1944</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/30/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Larry K Kida - Brother 3918 Idaho St #4 San Diego Ca 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Community Mortuary 855 Broadway Chula Vista, Calif 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1682</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/01/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>02/01/2001</b> <b>D. Heldenbrand</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2102093</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222          San Diego, Calif 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market          San Diego Ca 92102</b>	11B. DATE BURIED  <b>2-7-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium Inc 601-D Crane St          Lake Elsinore Ca 92530</b>	12B. DATE CREMATED  <b>2-2-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS  <b>2-2-01</b>	13B. DATE RECEIVED  <b>2-2-01</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED  <i>[Signature]</i>	14B. DATE SHIPPED  <b>2-2-01</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER  <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 5, 2001

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

in a Liner Funeral, date, time Weds. Feb. 7 1:00  
Type of Burial Container  
Church, Chapel Graveside : Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X NO

Lot 81 Grave 9 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container Bell Liner ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

Total Due ..... 1664.25

Paid receipt number 53314 ..... 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

Helen Dallas  
X Helen Dallas  
5970 Highplace Dr  
San Diego, CA 92120  
(619) 583-19034  
Signature  
Address  
Zip Code  
Telephone

Work Order # E 16177

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-16177

DATE	LOC	TIME	WIND	TEMP	WIND	WIND	WIND
10-10-47	10-10-47	10-10-47					



# MT HOPE CEMETERY

E-16177

## 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
	7	8	9	10	11	12
			X			

Interment space for:

Paula Ann Jefferson

Interment Date:

Time:

Lot:

81

Grave:

9

Row:

—

Sect:

2

Div:

12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

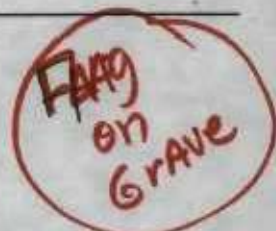
☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By:

Date:



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16177 AGE  
49

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Paula</b>		1B. MIDDLE <b>Ann</b>		1C. LAST (FAMILY) <b>Jefferson</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>12/02/1951</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/02/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>La Bolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Helen Dallas, Mother 5970 Highplace Dr. San Diego, CA 92120</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Allye Williams</i>				8B. DATE SIGNED <b>02/06/2001</b>	
*ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>02/07/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102463</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-07-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-5-01

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

in a LINER Funeral, date, time FRI 2-9 1:00

Church, Chaparral Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 8:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 22 Grave 7 Row 1 Section 1 Division 11

Grave space & Care Fund Pre-need D-6551 0

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees FEB 08 2001 145.00

Flower vases - Marker setting fee —

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.25

Total Due 769.25

Paid receipt number R-53331 769.25

Balance due 0

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

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

Signature of recorded holder of deed

X Signature JOSE FEDERAL RUIZ  
X Address SAN DIEGO, CA 92102  
X City (619) 263-3141 Zip Code  
X Telephone

Work Order # E 16178

Invoice #

Acct. #



# MT HOPE CEMETERY

E-16178

## 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.

			ANDERSON	CLARK	CLAYPOOLE	—
		HAROLD RUSTH	7 X	WILLIAMS	—	—
			RAUSCH			

Interment space for:

OZZIE RUSTH

Interment Date:

2-9-01

Time:

1:00

Lot:

22

Grave:

7

Row:

Sect:

1

Div:

11

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

flag on  
grave -  
lar

Blind Check & Verified By:

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) <b>Ozzie</b>	1B. MIDDLE <b>B</b>	1C. LAST (FAMILY) <b>Rush</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/28/1916</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/02/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Charvella T. West, Granddaughter</b> <b>5444 Olive St.</b> <b>San Diego, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/09/2001</b>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102669</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>Viewed Records, P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>St. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

COPY 3



"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 Rose White  
in a ASH Vault Funeral, date, time Feb Feb 9 2:00 pm

Church, Chapel, Graveside CA Burial Mortuary.

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

Lot 101 Grave 2 Row — Section 3 Division/Block 12  
Grave space & Care Fund Pre Need Lot Owned E-15032

Additional spaces and care fund	
Opening/Closing & Setup	<u>105.00</u>
Burial Container <u>Ash Vault</u>	<u>55.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>4.13</u>
<b>PAID</b>	
<b>FEB 05 2001</b>	
<b>MT. HOPE CEMETARY</b>	
<b>CITY OF SAN DIEGO, CA</b>	
Total Due	<u>269.13</u>
Paid receipt number <u>53317</u>	<u>269.13</u>
Balance due	<u>X</u>

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

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

Signature of recorded holder of deed

X Laura Rose White  
Signature  
→ 3188 "K" St.  
Address  
→ San Diego CA 92102  
City Zip Code  
→ (619) 233-9006  
Telephone

Work Order # **E 16179**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16179

## 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.

\* Upper Right into Grave of Husband: EVERETT O'QUINN

		1	2	3	4	
		FERGUSON ROY	E-16179 EVERETT O'QUINN	MORRIS ALGIE	RILEY, GEORGE	

Interment space for: LAURA ROSE WHITE

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 101 Grave: 2 Row: — Sect: 3 Div: 12

Grave Laid out by: DAVID FARMER

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_

Flag  
on  
Grave

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16179 AGE 48

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LAURA</b>	1B. MIDDLE <b>ROSE</b>	1C. LAST (FAMILY) <b>WHITE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/06/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/04/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DARRELL WHITE—BROTHER 3168 "K" STREET SAN DIEGO, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>02/08/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 35222 SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/08/2001</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102576</b>
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORIUM, INC 601-D CRANE ST. LAKE ELSINORE, CALIFORNIA 92530</b>	12B. DATE CREMATED <b>28-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —

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

E-16179

REL	DATE	ST	TIME	TYPE	REMARKS
1007	02-05	10112	10112	44	



Place asterisk  
upper right in  
grave of *Debra*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-5-01

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

in a ASH VAULT Funeral, date, time AYD 2-21-01  
Type of Burial Container

Church, Chapel, Graveside TELAPRAS E 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 570 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Pre-Paid A-7555

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees FEB 0.5 2001 60.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00  
CITY OF SAN DIEGO, CA

Sales taxes 4.13

Total Due 269.13

Paid receipt number R-53318 269.13

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # **E**

**16180**

Invoice #

Acct. #

# MT HOPE CEMETERY

E 16/80

## 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			
567 MONAHAN	568 BISHOP	569 GANDEE	570 X MONSON	571 HOWEY	572 WILMOTH	573 OPEN
PLACE ASHES UPPER RIGHT IN GRAVE OF DELMAR						

Interment space for: MARIAN GREATHOUSE

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 570 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: 3 Div: 8

Grave Laid out by: KEVIN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG ON  
GRAVE  
SUE



# 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) <b>MARIAN</b>	1B. MIDDLE <b>THERESA</b>	1C. LAST (FAMILY) <b>GREATHOUSE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/30/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/04/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DONALD GREATHOUSE—SON 11227 ALMAZON ST. SAN DIEGO CA 92129</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>TELOPHASE CREMATION SOCIETY—SD 7851 MISSION CENTER CT.#104 SAN DIEGO CA 92108</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1272</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mother Baltes</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>02/06/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/07/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102441</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O.BOX 85222 SAN DIEGO CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102</b>	11B. DATE BURIED <b>2-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113</b>	12B. DATE CREMATED <b>2/9/01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



Pacific Beach  
Mortuary

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 7, 2001

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

of Shirley M. Becker

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. X RRB

Lot 25 Grave 6 Row - Section 2 Division/Block 12

Grave space & Care Fund Pre-Need Lot D-6127 Q

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container BELL LINER 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 769.25

Paid receipt number VISA 769.25

Balance due Q

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

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

Signature of recorded holder of deed

X Robert Becker  
Signature  
X 4604 HURON AVE.  
Address  
X SAN DIEGO, CA 92117  
City  
X (619) 276-1979  
Telephone

Work Order # E 16181 Invoice #  
Acct. #

Pacific  
Beach  
Mont.

# MT HOPE CEMETERY

E-16181

## 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 her son Glenn Becker. Grave is D.I.P.

3	4	5	6			
Edward M. Hawkins	Carnell R. Bronner	open Said	Glenn X Becker			
9	10	11	12			
Vennie Miller	Irene Norris	open	open			

Interment space for: Shirley M. Becker

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 25 Grave: 6 Row: — Sect: 2 Div: 12

Grave Laid out by: [Signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 2-8-01

Flag  
on  
Grave



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16181 AGE  
72

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SHIRLEY</b>		1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>BECKER</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/06/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/06/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROGER L. BECKER - HUSBAND 4604 HURON AVE SAN DIEGO, CA 92117</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>HL CAMINO MEMORIAL - PACIFIC BEACH CHAPEL 4710 CASS ST. SAN DIEGO CA 92109</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-815</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>L. Castro</i>					8B. DATE SIGNED <b>02/08/2001</b>	

* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102650</b>
<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



Pacific Beach  
Mortuary

E-16181

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 7, 2001

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

of Shirley M. Beckerin a BELL LINER

Type of Burial Container

Funeral, date, time FRI. Feb. 9 11:00Church, Chapel, GravesideMortuary, Pacific Beach

Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup>will be applied and billed to undersigned. XLot 25 Grave 6 Row - Section 2 Division/Block 12

Grave space &amp; Care Fund

Pre-Need Lot D-61272~~Additional spaces and care fund~~

Opening/Closing &amp; Setup

375.<sup>00</sup>Burial Container BELL LINER190.<sup>00</sup>

Handling Fees

145.<sup>00</sup>

Flower vases - Marker setting fee

45.<sup>00</sup>

Recording and filing fee

14.<sup>25</sup>

Sales taxes

769.<sup>25</sup>

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

X Roger Becker  
Signature  
X 4604 Haron Ave  
Address  
X San Diego, Ca 92117  
City  
X (619) 276-1979  
Telephone

Work Order # E 16181

Invoice #

Acct. #

ATTENTION:

Information is available in alternative formats upon request.

© Printed on recycled paper

11111111

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2/7/01

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

of LENA E. HOUSER

in a LINER Funeral, date, time MON 2/12/01 1100

Church, Chapel, Graveside Good body Mortuary

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

will be applied and billed to undersigned.

Lot 2024 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Grave space & Care Fund Pre-Need C-8166

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 769.25

Paid receipt number R-53329 769.25

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Bonnie L. Hallett  
Signature  
X 13074 Tuscarora Dr  
Address  
X Poway CA 92064  
City Zip Code  
X 858-748-1163  
Telephone

Work Order # E 16182

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

E-16182

## 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.

	2022 LARSON	2023 DUNN	2024 X	2025 OPEN	2026 YOST	

Interment space for:

Lenna # owner

Interment Date:

Mon 2-12

Time:

11:00

Lot:

2024

Grave:

Row:

Sect:

Diy:

10

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

day on grave

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By:

L. H. H. H.

Date:

2-8-01



# 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) <b>LENNA</b>		1B. MIDDLE <b>E.</b>	1C. LAST (FAMILY) <b>HOOKER</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>04/10/1908</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/06/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BONNIE HALLETT: GRANDDAUGHTER 13074 TUSCARORA DRIVE POWAY, CA 92064</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY - 5027 EL CAJON BLVD SAN DIEGO, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-790</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
8B. DATE SIGNED <b>02/12/2001</b>				I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/12/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2102741</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-7-01

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

in a Bell Liner Funeral, date, time Mon. Feb. 12 11:00

Church, Chapel, Graveside : 20 Memorial Mortuary.

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

Lot 1870 Grave — Row — Section — Division/Block 10  
Grave space & Care Fund 995.00  
Additional spaces and care fund —  
Opening/Closing & Setup 375.00  
Burial Container 190.00  
Handling Fees 145.00  
Flower vases — Marker setting fee —  
Recording and filing fee 45.00  
Sales taxes 14.25

Total Due 1,764.25  
Paid receipt number 53338 1,764.25

Balance due 0

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

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

Signature of recorded holder of deed

X Mary C Lough  
Signature  
→ 3412 Palm Ave  
Address  
→ TEXAS CITY, TX 77590  
City Zip Code  
(409) 949-9245  
Telephone

Work Order # E16183

Invoice # —

Acct. # —

# 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.

E-16183

			1870	1871	1872	
			X	Fred Rask	Janaby Mobley	
					(no marker)	

Interment space for: Ruby Lee Mobley

Interment Date: Mon Feb 12th Time: 11:00

Lot: 1870 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: Ricky + Ron

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kevin Date: —



E-16183

Paid  
1st Order  
&  
Receipt Copy

Both  
Fax'd

# 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) <b>RUBY</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>MOBLEY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/04/1929</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/04/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CHARLIE MAR MOBLEY — DAUGHTER</b> <b>2915 A ST.#4</b> <b>SAN DIEGO, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL</b> <b>2441 UNIVERSITY AVE.</b> <b>SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>11/28/2001</b>		

## \*ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, 61 BOX 85222</b> <b>SAN DIEGO, CA 92106-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-16183

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-7-01

This is hereby authorized and requested subject to your rules and regulations for the interment of

RUBY Lee M. BLY

at Bell Linea on Mon. Feb. 12 at 11:00

at 130 Belmont San Diego

at 150.00

at X M.C.L.

at 870 San Diego Section 10

at 335.00

Additional services and charges

Opening/Closing & Detail 375.00

Burial Container 100.00

Handling Fee 145.00

Flower Vases - Maximum setting fee 45.00

Recording and filing fee 14.25

Sales Taxes 1764.25

Total Due

Spaid in full of number

Source of fund

I hereby certify that the X Sister of the above named deceased and the person authorized to make disposition of remains as above indicated is MARY C. BOND

I hereby authorize the use of the name of the deceased as above

X MARY C. BOND

3412 Vain Ave

TEXAS CITY TX 75790

(409) 949-9245

Order # E16183

Version #

Age #

AGA 104-1-00

This information is subject to alternative foreign laws (if required)

Signature

Philo A. Sullivan  
San Diego Crematorium  
2441 University Ave  
San Diego, CA 92104



Wants to place  
a few small items  
in ash vault

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-7-01

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

of Maria Avila # 180323  
in a ash vault Funeral, date, time TUES 2-20 2:00

Church, Chapel, Graveside Mortuary, FAMILY

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 46 Grave 8A Row \_\_\_\_\_ Section 2 Division/Block 11  
Grave space & Care Fund 300.00

Additional spaces and care fund PAID  
Opening/Closing & Setup FEB 07 2001 105.00  
Burial Container 55.00  
Handling Fees MT. HOPE CEMETARY 60.00  
Flower vases MARKER SETTING FEE CITY OF SAN DIEGO, CA 80.00  
Recording and filing fee 45.00  
Sales taxes 7.13

Total Due 649.13

Paid receipt number R-53330 649.13

Balance due 0

I hereby certify I am the 1st DAUGHTER of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

**E16184**

Invoice #

Acct. #

NO MARKERS

E-16184

## MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4	5	6	7
			46 X 8A			
			8			
4	5	6	7			

Interment space for:

Marie Avila

Interment Date:

Time:

Lot: 46

Grave: 8A

Row:

Sect: 2

Div: 11

Grave Laid out by:

Agrees with Legal Card: ☐ Yes☐ No

\*flag on grave due

Agrees with Map: ☐ Yes☐ No

Blind Check &amp; Verified By:

Date:



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16184  
AGE 79

DE LA LUZ

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARIA DE LA LUZ</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>AVILA</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/15/1921</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/06/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>COLTON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN BERNARDINO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOSEPHINE LOZON-DAUGHTER 185 N. EUCALYPTUS ST SP #34 RIALTO, CA 92376</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>KEOPSHYDER MORTUARY 404 NO. SEVENTH ST COLTON, CA 92324</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>PD 45</b>		8A. SIGNATURE OF APPLICANT—Person being permit <i>[Signature]</i>
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/13/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>351 MT. VIEW AVENUE SAN BERNARDINO, CA 92415-0010</b>	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>02/13/2001</b>  G. CARRANZA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>4185613</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 852222 SAN DIEGO, CA 92186-5222</b>				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-20-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>MT. VIEW CREMATORY 570 E HIGHLAND AVE SAN BERNARDINO, CA 92404</b>	12B. DATE CREMATED <b>02-14-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE MALLISON PA 20010883

in a DOUBLE DEPTH Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside DELIVERY MURKEY 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 1B Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 13

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 386.00

DARNELL PRICE  
P.A.

Total Due ..... \_\_\_\_\_

Paid receipt number ..... \_\_\_\_\_

Balance due ..... \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Work Order #

**E16185**

2-20-01  
Per Darnell Price -  
Murkey Mitchell  
cremated body.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA DEWASHER PA 20010941  
in a DOUBLE DEPTH Funeral, date, time THUR 2-22 11:00

Church, Chapel, Graveside DELIVERY : CA BURIAL Mortuary.

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

Lot 4 Grave 5T Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 13

Grave space & Care Fund \_\_\_\_\_ 126.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PA 1P \_\_\_\_\_ 165.00

Burial Container 4-30-a \_\_\_\_\_ 50.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

DARNELL PRICE Total Due \_\_\_\_\_ 386.00

P.A. Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 345247 3-12-01

Acct. # 000952

Work Order # E 16186



# 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) <b>PATRICIA</b>	1B. MIDDLE <b>ANN</b>	1C. LAST (FAMILY) <b>DEWASHER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/06/1939</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/02/2001</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>VERONICA G. WHITE-DAUGHTER</b> <b>8110 LEMON GROVE WAY #8</b> <b>LEMON GROVE, CA 91945</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
8B. DATE SIGNED <b>02/07/2001</b>					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/07/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2002470</b> <b>C. RUSS</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 852222</b> <b>SAN DIEGO, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY</b> <b>3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-22-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 8, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Pre-Need TRUST for Marjorie Sawyer-Callas  
in a Bell Liner Funeral, 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 \$ 150.00  
will be applied and billed to undersigned. X F.S.C.

Lot 91 Grave 12 Row - Section 1 Division/Block 11  
Grave space & Care Fund Pre-Need Lot E-1590 X

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container LINER **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 769.25

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 769.25

Paid receipt number 53333 769.25

Balance due X

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Marjorie Sawyer Callas  
Signature  
→ 4819 Mt Arroyo DR  
Address  
→ SAN Diego, CA, 92111  
City Zip Code  
→ (658) 992-9169  
Telephone

Work Order # E 16187

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

**MT. HOPE CEMETERY  
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 remains of Edward Fields

in a BELL LINER Funeral, date, time Tues 2-13 1:00

Church/Chapel Graveside 20 Memorial Mortuary.

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

Lot 170 Grave 3 Row 2 Division 12 Block 12  
Grave space & Care Fund 895.00

Additional spaces and care fund **PAID** 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.25

Recording and filing fee 1664.25

Sales taxes 1664.25

Total Due 1664.25  
Paid receipt number R-53340 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X Edward L. Fields  
Signature  
X 6272 DIVISION ST.  
Address  
X SAN DIEGO, CA 92114  
City Zip Code  
X (619) 470-3911  
Telephone

Work Order # **E 16188**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# 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.

	1	2	170 X 3	4	5	6
	Rios	open		open	JACKSON	MILLER
	7	8	9	10	11	12
			OPEN			

Interment space for: EDWARD FIELDS

Interment Date: Tue 2-13 Time: 1:00

Lot: 170 Grave: 3 Row:  Sect: 2 Div: 12

Grave Laid out by: NORM & LOU

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:

Flag on  
Grave  
due



E-16188

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-16188

AGE  
35

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>EDWARD</b>	1B. MIDDLE <b>RYAN</b>	1C. LAST (FAMILY) <b>FIELDS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/05/1966</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/06/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>OCEANSIDE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>EDWARD R. FIELDS - FATHER</b> <b>6272 DIVISION ST.</b> <b>SAN DIEGO, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL</b> <b>2441 UNIVERSITY AVE.</b> <b>SAN DIEGO CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>02/09/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/12/2001</b> <b>J. JOHNSON</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2102730</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS; P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST.?</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-9-01

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

In a LINER Funeral, date, time FRI 2-16 1:00

Church Chapel Graveside Calif Burial Mortuary.

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

Lot 121 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... **PAID** 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... FEB 09 2001 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 125.00

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

Total Due ..... 1689.25

Paid receipt number R-53341 1689.25

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature X Charan R Thompson  
Address X 2555 Winewood Street  
City X San Diego CA 92114 Zip Code  
Telephone X 619/527-2264

Work Order # **E16189** Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# MT HOPE CEMETERY

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.

		3 EDWARD GUIDRY	4 Eldridge RHODES no-marker	5 Winnie M. SMITH no-marker	6 Lillie M. WALKER	
		9 MARY FRANCES HAMILTON	10 Ronald X Laster	11 DOROTHY MARSH no-marker	12 Maria E. WOODS no-marker	

Interment space for: Ronald Laster

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 121 Grave: 10 Row: — Sect: 2 Div: 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ 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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RONALD</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>LASTER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/17/1956</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/09/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>EXETER</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>TULARE</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SHARON R. THOMPSON - SISTER</b> <b>255 WINEWOOD ST.</b> <b>SAN DIEGO, CA 92102</b>		
17A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/13/2001</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>2/14/01</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>115 E. TULARE AVE., TULARE, CA 93274</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>3851 ROSECRANS ST., SAN DIEGO, CA 92186</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY</b> <b>3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-16-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-9-01

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

in a Double Depth Funeral, date, time Tues 2-13 1:00

Church Chapel Graveside Residence Mortuary

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

Lot 5, Grave 1 Row NA S Section Black Division A

Grave space & Care Fund 1495.00

Additional spaces and care fund ~ 00

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees FEB 09 2001 320.00

Flower vases - Marker setting fee 162.00

Recording and filing fee 45.00

Sales taxes 28.50

Total Due 2805.50

Paid receipt number - 712.00

R-5342 Balance due 2093.50

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

6161 EL CAJON BL B134  
SAN DIEGO, CA 92115

Janet (619) 441-9183

Carol (619) 287-2719

Work Order # **E 16190**



E-16190

## 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.

	ARMSTRONG		McCAFFREY			
MARTIN	HUTT	open	X	open	HILSTROM	

Interment space for: ELOISE LITTLE S

Interment Date: TUE 2-13 Time: 1:00

Lot: 5 Grave: 1 Row: MAS Sect: A Div: A

Grave Laid out by: Norm & Lon

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:

FLAG  
ON GRAVE  
side

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53224

From: Janet Cumberland Address: 3281 College Pl Apt 306 Lemon Grove 91945  
Seventy-Nine and NO/100 Date: 1-5 .20 01  
In -PART Payment of Pre-Need Lot and Trust Dollars (\$ 79.00 )

Lot 5 Grave 1 Row - Section MAS Division Block A

Invoice No. / /  
Acct. No. E  
W.O. E-16106 314190  
BALANCE DUE 1,819.<sup>38</sup>

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

AC-212 (Rev. 5-84)

# 2347

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

**PAID**

JAN 05 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

Janet Cumberland

CREDIT	77007
20% Sales Care	77184
50% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>79.00</u>



E-16190

E-16106

CUMBERBATCH, JANET &amp; WIGGINS, CAROL 6161 El Cajon Blvd. #B134, San Diego, 92115 (619)441-9183

		DEBIT	CREDIT	BALANCE
12-27-00	Opened Pre-Need Lot & Trust.			
	Lot 5 Gr. 1 Sec. MAS Div. A	1,495.00		
	Trust Includes: Opening & Closing; T.S. Vault;	1,036.38		2,531.38
	Handling Fee; Recording Fee; Tax on T.S. Vault;			
	Upright Marker Setting Fee.			
12-27-00	Receipt: R-53185		633.00	1,898.38
01-05-01	R-53224 Paymt #1		79.00	1,819.38

CUMBERBATCH, JANET &amp; WIGGINS, CAROL

PRE-NEED LOT &amp; TRUST

# 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) <b>Eloise</b>		1B. MIDDLE <b>Denise</b>		1C. LAST (FAMILY) <b>Littles</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>01/27/1923</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/07/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>La Mesa</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Alfred D. Littles, Son 115-88 233rd St. Cambria Hts, Queens, NY Camden Heights, NY 11411 11411</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Person taking permit <i>Delbert Williams</i>					
8B. DATE SIGNED <b>02/09/2001</b>											
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>02/15/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102823</b>	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>				11B. DATE BURIED <b>2-12-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kenn F. Jones</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Feb. 9, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot for: Corazon C. Alonzo

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 485 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_ 995.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E16191**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

**PAID**

FEB 09 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 995.00

Paid receipt number 53344 995.00

Balance due 0

Corazon C. Alonzo  
X Corazon C. Alonzo "Coraz"  
Signature  
→ 10707 Jamacha Blvd. #31  
Address  
→ SPRING Valley, CA 91978  
City Zip Code  
→ (619) 670-6410  
Telephone



MT. HOPE CEMETERY

INTERMENT ORDER

8 CHAIRS  
open BACK GATE

City of San Diego

Samadi-Rad

Date 2-12-01

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

of FARHAD S. RAD

in a \_\_\_\_\_ Funeral, date, time TUE 2-13 1:00

Church, Chapel, Graveside \_\_\_\_\_ GREENWOOD Mortuary.

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

Lot 113 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MUSLIM Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 450.00

Burial Container \_\_\_\_\_

Handling Fees FEB 12 2001 \_\_\_\_\_

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fees MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 45.00

Sales taxes 6.00

Total Due 501.00

Paid receipt number R-53346 501.00

Balance due 0

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

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

Signature of recorded holder of deed

X M. Shabbari Rad  
Signature  
X 8747 Clifton way #202  
Address  
X Beverly Hills Ca 90211  
City Zip Code  
X 248 2407  
Telephone

Work Order # E 16192

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-16192 AGE 53

# 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) <b>FARHAD</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>SANADI RAD</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>07/10/1947</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/09/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>LA JOLLA</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MANOUCHEHR SAGART: FRIEND</b> <b>P.O. BOX 1660</b> <b>KL CAJON, CA 92022</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY I-805 &amp;</b> <b>IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Victoria Meza</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.					8B. DATE SIGNED <b>02/13/2001</b>		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/13/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2102840</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>		11B. DATE BURIED <b>2-13-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



Place Ashes:  
Upper Left

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Feb. 12, 2001

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

of Dean E. Graven

in a ASH Vault Funeral, date, time THUR 2-15 AYP

Church, Chapel, Graveside DELIVERY Only: Benbough (El Camino - Benbough) Mortuary.

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

will be applied and billed to undersigned. X

Lot 3992 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Double Pre-Need Ash Plot

Additional spaces and care fund \*(1/6/1971) C-9588

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee —

Sales taxes —

Total Due —

Paid receipt number \*(17909)

Balance due —

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

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

Signature of recorded holder of deed

Print JANE GRAVEN  
Signature Jane Graven  
Address 1835 Capistrano Rd  
City San Diego CA 92106 Zip Code (419) 223-0880  
Telephone

Work Order # **E 16193**

Invoice # —

Acct. # —



E 16193

2/12/01

No Services.

Delivery Only!

El Camino -  
Benbough Mort. DC

ok fr

3 sets of  
reels

2/12/01

Family to  
Sign papers

Tues 2/13/01  
DC

# MT HOPE CEMETERY

E-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.		Charles	
		Shirk	Graven	Tree	Star	

Interment space for: Dean E. Graven

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 3992 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag  
on  
Grave

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

# 78695 E-16193 FD 834 AGE 83 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DEAN</b>	1B. MIDDLE <b>ELTON</b>	1C. LAST (FAMILY) <b>GRAVEN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/14/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/08/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JANE GRAVEN - WIFE 1855 CAPISTRANO ST SAN DIEGO, CA 92106</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.		8B. DATE SIGNED <b>02/09/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/2001</b> <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102701</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>2/12/01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



Pre-Need Trust

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-13-01

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

in a LINER Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_: Berge Roberts 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 1 Division/Block 11

Grave space & Care Fund Pre-need D-8112 ⊕

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container **PAID** \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Market fee FEB 13 2001 \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes MT. HOPE CEMETARY \_\_\_\_\_ 14.25  
CITY OF SAN DIEGO, CA

Total Due 769.25

Paid receipt number R-53352 769.25

Balance due ⊕

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Guadalupe Williams  
Signature  
X 462 W 125 PL  
Address  
X Chicago IL 60628  
City Zip Code  
Y 773-821-4010  
Telephone

Work Order # **E 16194**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-13-01

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

In a LINER Funeral, date, time Fri Feb 16 1:00 pm

Church, Chapel, Graveside Delivery only: Claremont Mortuary.

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

will be applied and billed to undersigned. X

Lot 32 Grave 1 Row 1 Section 1 Division/Block 12  
Grave space & Care Fund 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.25

Recording and indexing fee 1664.25

Sales taxes 1664.25

Total Due 1664.25

Paid receipt number M/C 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X Best Benevento  
Signature  
X PU BX 90266  
Address  
X San Diego, CA 92169  
City  
X 858 581 0036  
Telephone

Invoice #

Work Order # E 16195

Acct. #

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.

			X			

Interment space for: Albert J. Benevento

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 32 Grave: 1 Row: — Sect: 1 Div: 12

Grave Laid out by: Row - None

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: \_\_\_\_\_



E-16195 AGE 89

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ALBERT</b>		1B. MIDDLE <b>J.</b>		1C. LAST (FAMILY) <b>BENEVETO</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/10/1911</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/07/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>LA JOLLA</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>HERT BENEVETO: SON</b> <b>3991 CROWN POINT DRIVE</b> <b>SAN DIEGO, CA 92109</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAIREMONT MORTUARY - 4266 MT. ABERNATHY AVE</b> <b>SAN DIEGO, CA 92117</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1126</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>						8B. DATE SIGNED <b>02/15/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>VICTORIA MEZA 02/16/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103073</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>2-16-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>				
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION				
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE		

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

Transfer of  
property back  
to cemetery

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-14-01

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 1600 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due 0

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

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

Signature of recorded holder of deed

Eugene William Tatrodz Sturtevant  
Signature  
3605 First Ave - #202  
Address  
San Diego CA 92103-4047  
City Zip Code  
619-298-4947  
Telephone

Work Order # **E 16196**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 16196

REVOCABLE TRUST AGREEMENT

This Trust Agreement is entered into this 4th day of May, 1973, 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



# COUNTY OF SAN DIEGO

## CERTIFICATE OF VITAL RECORD

### CERTIFICATE OF DEATH

E-16196  
3 200037 014890

STATE FILE NUMBER		USE BLACK INK ONLY: ERASURES, WHITEOUTS OR ALTERATIONS VOID (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN): <b>CAROL</b>		2. MIDDLE: <b>JESSICA</b>		3. LAST (FAMILY): <b>STURTEVANT</b>	
4. DATE OF BIRTH M/M/D/O-C/C/Y: <b>01/08/1914</b>		5. AGE YRS: <b>86</b>		6. SEX: <b>F</b>	
7. DATE OF DEATH M/M/D/O-C/C/Y: <b>09/23/2000</b>		8. HOUR: <b>2210</b>			
9. STATE OF BIRTH: <b>KS</b>		10. SOCIAL SECURITY NO.: <b>377-34-6434</b>		11. MILITARY SERVICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS: <b>Rev. Mar.</b>		13. EDUCATION—YEARS COMPLETED: <b>18</b>			
14. RACE: <b>Caucasian</b>		15. HISPANIC—SPECIFY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER: <b>Rancho Los Amigos Rehabilitation Ctr.</b>	
17. OCCUPATION: <b>Nurse/Teacher</b>		18. KIND OF BUSINESS: <b>Rehabilitation</b>		19. YEARS IN OCCUPATION: <b>45</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION): <b>710 West 13th Avenue</b>					
21. CITY: <b>Escondido</b>		22. COUNTY: <b>San Diego</b>		23. ZIP CODE: <b>92025-5598</b>	
24. YRS IN COUNTY: <b>39</b>		25. STATE OR FOREIGN COUNTRY: <b>CA</b>			
26. NAME, RELATIONSHIP: <b>Eugene W. Sturtevant - Brother</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): <b>3605 First Avenue, #202 San Diego CA 92103</b>			
28. NAME OF SURVIVING SPOUSE—FIRST: <b>-</b>		29. MIDDLE: <b>-</b>		30. LAST (MAIDEN NAME): <b>-</b>	
31. NAME OF FATHER—FIRST: <b>Jess</b>		32. MIDDLE: <b>Grant</b>		33. LAST: <b>Sturtevant</b>	
34. NAME OF MOTHER—FIRST: <b>Claudia</b>		35. MIDDLE: <b>Mae</b>		36. LAST (MAIDEN): <b>Bowles</b>	
37. DATE M/M/D/O-C/C/Y: <b>09/28/2000</b>		38. PLACE OF FINAL DISPOSITION: <b>At sea off the coast of San Diego County</b>			
39. TYPE OF DISPOSITION: <b>CR/SEA</b>		40. SIGNATURE OF EMPALMER: <b>Not Embalmed</b>		41. LICENSE NO.: <b>-</b>	
42. NAME OF FUNERAL DIRECTOR: <b>Humphrey Chula Vista Mortuary</b>		43. LICENSE NO.: <b>FD-964</b>		44. SIGNATURE OF LOCAL REGISTRAR: <i>Darryl R. Flores</i>	
45. DATE M/M/D/O-C/C/Y: <b>09/27/2000</b>		46. SIGNATURE OF LOCAL REGISTRAR: <i>Darryl R. Flores</i>			
101. PLACE OF DEATH: <b>Redwood Terrace Health Center</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IF <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA <input checked="" type="checkbox"/> CONV. NURS. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. COUNTY: <b>San Diego</b>	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): <b>710 West 13th Avenue</b>		105. CITY: <b>Escondido</b>			
106. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D): <b>(A) METASTATIC BREAST CARCINOMA</b>		TIME INTERVAL BETWEEN ONSET AND DEATH: <b>4 Mos.</b>		107. DEATH REPORTED TO CORONER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B):				108. SIGNIFY PERFORMED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C):				109. AUTOPSY PERFORMED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D):				110. USED IN DETERMINING CAUSE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: <b>NONE</b>					
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE: <b>NO</b>					
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE: M/M/D/O-C/C/Y: <b>04/28/2000</b> M/M/D/O-C/C/Y: <b>09/18/2000</b>		114. SIGNATURE AND TITLE OF CERTIFIER: <i>Abraham Joseph, M.D.</i>		115. LICENSE NO.: <b>C-35760</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: <b>Abraham Joseph, M.D. 10992 San Diego Mission Rd.-San Diego CA 92108</b>		117. DATE M/M/D/O-C/C/Y: <b>09/26/2000</b>			
118. MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		119. INJURY AT WORK: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
120. INJURY DATE M/M/D/O-C/C/Y:		121. INJURY TYPE M/M/D/O-C/C/Y:		122. HOUR:	
123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):			
125. SIGNATURE OF CORONER OR DEPUTY CORONER:		126. DATE M/M/D/O-C/C/Y:		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:	
128. STATE REGISTRAR:		129. FAX AUTH. #:		130. CENSUS TRACT:	

A0545429

County of San Diego - Department of Health Services - 3851 Rosecrans 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 fee paid.

DATE ISSUED: September 29, 2000

*Darryl R. Flores*  
GEORGE R. FLORES, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-16196

3/30/1933

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Carol J. Sturtevant for the sum of \$ 40.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1600 Section 1 Division 2

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:

2' X 1' Flush Marker Only

Raymond W. T. Kane  
Cemetery Manager

Pauline S. Ganga  
Park and Recreation Director

1st Burial

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Feb. 14, 2001

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

in a DBL. CRYPT Funeral, date, time Sat. Feb. 17 11:00am.

Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. X

Lot 3105 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pre-Need Lot & Trust E-16015

Additional spaces and care fund Saturday Overtime Charge 600.00

Opening/Closing & Setup PAID

Burial Container -

Handling Fees FEB 15 2001

Flower vases - Marker setting fee Tron (1)

Recording and filing fee MT HOPE CEMETARY

Sales taxes CITY OF SAN DIEGO, CA

R-52997

Total Due 600.00

Paid receipt number R-53361 600.00

Balance due 0

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

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

Signature of recorded holder of deed

X Signature  
X Address  
X City  
X Telephone ( ) Zip Code

Work Order # E 16197

Invoice #

Acct. #



## 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**

1ST BURIAL

		3104	3105	3106	3107	3108
		ADSIT Elizabeth	X	open	Buttles, John W.	Buttles, Pauline A.
		FRANKLIN Minnie Lee	Roberts Henry Seamon	—	CLARK Dolores	

Interment space for:

Charles Edward Ford

Interment Date:

Sat. Feb. 17th

Time:

11:00am

Lot:

3105

Grave:

Row:

Sect:

Div:

10

Grave Laid out by:

Norm &amp; Len

Agrees with Legal Card: ☐ Yes☐ NoAgrees with Map: ☐ Yes☐ No

Blind Check &amp; Verified By:

KEVIN

Date:

Flag  
on  
Grave

# 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) <b>Charles</b>	1B. MIDDLE <b>Edward</b>	1C. LAST (FAMILY) <b>Ford</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>12/02/1943</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>02/12/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Carolyn M. Ford, Wife</b> <b>4349 Robbins St.</b> <b>San Diego, CA 92122</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 110326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>	8B. DATE SIGNED <b>02/15/2001</b>
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<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/15/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</i> <b>2103070</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENHAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



URN Garden

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-14-01

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

in a \_\_\_\_\_ Funeral, date, time Weds. Feb 28 10:00am  
Type of Burial Container \_\_\_\_\_  
Church, Chapel, Graveside WITNESS : 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.

452  
Lot 152 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8  
Grave space & Care Fund ..... 300.00  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 105.00  
Burial Container .....  
Handling Fees .....  
Flower vases - Marker setting fee .....  
Recording and filing fee ..... 45.00  
Sales taxes .....  
Total Due ..... 450.00  
Paid receipt number 53403 450.00  
Balance due 0

MORTUARY TO  
BRING CHECK

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

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

Signature of recorded holder of deed

Jonathan B. Anderson  
Signature  
P.O. BOX 131475  
Address  
San Diego CA 92170-1475  
City  
619-266-8796  
Telephone

Invoice # \_\_\_\_\_

Work Order # E 16198

Acct. # \_\_\_\_\_



E-16198

# 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.

416 LOCKE

			429			
			441	442	443 DLSEN	
449	450	451	452 X Johnson	453	454	455
459 BOEHLE						
			TREE			

Interment space for: MATTIE JOHNSON *A*

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 452 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: 4 Div: 8

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*flag on  
grave*

# 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) <b>Mattie</b>		1B. MIDDLE <b>Alice</b>		1C. LAST (FAMILY) <b>Johnson</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>11/25/1923</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/03/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jonathan B. Johnson, Son</b> <b>P.O. Box 131475</b> <b>San Diego, CA 92170-1475</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragedale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED <b>02/07/2001</b>					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>02/13/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102801</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 601 D Crane St.</b> <b>Lake Elsinore, CA 92530</b>				12B. DATE CREMATED <b>2-17-01</b>		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-14-01

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

in a LINER Funeral, date, time SAT 2-17 11:00  
Type of Burial Container  
 Church, Chapel, Graveside RAGSDALE Mortuary,

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

Lot 177 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_ \$95.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 600.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.25

Total Due 2264.25

Paid receipt number 53362 2264.25

Balance due X

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

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

Signature of authorized holder of deed \_\_\_\_\_

X Jeffery Jennings  
 Signature  
 X 1955 Cas St  
 Address  
 X San Diego  
 City  
 X 619 846-5106  
 Telephone  
 Zip Code \_\_\_\_\_

Work Order # E 16199

Invoice # \_\_\_\_\_

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.

2	3	4	5	6		
Mirapuentes Delfino	open	AMORO GERARDO Harold	X	Bazan ELOY P. (No Marker)		
	LAMARRE Kenneth					

Interment space for: Jeffery Jennings

Interment Date: Sat 2-17 Time: 11:00

Lot: 177 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: Nance + Low

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:           

*Flag on grave*

E16199

AGE  
20

## 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) <b>Jeffery</b>	1B. MIDDLE <b>Jefferson</b>	1C. LAST (FAMILY) <b>Jennings</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/11/1981</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/05/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Oceanside</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sione Jennings, Jr., Father</b> <b>195 65th St.</b> <b>San Diego, CA 92114</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.		8B. DATE SIGNED <b>02/13/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/14/2001</b> <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2102870</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen E. Jensen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>-</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>-</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>-</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>-</i>	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE <i>-</i>

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



family to  
bring casket  
and permit -  
will need a permit

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 02-14-01

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

of Wayne J Hubbard

in a ~~XX~~ Ash Vault Funeral, date, time TUES. APRIL 3rd 2:00pm

Church, Chapel, Graveside : Family Delivery Mortuary.

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

will be applied and billed to undersigned X D L B

Lot 281 Grave 7 Row — Section 2 Division Block 12

Grave space & Care Fund PAID 300.00

Additional spaces and care fund

Opening/Closing & Setup FEB 21 2001 105.00

Burial Container 65.00

Handling Fees MT. HOPE CEMETARY 73.00

Flower vases - Marker setting fee CITY OF SAN DIEGO 23.75

Recording and filing fee 45.00

Sales taxes 5.01

Total Due \$ 593.01

Paid receipt number R-53377 593.01

Balance due 0

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

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

Signature of recorded holder of deed

X Donna L Breck  
Signature  
X 1425 2nd Ave Sp337  
Address  
X Chula Vista Ca 91911  
City Zip Code  
X 619-420 7818  
Telephone

Invoice #

Work Order # E 16200

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: Top Left**

		KIT Fu MA				
	5	6	7	8		
	no marker	NATALIE DENSE Copeland	Wayne X Hubbard	open		

Interment space for: Wayne J. Hubbard ~~X~~

Interment Date: Tue April 3 Time: 2:00 pm

Lot: 281 Grave: 7 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No



Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16200

E-16200

39

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WAYNE</b>		1B. MIDDLE <b>JAMES</b>		1C. LAST (FAMILY) <b>HUBBARD</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>04/27/1961</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/10/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>SEATTLE</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>WASHINGTON</b>			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DECEASED <b>DONNA L. BREED - MOTHER</b> <b>1425 2ND AVENUE, SPACE #337</b> <b>CHULA VISTA, CA 91911</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY</b> <b>1-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>			8B. DATE SIGNED <b>03/08/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/08/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2104477</b>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA —				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>4-3-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



1st Burial  
235 pm Arrival

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb 14, 2001

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

in a DBL. CRYPT Funeral, date, time Thur. Feb. 22 1:00 pm

Church Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. X Rhonda Kilpatrick

Lot 3537 Grave — Row — Section PAID Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund FEB 21 2001

Opening/Closing & Setup 375.00

Burial Container DBL CRYPT MT. HOPE CEMETARY 380.00

Handling Fees CITY OF SAN DIEGO, CA 320.00

Flower vases 4 each 125.00 Marker setting fee Trion & (12 X 30) Setting fee (174.88)

Recording and filing fee 45.00

Sales taxes 28.50

Total Due 2,315.38

Paid receipt number 53373 2,315.38

Balance due 0

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

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

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

any liability on account of said authorization and interment.

RHONDA KILPATRICK X Signature

I hereby authorize the interment in lot I

hold under deed.

Address 728 Via Verde

City Chula Vista Ca 91910 Zip Code

Telephone (619) 656-9696

Signature of recorded holder of deed

Work Order # E16201

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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 1ST BURIAL*

	3535	3536	3537	3538	3539	
	HARRIS Hosia	Robinson, Frank Jr.	DBL X DEPTH	GARDNER Katie Mary	open	

Interment space for: Reginald ARLINGTON ROBINSONInterment Date: Thur. Feb. 22 Time: 1:00 PMLot: 3537 Grave: — Row: — Sect: — Div: 10Grave Laid out by: NORM & RONAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave

E-16201

## 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) <b>REGINALD</b>	1B. MIDDLE <b>ARLINGTON</b>	1C. LAST (FAMILY) <b>ROBINSON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/12/1949</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/13/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>ENCINO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>LOS ANGELES</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>HATTIE ROBINSON HECTOR, MOTHER 134 LAS FLORES ST. SAN DIEGO, CALIF. 92114</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL BLVD., SAN DIEGO, CALIF.</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>James P. Peace</i> <b>02/20/2001</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/20/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Mark G. ...</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>313 N. Figueroa St. RM L-1 Los Angeles, CA 90012</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>San Diego Health Dept. P.O. Box 85222 San Diego, CA 92186</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CALIF. 92102</b>	11B. DATE BURIED <b>2-22-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. ...</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY _____	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION _____	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS _____	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY _____	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED _____	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER _____	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION _____	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION _____	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE _____

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-15-01

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

in a \_\_\_\_\_ Funeral, date, time TUES 2-20 11:00  
Church Chapel Graveside S.D. MEMORIAL Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice \_\_\_\_\_

Account \_\_\_\_\_

Work Order # E16202

2-16-01  
Per Jeffery  
will now probably  
be cremation



Pre-Mem  
2 Trust  
Ltr

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-15-01

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

of Jack & Inez Aldridge

in a T-5 VAULT Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

Lot 149 Grave 728 Row \_\_\_\_\_ Section 1 Division/Block 11  
Grave space & Care Fund 2 at 895.00 1790.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 at 375.00 750.00

Burial Container 2 at 250.00 500.00

Handling Fees 2 at 185.00 370.00

Flower vases - Marker setting fee 2 at 45.00 90.00

Recording and filing fee at 37.50 37.50

Sales tax at 18.75 37.50

Total Due 3537.50

Paid receipt number R-53357 3537.50

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Inez S. Aldridge  
Signature  
X 5650 Churchward St  
Address  
X San Diego, Ca 92114  
City Zip Code  
X 619-262-7146  
Telephone

Work Order # **E 16203**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 16, 2001

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

in a Liner Funeral, date, time TUES Feb 20 11:00AM

Church, Chapel, Graveside ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. X [Signature]

Lot 43 Grave 11 Row — Section 1 Division/Block 12

Grave space & Care Fund Pre-Need Lot + Trust Paid Q

Additional spaces and care fund Q

Opening/Closing & Setup Q

Burial Container Liner Q

Handling Fees Q

Flower vases — Marker setting fee Q

Recording and filing fee Q

Sales taxes Q

Total Due Q

Paid receipt number Q

Balance due Q

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

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

X [Signature]

Signature of recorded holder of deed X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

Work Order # E16204

Invoice #                     

Acct. #

1	2	3	4	5	6
7	8	9	10	11	12

# 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.

CA BURIAL

	3 Dheal Fairy C	4 open	5 Kallay, Endre (No Marker)			
8 West Robby (No Marker)	9 Wells, Bernard (No Marker)	10 open	11 Jean X Roberts			
	*Gordon Clifford Alfonso	*Gordon Shirley Graham	*Price Jesse Lee			

Interment space for: Jean Roberts

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 43 Grave: 11 Row: — Sect: 1 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16204

Flag  
on  
Grave



# E- 16204

## 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) <b>JEAN</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>ROBERTS</b>	2. DATE OF BIRTH WITH DAY, YEAR <b>07/17/1935</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/13/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROSCOE ROBERT—HUSBAND 332 Las FLORES TERRACE SAN DIEGO CA CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY CA 91950</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-1689</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Charles H. Russ</i>		
			8B. DATE SIGNED <b>02/16/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>C. RUSS</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103164</b>
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3731 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-20-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY 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 Ash  
Burial

\* upper RIGHT

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date Feb. 16, 2001

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

of Hildegard M. Whalen (X)

in a Ash Vault

Funeral, date, time

Weds Mar 7 1:00 PM

Church, Chapel, Graveside

Ragsdale

(Mortuary)

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

will be applied and billed to undersigned. X RRS JR.

Lot 1461 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund Pre-Need Double Ash Plots Paid

D-5384

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Ash Vault PAID 55.00

Handling Fees 160.00

Flower vases - Marker setting fee MAR 05 2001

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number 53421 269.13

Balance due X

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

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

Signature of recorded holder of deed

Signature X Ronald R. Sharnoff

Address 3327 Cawley Way #1

City San Diego

Zip Code 92117

Telephone X (619) 276-0377

Work Order # E 16205

Invoice #

Acct. #

E-16205

FILE 15-10-11-12-13

F-1177

DATE	DESCRIPTION	AMOUNT	CHECK NO.
12-1-11	100.00	100.00	100



E-16205

Lot 1453 thru 1464

SEC 3

DIV 8

DECEASED

OWNER

1453	IVERSON, Dorothy	Estate of:
1454	STEADMAN, Hugh M.	STEADMAN, Hugh M.
1455	STEADMAN, Sarah J.	" "
1456	CRAWFORD, Orville LeRoy	CRAWFORD, Norah
1457	CRAWFORD, NORAH BROWN	CRAWFORD, Norah
1458	DEANS, Elizabeth Lily	DEANS, Gilbert
1459	DEANS, Gilbert Carter	Estate of:
1460	POLENZ, Marie	POLENZ, Adolph G.
1461	<i>Hilegard</i> E-16205	WHALEN, Hilegard M.
1462		
1463		
1464		

Ash Vault  
Place Upper 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. NOTE: Double Ash Plot

1st Ash Burial

1458	1459	1460	1461			
Elizabeth L. Deans	Gilbert C. Deans	Maria Polenz	X			

Interment space for: Hildegard M. Whalen

Interment Date: Time:

Lot: 1461 Grave: — Row: — Sect: 3 Div: 8

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

E-16205

Flag  
on  
Grave

E-16205

22535

(85)

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Hildegard</b>	1B. MIDDLE <b>Martha</b>	1C. LAST (FAMILY) <b>Whalen</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/03/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/16/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Spring Valley</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Patricia Davies, Daughter 3173 Bancroft Dr. #9 Spring Valley, CA 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Patricia Davies</i> <b>02/20/2001</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/26/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92002</b>	11B. DATE BURIED <b>3-7-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>2-27-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



1st  
Burial

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 the remains

of FRANK R. ESQUER 1.00

in a DBL CRYPT Funeral, date, time Weds Feb. 28 12:00 noon

Church, Chapel, Graveside : Featheringill Mortuary.

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

will be applied and billed to undersigned: X D.S.

Lot 99 Grave 3 Row — Section 2 Division 7

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container DBL CRYPT 380.00

Handling Fees PAID 320.00

Flower vases - Marker setting fee FEB 27 2001 —

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETARY 28.50

CITY OF SAN DIEGO, CA

Total Due 1148.50

Paid receipt number R-53399 1148.50

Balance due 0

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

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

Signature of recorded holder of deed

X DOROTHY  
X Dorothy Testa  
X 7930 Pat St.  
X La Mesa 91942  
X (619) 697-2477  
Zip Code  
Telephone

Work Order # E 16206

Invoice # —

Acct. # —

DIV 7

LOT 99 GR. 1-2-3-4-5-6-7-8-9-10-11-12 SEC. 2

Gr.	DECEASED	OWNER
1	MEZA, Thomas F.	MEZA, Roy D.
2	TOY, Ton Fon	Est. of
3	E-16206	PONCE, Maria A.
4		Ponce, Daniel E. is Co-Owner Frank R. & ESQUER, Ernestine A.
5	PONCE, Maria Azpeitia	Ernestine A. & ESQUER, Frank R.
6	ANDERSON, Ida Caroline	Ida C. & ANDERSON, Kenneth O.
7	LAXSON, CALVIN HUBERT & LAXSON, Emma J.	LAXSON, George P.
8	GOODWIN, Rosie YARBROUGH, Mark D. & Rt. Center HARPER, Barbara &	JACKSON, Alberta
9	HARPER, Reginald E.	HARPER, Reginald E. Jr.
10	GOODWIN, John A.	GOODWIN, Rosie
11	GOODWIN, MATILDA	GOODWIN, Charles W.
12	KING, Lula E.	" "

Burial of Ernestine + Frank Esquer 4/14/95.

R. Esquer. Maria d. Ponce. Ernestine A. Esquer  
Burial of Daniel E. Ponce, per Ernestine A. Esquer. Ernestine A. Esquer wants Daniel E. Ponce  
4-14-95  
co-owner of Grave 4 and can do with

A. Ponce. Ernestine A. Esquer

.00 paid 8/19/1970 C-9020 9/4/1970 Cement burial liner \$63.00 paid



E-16206

## 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

	1	2	3	4	5	6
	Thomas F. Meiza	TOM FON TOY	X	open	MARIA Fonce	Ida Anderson

Interment space for: Frank ESQUERInterment Date: Wed, Feb 28 Time: 12:00 noonLot: 99 Grave: 3 Row: — Sect: 2 Div: 7

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave

# E-16206

## 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) <b>Frank</b>	1B. MIDDLE <b>Rendon</b>	1C. LAST (FAMILY) <b>Esquer</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/02/1904</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/18/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Lemon Grove</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dorothy Testa, grand-niece</b> <b>7930 Pat St.</b> <b>La Mesa, CA 91942</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd.</b> <b>San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit  
*[Signature]*

8B. DATE SIGNED  
**02/21/2001**

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/22/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. Maggard</b>
AUTHORIZATION OF LOCAL REGISTRAR	14. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222, San Diego, CA 92186-50222</b>	15. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

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

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-20-01

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

in a T.S. VAULT Funeral, date, time FRI 2-23 1:30

Church Chapel Graveside : RAGSDALE Mortuary.

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

Lot 89 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Grave space & Care Fund Pre-Paid E-4824 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 18.75

Total Due \_\_\_\_\_ 873.75

Paid receipt number 53374 873.75

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X  
Signature \_\_\_\_\_

X  
Address \_\_\_\_\_

X  
City \_\_\_\_\_

Zip Code \_\_\_\_\_

X  
Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16207



E- 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.

		open 1	open 2	3	4	5
MORROW	open 7	89 X	MARGARET 8	STEVENS	10	11 HEITMAN
	open	open				

Interment space for: COUCH STEVENS

Interment Date: 2-23-01 Time: 1:30

Lot: 89 Grave: 8 Row:  Sect: 2 Div: 12

Grave Laid out by: NORMAN & REN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 2-22-01

E-16207

AGE  
83

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Couch</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Stevens</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/28/1917</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/17/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>George Stevens, Son 700 Selma Place San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdalemort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>William</i>		8B. DATE SIGNED <b>02/20/2001</b>
ACKNOWLEDGMENT (IF APPLICANT) I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/21/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103335</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222,</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>—</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVaultMENT	<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Smedley</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 20, 2001

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

in a DBL Crypt Funeral, date, time Weds. Feb 21 9:00 AM

Church, Chapel, Graveside Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. XE

Lot 4696 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 380.00

Burial Container DBL Crypt 320.00

Handling Fees 45.00

Flower vases - Marker setting fee 28.50

Recording and filing fee 2,243.50

Sales taxes 53366

Total Due 2,243.50

Paid receipt number 53366 2,243.50

Balance due 0

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

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

Signature of recorded holder of deed Signature  
→ 323 West 18th St  
Address  
→ National city CA 91901  
City  
→ (619) 474-7857  
Telephone  
91901  
Zip Code

Invoice # —

Work Order # E 16208 Acct. # —

REA-104 (7-98) This information is available in alternative formats upon request.

Printed on recycled paper



T93 12

UPRIGHT  
FDN  $\frac{1}{2}$  Border

DBL Depth	194.40
	46.88
	46.88
	<hr/>
	288.16

COVARRUBIAS

MT HOPE CEMETERY

E-16208

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

1ST BURIAL

			4696			
			X	Tina David	Vladimir ARZUMANYAN	Amanda Shraw

Interment space for: Bertha COVARRUBIAS

Interment Date: Weds. Feb. 21 Time: 9:00 am

Lot: 4696 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: —

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY FRANK Date: 2-20-01

Flag on Grave

E-16208

## 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) <b>BERTHA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>COVARRUBIAS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/12/1950</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/17/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JESUS COVARRUBIAS - SON 323 W 18TH ST NATIONAL CITY, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>Pamela Valentine 02/20/2001</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

. PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/20/2001</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103265</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE					<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>[Signature]</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY 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 2-20-01

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

in a Bell Liner Funeral, date, time (Mon. Feb 26 1:00 PM)  
Church, Chapel, Graveside : Gables - Fortuna Mortuary.

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

Lot 168 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 1

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container Liner PAID 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.25

Total Due \_\_\_\_\_ 769.25

Paid receipt number Visa 769.25

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_

X P. O. Box 802

X Address \_\_\_\_\_

X City Woodbridge, CA 95258

X Telephone (707) 786-4936/ (209) 365-7145

Work Order # E 16209

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

LOTS 168 - 169 - 170 - 171 - 172 SEC. 1 DIV.

GR.	DECEASED	OWNER
1	E-16209	Box, Robert Lee
2	BOX, Eulah Rose	Box Rose W.
3 L-169	WILSON, Lee Jesse	Wilson, (Mrs.) Alma
Gr.1	GRATHWOLD, Jeanne L.	Wilson, (Mrs.) Alma
2	SISSON, Austin I.	SISSON, Austin/Edna
3 L-170	SISSON, Edna M.	" " "
Gr.1 L-171	SAWYER, Everett	
Gr.1	PETERSON, Walter	
2		
3 L-172	CHRISTENSEN, 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 the burial space.

*Bell Liner*

NOTE: Family to transport body w/ Permit

		Mary Houston	Herman Houston	Carrie Hines	Charles Hines	
			1	2	3	
			X	Eula Rosa Box		

Interment space for:

Robert L. Box

Interment Date:

Mon. Feb. 26

Time:

1:00 pm

Lot:

168

Grave:

1

Row:

Sect:

1

Div:

1

Grave Laid out by:

Noam + Ron

Agrees with Legal Card:

☐ Yes

☐ No

Agrees with Map:

☐ Yes

☐ No

Blind Check & Verified By:

[Signature]

Date:

E-16209

F126  
on  
GRAVE



# E-16209

## 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) <b>ROBERT</b>	1B. MIDDLE <b>LEWIS</b>	1C. LAST (FAMILY) <b>BOX</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/25/1926</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/17/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>RIO DELL</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>HUMBOLDT</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOBLES FORTUNA MORTUARY P.O. BOX 886, FORTUNA, CA. 95540</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-697</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOYCE BOX (WIFE) 355 PAINTER STREET RIO DELL, CA 95562</b>		
			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/18/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>HUMBOLDT COUNTY HEALTH DEPARTMENT 529 I STREET, EUREKA, CA 95501</b>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/20/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ann Lindsay, M.D. by:</b> <i>[Signature]</i>
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>SAN DIEGO COUNTY, HEALTH DEPT. 3851 ROSECRANS STREET, SAN DIEGO, CA 92186</b>			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, SAN DIEGO, CA</b>	11B. DATE BURIED <b>2-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-20-01

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

in a Double Depth Funeral, date, time Tue 2-23 11:00

Church, Chapel Graveside Mortuary, Leatheringill

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

Lot 10 Grave 11 Row \_\_\_\_\_ Section 7 Division/Block 5

Grave space & Care Fund Pr - Need E-14928

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees FEB 20 2001 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee **MT. HOPE CEMETARY** 45.00

Sales taxes **CITY OF SAN DIEGO, CA** 28.50

Total Due 1148.50

Paid receipt number R-53367 1148.50

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order #

**E16210**



E-16210

## 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.

			CUNNINGHAM			
8 FAIRCHILD	9 FAIRCHILD	10 SAILEY	10-X	11 TRESSER	12	
			PRA P			

Interment space for:

Jane Campbell

Interment Date:

Fri 2-23

Time:

11:00

Lot: 10

Grave: 11

Row: \_\_\_\_\_

Sect: 7

Div: 5

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes☐ No

\*Dug on grave

Agrees with Map: ☐ Yes☐ No

Blind Check &amp; Verified By: \_\_\_\_\_

Date: \_\_\_\_\_



E-16210

AGE  
88

## 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) <b>Jane</b>	1B. MIDDLE <b>Burkholder</b>	1C. LAST (FAMILY) <b>Campbell</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/09/1912</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/18/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Irvine</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Orange</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lawrence W. Campbell/Son</b> <b>1943 Bedford Pl.</b> <b>Escondido, CA 92029</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary</b> <b>6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> 2-20-01		

## ACKNOWLEDGMENT OF APPLICANT

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

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02 / 20 / 2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 68
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 234, Santa Ana, CA 92702</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. Box 85222, San Diego, CA 92186</b>		

## AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>2-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Feb. 20, 2001

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

in a T. S. VAULT Funeral, date, time Wed. Feb. 28th 11:00am

Church, Chapel, Graveside ; ANDERSON-RAGSDALE Mortuary.

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

Lot 68 Grave 1 Row \_\_\_\_\_ Section 1 Division Block 12  
Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... 125.00

Recording and filing fee ..... 45.00

Sales taxes ..... 18.75

Total Due ..... 1893.75

Paid receipt number R-53372 1893.75

Balance due 0

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

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

Signature of recorded holder of deed

Mr. James Applin

X James Applin  
Signature

X 3163 Imperial Ave  
Address

X San Diego Cal 92102  
City Zip Code

X 235-0156  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E16211



E-16211

## 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			
			63 X 1	open 2	open 3	4
			open 7	open 8	open 9	10
						HERNANDEZ

Interment space for: DORTHY BATTLE

Interment Date: WED. FEB. 28th, 2001 Time: 11:00am

Lot: 63 Grave: 1 Row:      Sect: 1 Div: 12

Grave Laid out by: NF RON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 2-27-01



# E-16211

## 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) <b>Dorthy</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Battle</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/05/1925</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/19/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>James Applin, Friend 3163 Imperial Ave. San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>02/21/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/26/2001</b> <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103655</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

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

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Feb. 20, 2001

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

of Marshawn Darnell Washington

in a Liner Funeral, date, time Fri. Feb. 23 12:00

Church, Chapel Graveside : CA Burial Mortuary.

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

will be applied and billed to undersigned. X *Adell*

Lot 146 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 895.<sup>00</sup>

Additional spaces and care fund .....

Opening, Closing & Setup ..... 375.<sup>00</sup>

Burial Container Bell Liner PAID ..... 190.<sup>00</sup>

Handling Fees ..... 145.<sup>00</sup>

Flows, vases - Marker setting fee ..... —

Recording and filing fee ..... 45.<sup>00</sup>

Sales tax ..... 14.<sup>25</sup>

Total Due ..... 1664.<sup>25</sup>

Paid receipt number R-53387 1664.<sup>25</sup>

Balance due 0

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

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

Signature of recorded holder of deed .....  
*Adellia McClure*  
Signature .....  
687 Alvin St.  
Address .....  
San Diego, CA 92144  
City ..... Zip Code .....  
(619) 262-6307 (mom)  
Telephone .....  
501-1193 (home)

Invoice # .....  
Work Order # E16212 Acct. # .....

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



E-16212

LOT 146

SECTION 2

DIVISION 12

	DECEASED	OWNER
1		<u>True</u>
2	TAYLOR, James	TAYLOR, Mavis
3	ROBERTSON, Della D.	TAYLOR, Mavis
4	SCOTT, Minnie Lue	TAYLOR, Mavis
5	King, Charles L. & SMITH, Robert Alan	SMITH, Hazel
6	SMITH, LARRY DALE & King, Annie Ruth	Hazel Smith
7	SALINAS, CAMILO	HERNANDEZ DE SALINAS, LUCI
8		
9		
10	Barnett, Michael Vernon Jr.	Barnett, Michael
11	ALBERTY, ANNETTE	SMITH, HAZEL

E-16212

M. Washington



# 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.

3	4	5	6			
Della Robertson	Minnie Lue Scott	Robert Alan Smith	Annie Ruth King			
9	10	11	12			
open	Barnett Michael Vernon	Annette Alberty	X			

Interment space for: Marshawn Darnell Washington

Interment Date: Fri Feb. 23 Time: 12:00

Lot: 146 Grave: 12 Row: — Sect: 2 Div: 12

Grave Laid out by: Norma & Rex

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:           

Flag  
on  
Grave

E-16212

E-16212

From: Lori Girard  
To: F4U@SD\_CITY.PR\_MET  
Date: 4/5/01 11:10AM  
Subject: 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 transferring 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 situation?

Ray

>>> Lori Girard 04/02/01 02:48PM >>>

Hi Ray, were you able to contact Mrs. Washington? Thanks, Lori

E-16212

CALIFORNIA CREMATION & BURIAL CHAPEL

191 134-3073 Fax (619) 286-2071  
Toll-free 1-800-1357

2880 El Cajon Blvd.  
San Diego, California 92115

TO: *Ray Snyder*

RECEIVED

*MT. HOPE CEMETERY*

DATE: *02/27/2001*

RECEIVED FROM *ADELITA MONTANE*

CHECK #

MAJOR CASE

FOR THE AMOUNT OF \$ *1,600.25*

AS PAYMENT FOR THE FOLLOWING FUNERAL:

*CLARENCE WASHINGTON*

FOR THE INTERMENT (BURIAL) AT *MT. HOPE CEMETERY*

PAID IN FULL BALANCE OF PAID CASH

ISSUED BY:

CLARENCE MONTANE

California Funeral Home Association



E-16212

6603



CALIFORNIA CREMATION  
ASSOCIATION  
MEMBER OF THE NATIONAL  
CREMATION ASSOCIATION  
SAN DIEGO, CALIF. 92101  
(619) 594-1000

UNION BANK OF CALIFORNIA  
SAN DIEGO, CALIF. 92101  
(619) 594-1000

Feb. 22, 2001

Mt. Hope Cemetery

\$1,664.25  
One Thousand Six hundred  
Sixty-four dollars & 25¢

Mary M. [Signature]

# E-16212 M. Washington

0065032 01270006524 01100125354

CALIFORNIA CREMATION ASSOCIATION

6603

# E-16212

## 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) <b>MARSHAWN</b>	1B. MIDDLE <b>DARNELL</b>	1C. LAST (FAMILY) <b>WASHINGTON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/16/1974</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/02/2001</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BERTHA RHODA WASHINGTON—WIFE 3643 1/2 ATLADENA AVE. SAN DIEGO, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92155</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>		

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

6A. SIGNATURE OF APPLICANT—Person taking permit: *J. Benyard* 6B. DATE SIGNED: **02/09/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J. BENYARD</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. Jumper</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 20, 2001

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

in a Ash Vault Funeral, date, time MON. Feb. 26 11:00 AM

Church, Chapel, Graveside: Community Mortuary,

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

Lot 13 Grave 3 Row — Section 11 Division/Block 7

Grave space & Care Fund Pre-Need Lot Owned E-8437

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Ash Vault 55.00

Handling Fees PAID 60.00

Flower vases - Marker setting fee

Recording and filing fee FEB 20 2001 45.00

Sales taxes 4.13

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 269.13

Paid receipt number 53370 269.13

Balance due X

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

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

X Signature GARY MOMITA  
Address 218 Welling Way  
City San Diego, CA 92114  
Telephone (858) 673-8463 Zip Code

Signature of recorded holder of deed

Work Order # E 16213

Invoice #

Acct. #



E 162 13

1. 2. 3.

LOTS 13-14-15-16

SEC. 11

DIV. 7

Lot-13	DECEASED	OWNER
Gr.1	ITAMI, Kichijiro	Itami, Masami
2	ITAMI, Umeno	" "
3	Momita, Asao N	MOMITA, Asao & Fumiko
Lot-14		
Gr.1	BRIDGE, Louis Raymond	U.S. Government
2		
3	OGIHARA, Koyo	Phillips, Ethel
Lot-15		YAMADA, (remarried)
Gr.1		-MASUMOTO, Suzy
2	MASUMOTO, Shigeru	MASUMOTO, Fred
3	MASUMOTO, Yuki NMN	" "
Lot-16		
Gr.1	MASUMOTO, Jane Tsuneko	" "
	OTSUKA, Kiyoshi	
	OTSUKA, Masaharu	
2	OTSUKA, Nohu	Seki, David S.
	OTSUKA, Nobutaro	
3	FURUKAWA, Henry Sumis	Estate

E-16213

## 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: 2ND ASH BURIAL  
Place Ashes UPPER RIGHT

	1	2	3			
	Itami Kichijiro	Itami Umeno	Monita X			

Interment space for: Fumiko Monita

Interment Date: MON. Feb. 26 Time: 11:00 AM

Lot: 13 Grave: 3 Row:      Sect: 11 Div: 7

Grave Laid out by:     

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:      Date:     

Flag  
on  
Grave



# E-16213

## 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) <b>Fumiko</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Monita</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/18/1920</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/18/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Bonita</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gary Monita - Son 14310 Seabridge Lane So San Diego Ca 92128</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Community Mortuary 855 Broadway Chula Vista, Calif 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1652</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 71076 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.		8B. DATE SIGNED <b>02/22/2001</b>			

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/22/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>D. Heldenbrand</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego, Calif 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market San Diego Ca 92102</b>	11B. DATE BURIED <b>2-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium Inc 601-D Crane St Lake Elsinore Ca 92530</b>	12B. DATE CREMATED <b>2-22-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

watch  
lower

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-21-01

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

of RONALD L. GAMBITO

in a LINER Funeral, date, time FRI 2-23 3:00

Church, Chapel, Graveside HEATH Mortuary.

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

Lot 102 Grave 3 Row Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1664.25

Paid receipt number R-53375 1664.25

Balance due 0

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

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

Signature of recorded holder of deed

X R. Gambito  
Signature  
X 5410 Decena Drive  
Address  
X Spring Valley CA 91977  
City Zip Code  
X (619) 479-7099  
Telephone

Work Order # E 16214

Invoice #

Acct. #



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.

			George BRINKER			
	MATHEWS <sup>1</sup>	DUNN <sup>2</sup>	102 <sup>3</sup> X	4	5	6 G REEL
	BURNS <sup>7</sup>			10	11	12 POLEN
			BROMBERG			

Interment space for: RONALD GAMBITOInterment Date: FRI 2-23 Time: 3:00Lot: 102 Grave: 3 Row:  Sect: 1 Div: 11Grave Laid out by: Agrees with Legal Card: ☐ Yes ☐ Noflag on  
graveAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By:  Date:



# E-16214

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AGE  
32

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RONALD</b>		1B. MIDDLE <b>L</b>	1C. LAST (FAMILY) <b>GAMBITO</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/25/1968</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/20/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Imelda E. Gambito - Wife 2550 Violet Street San Diego CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Heath Funeral Home 611 Highland ave., National City CA 91950</b>					7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 807</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.					8A. SIGNATURE OF APPLICANT—Person taking permit <i>Imelda E. Gambito</i>		
					8B. DATE SIGNED <b>02/22/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/23/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Box 85222, San Diego CA 92186 - 5222</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, San Diego CA</b>	11B. DATE BURIED <b>2-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 2-21-01

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

in a LINER Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 71 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid E-3386

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees TWO 145.00

Flower vases - Marker setting fee 94 47.50

Recording and filing fee MT. HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.25

Total Due 816.75

Paid receipt number 53385 816.75

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Edna M. Muqtasip  
Signature  
X 2634 K St  
Address  
X San Diego Calif 92102  
City Zip Code  
X 619 239-3855  
Telephone

Work Order # E16215

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



\*UPPER  
RIGHT

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Feb. 21, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZOE CONGER - COWHICK (X)

In a Ash Vault Funeral, date, time Mon. Mar. 5 9:00 am

Church, Chapel, Graveside : ERICKSON-ANDERSON Mortuary.

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

Lot 9 Grave 8 Row — Section 4 Division/Block 6

Grave space & Care Fund Pre-Need D-4659

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vase - Marker setting fee (12x24) Flat Granite 125.00

Recording and filing fee

Sales taxes

Total Due

Paid receipt number 53389 125.00

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Work Order #

**EL6216**

Acct. #



E-16216

LOT 9 GR. 1 thru E1 SEC. 4 DIV. 6

GR.	DECEASED	OWNER
1		City of San Diego Mt. Hope <del>Weed, F. A.</del>
2		City of San Diego Mt. Hope "
3		City of San Diego Mt. Hope "
4	Weed, Ethel Hope ♂ <del>WEED, Fredrick A.</del>	"
5	<del>WEED, Mary D.</del>	"
6		
7	COWHICK, HOWARD ELWOOD	Howard E. & COWHICK, Zoe Conger
8	E-16216	Howard E. & COWHICK, Zoe Conger
9	HENKING, Lillian	Morse, Mrs. Philip (deed) McConoughey, Mrs. V. E.
10	McCONOUGHEY, Elvira A.	"
11	McCONOUGHEY, VICTOR E.	"

E-16216

# 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: **ASH VAULT: UPPER RIGHT**

		NADERMANN monument			
		7	8		
		* Howard Elwood Cowhick	X	* Sammy A. Dale, Jr	

Interment space for: Zoe Conger-Cowhick

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 9 Grave: 8 Row: — Sect: 4 Div: 6

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave

# 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) <b>ZOE</b>	1B. MIDDLE <b>CONGER</b>	1C. LAST (FAMILY) <b>CONWICK</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/29/1911</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/19/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LYNNE MEADE - DAUGHTER</b> <b>5172 VALLECITO AVE</b> <b>WESTMINSTER, CA 92683</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - ERICKSON ANDERSON CHAPEL</b> <b>8390 ALLISON AVE, LA MESA, CA 91941</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-296</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>[Signature]</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**02/21/2001**

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/21/2001</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103380</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

## FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-5-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>2/23/01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



DR. CLARK  
318-1535

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-21-01

RIGHT side

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

of MARY TURNER  
in a ASH VAULT Funeral, date, time THUR 3-8 1:00

Church, Chapel, Graveside SD MEMORIAL Mortuary.

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

Lot 272 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 13  
Grave space & Care Fund 300.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 4.13

Total Due \_\_\_\_\_ 569.13

Paid receipt number R-53379 569.13

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16217

E 16217

# 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.

		HARRIS <sup>9</sup>	260 <sup>10</sup> FERREL	OPEN <sup>11</sup>	12 <sup>12</sup> COMEAUX	
1 TREE	2	3 OPEN	272 <sup>4</sup> X	5 OPEN	6 OPEN	
			STREET			

Interment space for: MARY TURNER

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 272 Grave: 4 Row: \_\_\_\_\_ Sect: 2 Div: 12

Grave Laid out by: Ken Collins  
ASHES RIGHT SIDE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ronald Escobar Date: 3-8-01

FLAG ON GRAVE  
APPROXIMATELY



# 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) <b>MARY</b>		1B. MIDDLE <b>JEAN</b>		1C. LAST (FAMILY) <b>TURNER</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/06/1951</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>02/13/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>NATIONAL CITY</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ANITA D. WILLIS - DAUGHTER 2579 FRESHWATER CT. SPRING VALLEY, CA 91978</b>					
6. PERMITS NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL 1441 UNIVERSITY AVE. SAN DIEGO, CA 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>					

KNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>02/20/2001</b> <b>J. JOHNSON</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103195</b>	
10. AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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

<b>BURIAL</b>		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102</b>		11B. DATE BURIED <b>3-08-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
<b>CREMATION</b>		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORIUM 601- D CRANE ST. LAKE ELSINORE, CA 92530</b>		12B. DATE CREMATED <b>2-24-01</b>		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
<b>SCIENTIFIC USE</b>		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
<b>TRANSIT</b>		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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



Tax ID  
#95-6000776W  
MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 22, 2001

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

in a Bell Liner Funeral, date, time Tue. Feb. 27. 11:00am

Church, Chapel, Graveside : CA BURIAL Mortuary.

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

will be applied and billed to undersigned. X KB

Lot 74 Grave 12 Row — Section 1 Division/Block 12

Grave space & Care Fund 895.<sup>00</sup>

Additional spaces and care fund PAID

Opening/Closing & Setup 375.<sup>00</sup>

Burial Container LINER FEB 26 2001 190.<sup>00</sup>

Handling Fees 145.<sup>00</sup>

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.<sup>00</sup>

Sales taxes 14.<sup>25</sup>

Total Due 1664.<sup>25</sup>

Paid receipt number R-53397 1664.<sup>25</sup>

Balance due 0

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

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

Signature of recorded holder of deed APR #9  
→ 1334 E Lexington Ave.  
→ El Cajon, CA 92019  
→ (619) 749-4591  
City Telephone Zip Code

Work Order # E 16218 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-16218

## 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.

CA  
Burial

9	10	11	12			
			X			
			IDA Lee Williams			

Interment space for: Nettie J. Bass  
Church & Graceland

Interment Date: Tues. Feb. 27 Time: 11:00 AM

Lot: 74 Grave: 12 Row: — Sect: 1 Div: 12

Grave Laid out by: NORM & LOU

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave



E-16218

AGE  
54

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>NETTIE</b>	1B. MIDDLE <b>JO</b>	1C. LAST (FAMILY) <b>BASS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/01/1946</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/20/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>KENDAL BASS-SON</b> <b>1334 EAST LEXINGTON AVE. #Q</b> <b>EL CAJON, CA 92019</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD, SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>02/23/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103555</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS-P.O. BOX 85222</b> <b>SAN DIEGO, CA 92185-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

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

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-22-01

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

of LUCY WARFORD

in a LINER Funeral, date, time FRI 3-2 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned. X

Lot \_\_\_\_\_ Grave 26 Row 40 Section 5 Division Block 7

Grave space & Care Fund PRE-NEED B-9350 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.25

Total Due 769.25

Paid receipt number R-53412 769.25

Balance due 0

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

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

Signature of record holder of deed \_\_\_\_\_

Signature X See attachment

Address X 3288 El Ceyn Blvd #2

City X San Diego

Zip Code 92104

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16219

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-22-01

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

In a LINER Funeral, date, time FRI 3-2

Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot \_\_\_\_\_ Grave 26 Row 40 Section 5 Division/Block 7

Grave space & Care Fund PRE-NEED B-9350 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

Total Due ..... 769.25

Paid receipt number .....

Balance due .....

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

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

Signature of recorded holder of deed .....

X Mable Weyatt  
Signature  
X  
Address  
X  
City Zip Code  
X  
Telephone

Work Order # E 16219

Invoice # .....

Acct. # .....

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper



E-16219

## 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.

			24 MOSS			
			25 WARFORD			
		CAMPBELL	26 X	BROOKS		
			27 SEALS			
			28 WALKER			

Interment space for: LUCY WARFORDInterment Date: FRI 3-2 Time: \_\_\_\_\_Lot: \_\_\_\_\_ Grave: 26 Row: 40 Sect: 5 Div: 7

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

\*lay on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



E-16219

AGE  
98

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Lucy</b>		1B. MIDDLE <b>Bell</b>		1C. LAST (FAMILY) <b>Warford</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>12/14/1902</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/21/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Bobbie L. Ross, Niece</b> <b>3917 Shadrack</b> <b>Houston, TX 77013</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Bobbie L. Ross</i>		8B. DATE SIGNED <b>02/27/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/01/2001</b> <i>B. Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103985</b>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>		11B. DATE BURIED <b>3-2-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —	
					15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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





*This information is available in alternative formats upon request.*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-22-88

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 26 Grave \_\_\_\_\_ Row 40 Section 5 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 775.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 711.37

Paid receipt number 34715 6537

Balance due 646.00

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

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

Signature of recorded holder of deed

Signature T. J.  
Address 5050 "K" Street  
City San Diego, CA Zip Code 92113

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7214

PY-593 (REV. 8-85)

OFFICIAL RECEIPT



WHITE TO CUSTOMER  
CANARY CEMETERY  
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 9.22.88

IN 36715

From Lucy Warford Address 5050 "K" Street Dollars \$ 65.37  
Payment of Grave Space

Lot \_\_\_\_\_ Grave \_\_\_\_\_  
Invoice No. \_\_\_\_\_  
Acct. No. E-1644  
W.O. 646.00  
BALANCE DUE 646.00  
Pre-Need Lot ☐ At Need ☐ On Acct ☐  
Pre-Need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE  
CITY AUDITOR  
SEP 29 1988  
ISSUED BY Archie Webb

Row	Section	Division	Block
67007	CREDIT		
77184	20% Sales Tax		
100	50% Sales		
77184	of Lots		
100	Opening/		
77181	Closing		
100	Burial		
77182	Containers		
100	Handling Fee		
77185	Recording &		
100	Misc. Fees		
65033	Pre-Need		
60101	Trust		
78390	Sales Tax		
5	TOTAL PAID		
			<u>6537</u>

E-16219



E-16219

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37154

 From: Lucy Ward Address: 3050 K Street Date: 1-3 1989  
San Diego, CA 92104  
 In: Payment of Coupon 243 Preneed Trust Dollars (\$ 40.00)

 Lot 26 Grave 40 Row \_\_\_\_\_ Section 5 Division 7 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7644BALANCE DUE 586.00
 Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 JAN 09 1989
ISSUED BY Andrea Wood

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77183
Sales Tax	63033
	9022
	60101
	78390
TOTAL PAID	\$ <u>40.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36949

 From: Lucy Ward Address: 3050 K Street, San Diego Date: 11-9 1988  
San Diego, CA 92104  
 In: Payment of Coupon 1 Preneed Trust Dollars (\$ 20.00)

 Lot 28 Grave 4 Row \_\_\_\_\_ Section 5 Division 7 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7644BALANCE DUE 626.00
 Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 NOV 21 1988
ISSUED BY Andrea Wood

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77183
Sales Tax	63033
	9022
	60101
	78390
TOTAL PAID	\$ <u>20.00</u>



E- 16219

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38126

 From: Lucy Ward Address: 3050 K Street, SD 92113  
for funeral cost - July 1989 Dollars (\$ 546.00)  
 In \_\_\_\_\_ Payment of Mount Hope Cemetery

 Lot 26 Grave 40 Row \_\_\_\_\_ Section 5 Division 7 Block 7

 Invoice No \_\_\_\_\_  
 Acct. No 2-1644  
 W.O. paid in full  
 BALANCE DUE \_\_\_\_\_
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.CITY AUDITOR  
JUN 09 1989

CREDIT		
20% Sales Care	67007	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>546.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>546.00</u>

 Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☒ Check ☒

AC-212 (Rev. 10-87)

ISSUED BY Andrea Ward

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37533

 From: Lucy Ward Address: 3050 K Street, SD  
for funeral cost - July 1989 Dollars (\$ 40.00)  
 In \_\_\_\_\_ Payment of Mount Hope Cemetery

 Lot 26 Grave 4 Row \_\_\_\_\_ Section 5 Division 7 Block 7

 Invoice No \_\_\_\_\_  
 Acct. No 2-7644  
 W.O. 546.00  
 BALANCE DUE \_\_\_\_\_
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.CITY AUDITOR  
MAR 27 1989

CREDIT		
20% Sales Care	67007	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>40.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>40.00</u>

 Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☒ Check ☒

AC-212 (Rev. 10-87)

ISSUED BY Andrea Ward



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-22-01

**(IRISTEEN Renee)**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ~~IRISTEEN~~ HARRISON

in a BELL LINER Funeral, date, time Fri 3-9 11:00

Church, Chapel, Graveside 20 Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_

Lot 133 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11  
Grave space & Care Fund 795.00

Additional spaces and care fund PAID 375.00

Opening/Closing & Setup PAID 190.00

Burial Container FEB 26 2001 MAR 05 2001 145.00

Handling Fees MT. HOPE CEMETARY 45.00

Flower vases - Marker setting fee CITY OF SAN DIEGO 14.25

Recording and filing fee CITY OF SAN DIEGO, CA 1564.25

Sales taxes 391.00

Total Due 1173.25

Paid receipt number R-53398

Balance due -1173.25

I hereby certify I am the X MOTHER of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Zip Code

Work Order #

**E 16220**

Invoice #

Acct. #

E- 16220

## 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.

\* Completed by Kevin J.

			X			

Interment space for: Iristeen Renee HarrisonInterment Date: Fri Mar. 9 Time: 11:00 amLot: 133 Grave: 5 Row: — Sect: 2 Div: 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoNo  
Flag  
Placed

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



E-16220

45

## 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) <b>IRISTEEN</b>	1B. MIDDLE <i>Renee</i> <b>RENNE</b>	1C. LAST (FAMILY) <i>Harrison</i> <b>HARRISON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/10/1956</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/04/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DOROTHY COLEMAN - MOTHER</b> <b>4990 LISE ST.</b> <b>SAN DIEGO, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL</b> <b>2441 UNIVERSITY AVE.</b> <b>SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>03/05/2004</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/06/2001</b> <b>J. JOHNSON</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104201</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS; P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-09-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GULIY NOVRUZOV

in a LINER Funeral, date, time FRI 3-9 2:30

Church, Chapel, Graveside Mortuary, MAYER

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 3360 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 1764.25

Total Due 441.00

Paid receipt number R-53390

Balance due 1323.25

I hereby certify I am the X of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E16221

Helen 718-9777  
\*Lat 718-9772

RECEIVED  
JULY 19 1964  
U.S. AIR FORCE  
WASHINGTON, D.C.

100-1

# MT HOPE CEMETERY

E-16221

## 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			
3365	3366	3367	3368 X	3369	3370	3371
SANDERSON	SANDERSON	AMROSE		HALE	PIERCE	WALLACE
			SANDERSON			

Interment space for: GULIY NOVROZOV

Interment Date: FRI 3-9 Time: 2:30

Lot: 3368 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

*They on  
Grave*

Agrees with Map: ☐ Yes ☐ 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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Guliy</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Novruzov</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/28/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/22/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Helen Kapinsky, friend 2565 Camino del Rio S. Suite 201 San Diego CA 92108</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Ave San Diego CA 92116</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/07/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/04/2002</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Jones</i>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda F. Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARK K. MORGAN

In a ASH VAULT Funeral, date, time Tues. Feb 27 11:00 am  
Type of Burial Container  
Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 14 Grave 11 Row \_\_\_\_\_ Section 2 Division 12

Grave space & Care Fund Pre-Paid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number 53402 269.13

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # E 16222

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16222

## 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**

open 2	open 3	mcroy 4	open 5	WILLIAMS 6		
open 8	GREEN 9	GREEN 10	14 X 11	12 JONES		

Interment space for: MARK KENT MORGANInterment Date: TUE. FEBRUARY 27 Time: 11:00 amLot: 14 Grave: 11 Row: - Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*May in  
Grave*




# E-16222

AGE  
40


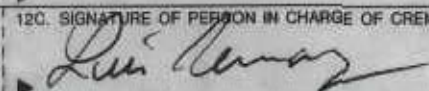


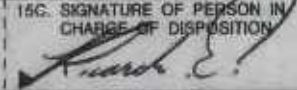
## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mark</b>	1B. MIDDLE <b>Kent</b>	1C. LAST (FAMILY) <b>Morgan</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/28/1960</b>	3. DATE OF DEATH MONTH DAY YEAR <b>04/22/2000</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Candi Morgan, Wife 425 S. 66th St. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit 	
				8B. DATE SIGNED <b>04/25/2000</b>	

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>04/25/2000</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2007242</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>4-27-00</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JENNIE (WRIGHT) MILLS  
in a LINER Funeral, date, time WED 2-28 9:00

Church, Chapel, Graveside DELIVERY ONLY : 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. X

Lot 705 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund Pre-Paid B-1077 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup E-13255 0

Burial Container 1 0

Handling Fees 1 0

Flower vases - Marker setting fee 1 0

Recording and filing fee 1 0

Sales taxes 1 0

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due 0

I hereby certify I am the X Son of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

X D Earl Wright  
Signature  
X 42 Velachery Rd.  
Address  
X Chennai, TN India  
City  
X (044) 235-2355  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16223



E-16223  
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			
		GEORGE WRIGHT	705 X	706 SULLIVAN		
			OPEN			

Interment space for: JENNIE WRIGHT MILLS

Interment Date: WED 2-28 Time: 9:00

Lot: 705 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: 5 Div: 8

Grave Laid out by: NF Row

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 2/27/01

*Flag on grave*



E 16223

AGE  
87

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JENNIE</b>	1B. MIDDLE <b>ELIZABETH</b>	1C. LAST (FAMILY) <b>MILLS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/01/1913</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/21/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>THONASTON</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>GEORGIA</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DANIEL V. VINSON - NEPHEW</b> <b>6318 MALCOLM DRIVE</b> <b>SAN DIEGO, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY</b> <b>I-804 &amp; IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED <b>02/27/2001</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/27/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2103759</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>■</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☒ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 23, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eddie Wilkerson, Jr.  
in a LINER Funeral, date, time TUE. FEB. 27 1:00pm

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X AK

Lot 223 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... PAID

Opening/Closing & Setup ..... 375.00

Burial Container BELL LINER ..... 190.00

Handling Fees ..... 145.00

Flower vases -- Marker setting fee ..... MT. HOPE CEMETARY

Recording and filing fee ..... CITY OF SAN DIEGO, CA

Sales taxes ..... 14.25

Total Due ..... 1,664.25

Paid receipt number 533 95 ..... 1,664.25

Balance due X

I hereby certify I am the ex wife of the above named decedent

and this is your authority to make disposition of remains as above indicated, I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment Alice Robb

I hereby authorize the interment in lot I hold under deed. X Alice Robb

Signature of recorded holder of deed ..... 5180 Leary Dr

City SAN DIEGO Zip Code 92114

Telephone (619) 263-2412

Invoice # .....  
Work Order # E 16224 Acct. # .....  
REAR-04 (7-96) This information is available in alternative formats upon request.  
Printed on recycled paper



Nearest Name Marker  
 → Bert & Ann DONALD SMITH in Grave #2

# MT HOPE CEMETERY

E-16224

## 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 open	4 Fulcher NATA STARVO	5 Pre-Need open	6 open	Tree	
9 open	10 open	11 open	12 Eddie X Wilkerson		

Interment space for: Eddie Wilkerson

Interment Date: Tues. Feb. 27 Time: 1:00 PM

Lot: 223 Grave: 12 Row: — Sect: 2 Div: 12

Grave Laid out by: NORM & LOU

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: K. J. Date: —

May in  
grave



E-16224

AGE  
58

## 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) <b>Eddie</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>Wilkerson, Jr.</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>03/05/1942</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/15/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>Mt. Pleasant</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Texas</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Alice Robb, Ex-wife 5180 Lennox Dr. San Diego, CA 92114</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd.; San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>02/26/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>02/26/2001</b> <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103635</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P. O. Box 85222 San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102</b>				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶					
		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶					
		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶					
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶					
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUGENIA ORTEGA THOR 3/1 10:00

in a DOUBLE DEPTH Funeral, date, time WED 2-28-9:00

Type of Burial Container  
Church, Chapel, Graveside : GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 80 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container FEB 26 2001 380.00

Handling Fees 320.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**

Recording and filing fee 45.00

Sales taxes 28.50

Total Due 2043.50

Paid receipt number R-53401 2043.50

Balance due 0

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

ERIK B ORTEGA  
X E B Ortega Signature  
X 2118 Cardinal dr Address  
X San Diego CA 92123 City Zip Code  
X (619) 569 7432 Telephone

Work Order # E 16225

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT HOPE CEMETERY

E-16225

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	80 X 4	5	6	
TREE	CONNOR			OPEN	OPEN	
7	8	9	10	11	12	
MASTER	MASTER	OPEN	LEWIS	OPEN	OPEN	

Interment space for:

Eugenia Ortega

Interment Date:

Thurs 2-28

Time:

Lot:

80

Grave:

4

Row:

Sect:

2

Div:

12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Flag on Grave

Blind Check & Verified By:

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) <b>EUGENIA</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>ORTEGA</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>09/11/1932</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/22/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROSA MARIA BARRIENTOS—DAUGHTER 2118 CARDINAL DRIVE SAN DIEGO, CA, 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102</b>					7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>		6A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					6B. DATE SIGNED <b>02/28/2001</b>		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/28/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>JOSE CHAVEZ 2103918</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5322</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE					<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102</b>			11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of from Rozelma Benjamin

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 40 Grave 13 Row \_\_\_\_\_ Section 2 Division Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 45.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E16226**

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Feb. 26, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emma Louise Brown

in a Bell Liner Funeral, date, time Mon. Mar. 5 11:00 am

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup>

will be applied and billed to undersigned. [Signature]

Lot 191 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 895.<sup>00</sup>

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... **PAID** 375.<sup>00</sup>

Burial Container ..... 190.<sup>00</sup>

Handling Fees ..... **MAR 01 2001** 145.<sup>00</sup>

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... **MT. HOPE CEMETARY** 45.<sup>00</sup>

Sales taxes ..... **CITY OF SAN DIEGO, CA** 14.<sup>25</sup>

Total Due ..... 1664.<sup>25</sup>

Paid receipt number 53416 1664.<sup>25</sup>

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. → LERO MAE JOHNSON

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[Signature]  
→ 137 N. 30th Street  
→ San Diego Cal 92114  
→ (619) 236-8543  
Zip Code

Invoice # \_\_\_\_\_

Work 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	11	
open	open	open	X	Keeko Smegall		

Interment space for: Emma Louise Brown

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 191 Grave: 9 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16227



# 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) <b>Emma</b>		1B. MIDDLE <b>Louise</b>		1C. LAST (FAMILY) <b>Brown</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>10/16/1913</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/23/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lera M. Johnson, Daughter</b> <b>137 N. 30th St.</b> <b>San Diego, CA 92102</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>03/01/2001</b>	
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code													
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/01/2001</b> <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103990</b>					
AUTHORIZATION OF LOCAL REGISTRAR													
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>0</b>									
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>				11B. DATE BURIED <b>3-5-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

46

# 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 inter 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.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 1 Grave 6 Row \_\_\_\_\_ Section 6 Division Block 3

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees FEB 21 2001 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filling MT. HOPE CEMETERY 45.00

Sales taxes \_\_\_\_\_ 14.25

R-53407 1000.00 Total Due 769.25

interment & Reinterment Paid receipt number R-53407 769.25

Balance due 0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature BARRY KINCADE

997 RAVENSCOURT AV #1

Address

SAN JOSE 95128

City

Zip Code

858 292-5386 (LOCAL)

408 292-1658 (SAN JOSE)

Invoice # \_\_\_\_\_

Work Order # E16228 Acct. # \_\_\_\_\_





THE CITY OF SAN DIEGO

E-16228

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

February 27, 2001

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

JOHN G. KINGADE

from Lot 1 Grave 6 Section 6 Row \_\_\_\_\_ Block \_\_\_\_\_

Division 3 And to remove the same to and reinter said remains in Lot 1

Grave 6 Section 6 Row \_\_\_\_\_ Block \_\_\_\_\_ Division 3

Cemetery MT. HOPE CEMETERY

**The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.**

<u>[Signature]</u>	<u>SON</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

[Signature]  
(Lot owner must sign if not legal custodian)

2/27/01  
Date

(This form must be notarized, if not signed in presence of cemetery staff.)



**Mt. Hope Cemetery**

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102  
Tel (619) 527-3400

E-16228

AGE  
79

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Gwendolyn</b>		1B. MIDDLE <b>M.</b>	1C. LAST (FAMILY) <b>KINCADE</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>03/04/1921</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/24/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA JOLLA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BARRY W. KINCADE - SON 997 RAVENSCOURT AVENUE, #1 SAN JOSE, CA 95128</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1126</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>02/28/2001</b>			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/01/2001</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 2103930</b>					
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>					
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>		11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 02-27-2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEFINA RODRIGUEZ

in a DBL CRYPT / 2nd Burial Funeral, date, time Thur. March 1, 10:00am

Church Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X Norma Salgado

Lot 126 Grave 1 Row - Section 3 Division/Block 12

Grave space & Care Fund Pre-Need Lot E- 13880 0

Additional spaces and care fund 0

Opening/Closing & Setup PAID \$ 375.00

Burial Container 0

Handling Fees FEB 27 2001 0

Flower vases - Marker setting fee 0

Recording and filing fee MT. HOPE CEMETARY \$ 45.00

Sales taxes CITY OF SAN DIEGO, CA 0

NOTE: 2nd Burial Total Due \$ 420.00  
Into Grave of Evertina Paid receipt number 53406 420.00  
Gaona. Balance due 0

I hereby certify I am the X abuelita (Granddaughter) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. → Print Name Norma S

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X NORMA SALGADO  
Signature  
→ 1143 S 41st  
Address  
→ SAN DIEGO CA, 92113  
City  
→ (619) 266-0567  
Telephone

Work Order #

E16229

Invoice #

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: **DBL Crypt**

**2nd Burial**

			Robert C. Davis			
			1	2	3	4
			Josefina X Rodriguez	Alon B. Hudson	Jeanette Conley	Betty Ruth Israel

Interment space for: Josefina Rodriguez

Interment Date: Thur Mar 1st Time: 10:00am

Lot: 126 Grave: 1 Row: — Sect: 3 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16229



LOT 125

SECTION 3

DIVISION 12

DECEASED

OWNER

1

GAONA, EVERTINA

SALGADO, EFRAIN

2

HUDSON, ALAN B.

Bornholdt, Helen

3

Conley, Jeanette

Jeffrey Conley

4

ISRAEL, Betty R.

WINGER, Jerry L.

5

JORDAN, Margaret Marie

WEST, Velma

6

TAYLOR, L. V.

WALTON, Fred

7

BARNES, BARBARA LURENE

GALKOSKI, JC.

8

MORGAN, HELEN JOY  
AKA:  
HELEN DAVIS LOCKE

9

Davis Cheryl Lynn

Davis-Locke, Helen

10

Edgar, Crenshaw

Crenshaw, Kim

11

12

FULLER, Lonnie G.

FULLER, Percy

old J + Helen E 2307, 10 - W0999-A  
China M. 2650, 10 999-B  
2841, 10 90  
2839, 10



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>.JOSEFINA</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>PINEDA-RODRIGUEZ</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/10/1911</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/25/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>NORMA SALGADO-GRANDDAUGHTER</b> <b>1143 SO 41ST STREET</b> <b>SAN DIEGO, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED <b>02/27/2001</b>					

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7120 of the Health and Safety Code.

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/27/2001</b> <b>J. BENTARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103782</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                  | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION  | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE   | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

**FOR CORONER'S USE ONLY**

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST.</b> <b>SAN DIEGO, CALIFORNIA 92102</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY 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. 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Esteban Zambrano ☒

in a Ash Vault Funeral, date, time Fri Mar 2 10:00 am

Church, Chapel, Graveside; Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X22

Lot 131 Grave 5 Row - Section 2 Division/Block 12

Grave space & Care Fund 300.00

Additional spaces and care fund —

Opening/Closing & Setup 105.00

Burial Container 55.00 Ash Vault + Temp. Marker 31.50 86.50

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 4.13

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 600.63

Paid receipt number 53405 600.63

Balance due 0

I hereby certify I am the wife of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. → SAN JUANA TO MOTHER

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Xenia Renee Zambrano  
→ 4050 Marlborough Ave #2  
→ San Diego CA 92105  
→ (619) 501-2760

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. **Note: ASH PLOT**

			open 1	open 2	open 3	open 4
			131 X 5	open 6	open 7	8 TEMPLE
			OPEN			

Interment space for: Estevan Zambrano (X)

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 131 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

*flag on grave*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16230



78797

E-16230

FD 211  
71

## 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) <b>ESTEBAN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>ZAMBRANO</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/24/1929</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/23/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SAN JUANA ZAMBRANO - WIFE</b> <b>3825 41ST ST, #9</b> <b>SAN DIEGO, CA 92105</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY</b> <b>BLVD, NATIONAL CITY, CA 91950</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valentine</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 1005 of the Health and Safety Code		8B. DATE SIGNED <b>02/27/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/27/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103750</b> <b>P Valentine</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☒ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST,</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-02-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL</b> <b>AVE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>2/28/01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECD FEB 27 2001

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 6-91)

4

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-27-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of QUINTEL D. WADLEY JR

in a \_\_\_\_\_ Funeral, date, time Tue 3-2 9:00

Church, Chapel, Graveside Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 1132 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund PAID 100.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup FEB 28 2001 125.00

Burial Container \_\_\_\_\_

Handling Fees MT. HOPE CEMETARY 37.50

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due 301.50

Paid receipt number 53408 301.50

Balance due 0

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under need.

Signature of recorded holder of deed

Signature Leather Tomai

Address 7487 Mohawk #8

City La Mesa

Telephone 91941  
465 4792

Invoice # \_\_\_\_\_

Work Order # E 16231

Acct. # \_\_\_\_\_



## MT HOPE CEMETERY

E-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:

L=27" X W=15" X Depth=12"

	David Tinao					
	Emma- muel	Rice	1047 X		K. Elaine	

Interment space for:

Quintel D. Wadley JR.

Interment Date:

03-02-01

Time:

9:00

Lot:

~~1047~~  
1122

Grave:

Row:

Sect:

1

Div:

9

Grave Laid out by:

Agrees with Legal Card:



Yes



No

Agrees with Map:

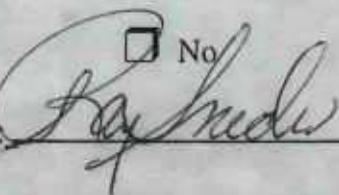


Yes



No

Blind Check &amp; Verified By:



Date:

3-1-01



E-16231

AGE  
3  
mos

## 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) <b>Quintel</b>		1B. MIDDLE <b>DeShawn</b>		1C. LAST (FAMILY) <b>Wadley, Jr.</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>10/27/2000</b>		3. DATE OF DEATH MONTH DAY YEAR <b>02/26/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>La Mesa</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Esther J. Fomai, Mother</b> <b>7487 Mohawk St. #18</b> <b>La Mesa, CA 91941</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>				8B. DATE SIGNED <b>03/01/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/02/2001</b> <i>Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104017</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>				11B. DATE BURIED <b>3-2-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>					
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE <b>-</b>			

COPY 2 IS RETAINED BY 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 authorized and instructed, subject to your rules and regulations, to inter the remains  
of NAZARIO RUVALCABA

In a BELL LINER Funeral, date, time ( )  
Type of Burial Container

Church, Chapel, Graveside HEATH Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. ☒

Lot 173 Grave 2 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... \$ 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... \$ 375.00

Burial Container ..... \$ 190.00

Handling Fees ..... \$ 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... \$ 45.00

Sales taxes ..... \$ 14.25

Total Due ..... \$ 1,664.25

Paid receipt number .....

Balance due .....

I hereby certify I am the ☒ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

☒ Signature  
→ Address  
→ City  
→ Telephone

Zip Code

Work Order # E-16232  
6232

Invoice # .....

Acct. # .....

E-16232



E-16232

## MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1	2	3	4	5
		David Kelly	X	open	Nancy Sams	marie Ornel Holder

Interment space for: NAZARIO RUVALCABA

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 173 Grave: 2 Row: - Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No



Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16232

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: James I. Lewis

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 1150 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # E16233 Acct. # \_\_\_\_\_



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



**Mt. Hope Cemetery**

Real Estate Assets • 3751 Market Street • San Diego, CA 92102  
Tel (619) 527-3400



E-16233

**ANDRY & ANDRY**

LLC.

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

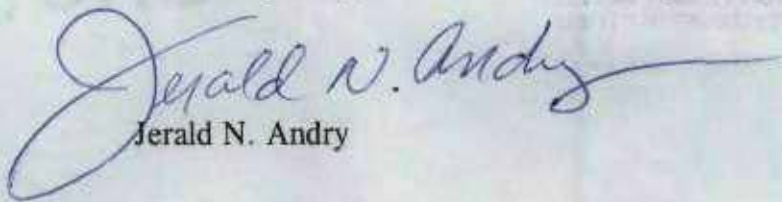
City of San Diego  
Mount Hope Cemetery  
"Real Estate Assets"  
3751 Market St.  
San Diego, CA 92102

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,

  
Jerald N. Andry

JNA/ppr  
enclosure



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

Enclosure



**Mt. Hope Cemetery**

Real Estate Assets • 3751 Market Street • San Diego, CA 92102

Tel (619) 527-3400



E-16233

# 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  
RICHARD M. EXNICIOS

February 14, 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:

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.

Yours very truly,

  
Jerald N. Andry

JNA/ppr  
enclosures



E-16233  
copy

OFFICIAL RECEIPT



WHITE TO CUSTOMER  
BLUE CEMETERY  
PINK AUDITOR  
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 17936

FROM

Lillian J. Rinehart ADDRESS 3445 Yosemite

DATE 1-15 1971

Two hundred & no  
in full PAYMENT OF Gr. Head Int

DOLLARS (200.00)

LOT 1150 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 1 DIVISION 8

INVOICE NO. CP5H

W.O. C-9624

UNPAID BALANCE  
AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

**PAID**

JAN 15 1971

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY R. H. Dehne

CREDIT	306	
SALES CARE	951	<u>100</u>
HALF SALES	100	
OF LOTS	7784	<u>100 00</u>
	100	
OPENINGS	7781	
	100	
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		<u>200 00</u>



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

5365  
1/16/1971

**DEED**

OWNERSHIP AND INTERMENT PRIVILEGES

TO Lillian J. Rinehart for the sum of \$ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1150 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-9624

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 representative 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" Flush Marker Only

R. H. Dehne  
Cemetery Manager

Lillian J. Rinehart  
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

51 Market

1-71-244-3151





C04

264-315.1

CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

5140

copy

## DEED

August 24, 1970

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Lillian Rinehart for the sum of \$ 200.00 (DOLLARS)LEGAL DESCRIPTION Lot 1149 Section 1 Division 8AS DESCRIBED ON PURCHASE ORDER NUMBER C-8772

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 grave purchase - Standard flush marker 12" x 24".

R. W. Rinehart / s  
Cemetery Manager

William J. ...  
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

E-16233



E-16233

IMPORTANT:  
Black Ink or Typewriter  
Rubric Mandatory  
By Law.

BIRTH  
NO.

STATE OF LOUISIANA  
CERTIFICATE OF DEATH

STATE  
FILE NO. 119

PERSONAL DATA  
OF DECEASED

Type or print names.  
Do not use numerals for  
month of death.)

1A. LAST NAME OF DECEASED <b>Rinehart,</b>	1B. FIRST NAME <b>Lillian</b>	1C. SECOND NAME <b>Earl</b>	2A. MONTH DAY YEAR <b>Feb 1, 1979</b>	2B. HOUR <b>3:10</b>
3. SEX - MALE OR FEMALE <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	6. NAME OF HUSBAND OR WIFE <b>Wilbur Rinehart</b>	
7. DATE OF BIRTH OF DECEASED <b>Feb. 3, 1903</b>	8. AGE OF DECEASED <b>75</b>	9A. BIRTHPLACE - CITY AND STATE <b>New Orleans, La.</b>	9B. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10A. USUAL OCCUPATION - GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED <b>Public Relations</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-Retired- U. S. Government</b>		11. SOCIAL SECURITY NUMBER <b>433-03-8710</b>

PLACE OF DEATH

USUAL RESIDENCE  
OF DECEASED

Where deceased lived, if  
institution: Residence  
before admission.)

12A. CITY, TOWN, OR LOCATION OF DEATH <b>Chalmette</b>	12B. PARISH OF DEATH <b>St. Bernard</b>	
12C. NAME OF HOSPITAL OR INSTITUTION - IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <b>2512 Packingham Drive</b>	12D. IS PLACE OF DEATH INSIDE CITY LIMITS? <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
13A. CITY OR TOWN <b>Chalmette</b>	13B. PARISH <b>St. Bernard</b>	13C. STATE <b>Louisiana</b>
13D. STREET ADDRESS - IF RURAL, GIVE LOCATION <b>2512 Packingham Drive</b>		13E. IS RESIDENCE INSIDE CITY LIMITS? <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>

PARENTS

INFORMANT'S  
CERTIFICATION

14. FATHER'S NAME <b>Earl, George</b>	15. MOTHER'S NAME <b>Bandera, Julia</b>
I certify that the above stated information is true and correct to the best of my knowledge.	
16A. SIGNATURE OF INFORMANT <i>Dora Earl Miller</i>	16B. DATE OF SIGNATURE <b>Feb. 2, 1979</b>

CAUSE OF DEATH

PART I DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
17. IMMEDIATE CAUSE (a) <i>acute cerebral aneurysm - coma</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) <i>Arteriosclerosis of brain</i> DUE TO OR AS A CONSEQUENCE OF (c)		<b>3 days</b> <b>month</b>
PART II OTHER SIGNIFICANT CONDITIONS, WHETHER OR CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		18A. AUTOPSY <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>

DEATH DUE TO  
EXTERNAL  
VIOLENCE

19A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 17.)
19C. TIME OF INJURY HOUR MONTH DAY YEAR <b>M</b>	
19D. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK WORK	19E. PLACE OF INJURY AT HOME FARM MINES FACTORY OFFICE BLDG. ETC. SPECIFY
19F. CITY, TOWN, OR LOCATION	PARISH

PHYSICIAN'S  
CERTIFICATION

FUNERAL  
DIRECTOR'S  
CERTIFICATION

BURIAL TRANSIT  
PERMIT

20. I CERTIFY THAT I ATTENDED THE DECEASED From <b>1978</b> To <b>2/1/79</b> and that death occurred on the date and hour stated above.	21A. SIGNATURE OF PHYSICIAN <i>Dr. J. Gravier</i>	21B. DATE OF SIGNATURE <b>2/2/79</b>
22A. Burial <input checked="" type="checkbox"/> DATE THEREOF Cremation <input type="checkbox"/> <b>2/3/79</b> Removal <input type="checkbox"/>	22B. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>St. Vincent de Paul #3 Cem. N.O. La.</b>	22C. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <b>J. Schoen &amp; Son, Inc. 3827 Canal St. N.O. La. 70119</b>
24. BURIAL TRANSIT PERMIT NUMBER <b>34564</b>	25. PARISH OF ISSUE <b>C Means</b>	26. DATE OF ISSUE <b>2-2-79</b>
		27. SIGNATURE OF LOCAL REGISTRAR <i>Stanley G. Gravier</i>

HS 16 DHHR, OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY, VITAL RECORDS REGISTRY

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.

*William O. Cherry*  
STATE HEALTH OFFICER  
M.D.

FEB 12 1979

*Stanley G. Gravier*  
State Registrar



34TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. BERNARD

STATE OF LOUISIANA

NO. 34-039

S U C C E S S I O N

OF

LILLIAN EARL RINEHART

Filed: April 24, 1979

1st Ann Morgan  
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:


1. 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
2. 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.
3. A six-month savings certificate at the Security Homestead Association in the name of Lillian Rinehart, account No. 7-5000131 of \$11,440.82.
4. A bank account in the name of Lillian Rinehart at the Security Homestead Association, No. 134789 having a balance of \$8,578.38.

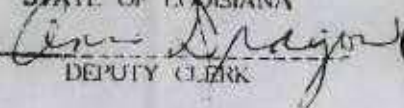


- 5. A burial plat in Southern Memorial Park, Harrison County, Miss.: Section C, Lot 172, sites 1 and 2.
- 6. A burial plat in the Mount Hope Cemetary, San Diego, California: Lot 1149, Section 1, Division A.

Judgment read, rendered and signed at New Orleans, Louisiana this 24<sup>th</sup> day of April, 1979.

  
J U D G E

A TRUE COPY  
SIDNEY D. TORRES  
CLERK OF COURT  
PARISH OF ST. BERNARD  
STATE OF LOUISIANA  
By   
DEPUTY CLERK  
0

A TRUE COPY  
SIDNEY D. TORRES  
CLERK OF COURT  
PARISH OF ST. BERNARD  
STATE OF LOUISIANA  
By   
DEPUTY CLERK

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date FEBRUARY 28, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of THOMAS LEE WRIGHT

In a Top Seal Vault Funeral, date, time FRI. MAR. 2nd 11:00am  
Type of Burial Container

Church, Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 4709 Grave - Row - Section - Division XXXX 10

Grave space & Care Fund Pre-Need Lot E-1392 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... \$375.00

Burial Container ..... \$250.00

Handling Fees ..... \$185.00

Flower vases - Marker setting fee ..... \$ 45.00

Recording and filing fee ..... \$ 18.75

Sales taxes ..... \$ 873.75

**PAID**  
**MAR 01 2001**  
**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**

Total Due ..... \$ 873.75

Paid receipt number 53414 873.75

Balance due 0

I hereby certify I am the X Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. Print name

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

X Signature  
-> Address  
-> City  
-> Telephone  
( ) Zip Code

**SEE  
ATTACHMENT**

E-16234

Work Order # E 6234

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16234

Discontinued & Sales PAID 1375.00

MAR 01 2001

**SECRETARY**

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CA.

16-28

Pay received from 5 873.75

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

# 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	Armenak DAVTYAN	Thomas X WRIGHT	EVERLEE WRIGHT	Donald Carlyle Wade, Jr.	Frank W. Phillips

Interment space for: THOMAS LEE WRIGHT

Interment Date: FRI. MARCH 2nd Time: 11:00am Church

Lot: 4709 Grave: - Row: - Sect: - Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16234

E-16234

Lots 4705 thru 4716

DIVISION 10

## DECEASED

## OWNER

4705 Anderson, Lesba L. PHILLIPS, Rebecca B.

4706 PHILLIPS, Frank Wilson PHILLIPS, Rebecca B.

4707 WADE, Donald Carlye JR DUNBAR, Louise

4708 WRIGHT, Ever Lee WRIGHT, Thomas Lee

4709 E-16234 WRIGHT, Thomas Lee

4710 Davtyan, Armenak Emmanuil Raiskin

4711 Woods, Richard James Woods

4712 TUNYANTS, MARTIROSO G. Maisa Zabelinskaya

4713 Lee, Tressa & Tony

4714 Lee, Tressa & Tony

4715 SASE, Arthur T. SASE, Jane A.

4716 SASE, Henry T. SASE, Tokuko



E-16234

AGE  
81

## 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) <b>Thomas</b>		1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Wright</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/30/1919</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/24/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Diane Waddell, Daughter</b> <b>1537 Grewia Cg.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1320</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED <b>02/27/2001</b>		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/01/2001</b> <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2103974</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>		11B. DATE BURIED <b>3-2-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Debbie Williams</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE <b>-</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need  
trust

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JUDY GURULE

in a ASH VAULT Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

Lot 138 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund \_\_\_\_\_ Pre-need D-3502 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases \_\_\_\_\_ 25.00  
Re-let

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 7.13

FEB 28 2001

Total Due \_\_\_\_\_ 294.13  
Paid receipt number R-53409 294.13

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E16235



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FRANCES SNEED HOY  
in a LINER Funeral, date, time MON 3-5 2:30

Church, Chapel, Graveside Delivery only FEATHERINGILL Mortuary.  
2 witness

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 2524 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-need C-5872 ⊕

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAR 02 2001 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY \_\_\_\_\_

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.25

Total Due 769.25

Paid receipt number R-53420 769.25

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 16236**



E-16236

## 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			
2521 NUGENT	2522 EGAN	2523 F. SNEED	2524 X	2525 MEINDL	Tree	
			WILSON			

Interment space for: FRANCES SNEED HOY  
MON

Interment Date: 3-5-01 Time: 2:30

Lot: 2524 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

FLAG

Agrees with Map: ☐ Yes ☐ No

ON GRAVE

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

# E-16236

## 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) <b>Frances</b>	1B. MIDDLE <b>Edsall</b>	1C. LAST (FAMILY) <b>Hoy</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/23/1917</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/27/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jack Sneed, Son 4824 Monroe Ave. San Diego, CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>03/02/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED  <b>03/02/2001</b>  <b>C. Maggard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2104074</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA  <b>92186-5222</b> <b>PO BOX 85222, San Diego, CA</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA  <b>-</b>	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem., 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-5-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-1-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MUSTAPHA EL-AKH DAR 2:30

in a \_\_\_\_\_ Funeral, date, time FRI 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 \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_

Lot 114 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MUSLIM 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 VISA \_\_\_\_\_

Balance due 0

I hereby certify I am the X SON of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature AYAD AL-AKH DAR X [Signature]

Address 6304 Rancho Mission #262

City SD 92108

Telephone 619-316 1694

Work Order # E16237

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MUSTAPHA</b>	1B. MIDDLE <b>ISSA</b>	1C. LAST (FAMILY) <b>EL-AKH DAR</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/28/1938</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/28/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>AYAD EL-AKH DAR - SON 6304 RANCHO MISSION ROAD, #262 SAN DIEGO, CA 92108</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY I-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-853</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED <b>03/01/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>03/02/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>VICTORIA MEZA 2104036</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-2-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Meza</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 1, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Levell Quiller, Sr. (Quiller) (X)

in a ASH VAULT Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Mortuary, Greenwood

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 73 Grave 2 Row — Section 3 Division/Block 12

Grave space & Care Fund Pre-Need Lot E-1263

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container Ash Vault 55.00

Handling Fees 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_

X Address \_\_\_\_\_

X City \_\_\_\_\_ Zip Code \_\_\_\_\_

X Telephone ( ) \_\_\_\_\_

Work Order # E16238

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E 1628

# 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 Jolly Quillar*  
*Ash Vault: Place Top Left*

			X			

Interment space for: Levell Quiller (Quillar) (X) *AKA Lavell*

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 73 Grave: 2 Row: — Sect: 3 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



E-16238

LOT OWNER W.O.#D-2268

MULLEN, LIZZIE  
NAME

ADDRESS

LOT 75 GR 10 ROW SEC 17 BLK DIV 7

W.O.#D -2268; LOT ONLY PAID IN FULL.

1972

1972 Pre-need Opening & cement liner paid for.

PR-961 (REV. 1-83)

TAYLOR SYSTEM OF CEMETERY RECORDING

(over)

LOT 75		SECTION 17	DIVISION 7		
	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.	PALMER, Vera	11/7/1969	120	
4	MULLEN, Elijah	MULLEN, Rosie L.	6/1/1971	145.0	
5	HILBERS, Rose Annette	HILBERS, Henry	5/15/1971	145	
6	SMITH, Cora	McCLURE, Ardelia	6/10/1969	120	
7	SIMS, Mary N.	LAWRENCE, Vertna	12/17/1969	120	
8	ALEXANDER, Napoleon	ALEXANDER, Jettie B.	6/16/1970	120	
9	MORTON, James Jr.	McCLURE, Ardelia	11/20/1972	145	
10		MULLEN, <del>QUILLAR</del> , Lizzie	10/25/1972	14	
11	COLE, Robert Buford	COLE, Elsie	8/11/1969	12	
12	COLE, Elsie	" "	11/28/1969	120	

TAYLOR SYSTEM OF CEMETERY RECORDS

(over)



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 3-1-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie Taylor

in a T.S. VAULT Funeral, date, time Thurs 3-8 1:00

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X Arch Taylor

Lot 138 Grave 10 Row PAID Section 1 Division 11

Grave space & Care Fund 895.00

Additional spaces and care fund MAR 01 2001

Opening/Closing & Setup 375.00

Burial Container 250.00  
**MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA**

Handling Fees 185.00

Flower vases - Marker setting fee 46.88

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 1815.63

Paid receipt number R-53415 1815.63

Balance due 0

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Arch Taylor  
Signature 5112 Auburn Dr.  
Address San Diego 92105  
City Zip Code  
(619) 281-1541  
Telephone

Work Order # E16239

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16239

## 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.

GURULE <sup>1</sup>	OPEN <sup>2</sup>	LAWLESS <sup>3</sup>	LAWLESS <sup>4</sup>	OPEN <sup>5</sup>	OPEN <sup>6</sup>	
OPEN <sup>7</sup>	OPEN <sup>8</sup>	OPEN <sup>9</sup>	138 X 10	OPEN <sup>11</sup>	KAY <sup>12</sup>	

Interment space for: BESSIE TAYLORInterment Date: THUR 3-8 Time: 1:00Lot: 138 Grave: 10 Row:  Sect: 1 Div: 11Grave Laid out by: Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By:  Date: FLAG ON  
GRAVE

E-16239

77

## 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) <b>Bessie</b>	1B. MIDDLE <b>Wardell</b>	1C. LAST (FAMILY) <b>Taylor</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/11/1923</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/28/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Archie K. Taylor, Husband</b> <b>5112 Auburn Dr.</b> <b>San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.;</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>03/08/2001</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7130 of the Health and Safety Code.

PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104460</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P. O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER  
THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT  
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3/02/01

\* 3/2/01  
Upgraded Vault  
to DBL Crypt.  
1ST Burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BRAZILL B. DAVIS

in a DBL Crypt Funeral, date, time Weds. Mar. 7 1:00 pm

Church, Chapel Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X

Lot 26 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund Pre-Need E-11938

Additional spaces and care fund —

Opening/Closing & Setup —

Burial Container DBL Crypt Upgrade 130.00

Handling Fees — 135.00

Flower vases - Marker setting fee (2x30) Re-Set Install 25.00

Recording and filing fees — —

Sales tax — 9.75

Total Due 299.75

City of San Diego, CA 53419 299.75

Balance due —

I hereby certify I am the X Son of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. John Harvey Davis

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

2447 - 56th St.

Address

San Diego, CA 92105

City

(619) 262-3965

Telephone

Invoice #

Acct. #

Work Order # E 16240



Brazill Davis

Fx'd to Ragsdale

E-16240 Weds. Mar 7th 1:00 pm

E-16240

## MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	4		
	Roxanne Spencer	Harvey Davis	X	Charles Whitcomb		

Interment space for: Brazill B. Davis

Interment Date: Weds Mar. 7 Time: 1:00 pm

Lot: 26 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16240

# 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) <b>Brazill</b>		1B. MIDDLE <b>B.</b>		1C. LAST (FAMILY) <b>Davis</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>07/05/1913</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/01/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>National City</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>John Davis, Son 263 Elvado Way San Diego, CA 92114</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1399</b>		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>John Davis</i>				8B. DATE SIGNED <b>03/06/2001</b>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/07/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William</i> <b>2104364</b>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION													
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>				11B. DATE BURIED <b>3-7-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Kruse</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>-</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>-</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>-</i>					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>-</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kayhan PIRSA

in a \_\_\_\_\_ Funeral, date, time Mon. March 5 1:00pm

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. XKP

Lot 115 Grave — Row — Section Muslim 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 .....

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due .....

Paid receipt number .....

Balance due .....

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Kayshad PIRSA

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

E- 16 241

## 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.

	113	114	115			
	Faehad samadi- RAD	MUSTAPHA EL-AKHDOOR	X			

Interment space for: Kayhan PirsarInterment Date: Mon. Mar. 5 Time: 1:00 pmLot: 115 Grave: — Row: — Sect: Muslim Div: —Grave Laid out by: —Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: — Date: —

# E-16241

## 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) <b>KATHAN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>PIRSA</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/01/1964</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/02/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SANTA ANA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>ORANGE</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>KAYSHAD PIRSA - BROTHER</b> <b>14611 CARMEL RIDGE ROAD</b> <b>SAN DIEGO, CA 92128</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY</b> <b>I-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor M...</i>		8B. DATE SIGNED <b>03/05/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/05/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. ...</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>ORANGE COUNTY HEALTH DEPT. P.O. BOX 234, SANTA ANA, CA 92702-0234</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-5-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn E. ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-2-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dan W. Mathews & Hisako H Mathews in a Double Depth Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 33 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11  
Grave space & Care Fund ..... 795.00  
Additional spaces and care fund .....  
Opening/Closing & Setup 2 at 375 ..... 750.00  
Burial Container ..... 380.00  
Handling Fees ..... 320.00  
Flower Vases - Marker setting fee 2 marker setting fee ..... 171.80  
Recording and filing fee 2 at 45 ..... 90.00  
Sales taxes **PAID** ..... 28.50

MAR 02 2001

Total Due 2535.38  
Paid receipt number R-53432 2535.38

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Balance due 0

I hereby certify that I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated, I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Dan W Mathews Jr  
Signature  
856 Torrey St.  
Address  
San Diego, CA. 92102  
City Zip Code  
Telephone

Work Order # **E 16242**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Ash Vault  
Upper Right

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RUTH HUNSAKER  
in a ASH VAULT Funeral, date, time AYD 3-15-2001

Church, Chapel, Graveside \_\_\_\_\_ Mortuary, HUMPHREY

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 1 Grave 1 Row \_\_\_\_\_ Section 5 Division/Block 5

Grave space & Care Fund Pre-Paid A-1939 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_ PAID

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 4.13

MT. HOPE CEMETARY  
CITY OF SAN DIEGO

Total Due 269.13

Card receipt number VISA 269.13

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

SANDRA HAYNES  
Signature 604 PERALTA  
Address MESA AZ 85210  
City 619 Zip Code 667-0452  
Telephone

Invoice # \_\_\_\_\_

Work Order # E 16243 Acct. # \_\_\_\_\_



# E-16243

## 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) <b>RUTH</b>	1B. MIDDLE <b>M.</b>	1C. LAST (FAMILY) <b>HUNSAKER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/09/1913</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/01/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>La Mesa</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sandra J. Haynes - Daughter 604 West Peralta Mesa AZ 85210</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ruth E. King</i>	8B. DATE SIGNED <b>03/06/2001</b>
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<b>PERMIT</b>  AUTHORIZATION OF CAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/06/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J.E. King</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records - P.O. Box 85222 San Diego CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>3-15-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Vanden</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematory 601-D Crane St. Lake Elsinore CA 92530</b>	12B. DATE CREMATED <b>3-11-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.**



grave of  
William R. Jordan  
right side

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-3-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EDNICE BLANCHE RIORDAN

in a URN Garden

Type of Burial Container

Funeral, date, time Fri. Mar 9 10:00 am.

Church, Chapel Graveside

SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. XK

Lot 42 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8

Grave space & Care Fund Pre-need Set D-2539

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container PAID

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee MAR 05 2001

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 150.00

Paid receipt number 53423 150.00

Balance due 0

I hereby certify I am the X Granddaughter/conservator of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment Kathleen Paseka

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

X Kathleen Paseka  
Signature  
X 2035 Dale St  
Address  
X San Diego, Ca 92104  
City  
X (619) 234-1315  
Telephone  
Zip Code

Work Order # E 16244

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Exid to SD Memorial (Paid Burial Copy)

E- 16244

E-16244

## 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: UPPER RIGHT  
→ URN GARDEN

			X			

Interment space for: EUNICE Blanche Riordan

Interment Date: Fri March 9 Time: 10:00 am

Lot: 42 Grave: — Row: — Sect: 4 Div: 8

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16244



E-16244

Lot 37 thru 48 SEC 4 DIV 8

	DECEASED	OWNER
37		
38		
39	DALLAS, Mary J.	STRATTON, Mrs. Robt. L.
40	BECKER, Mary R. ☒	BECKER, Paul K. III
41		
42	E-16244 RIORDAN, William E. ☒	RIORDAN, E. Blanche
43	MURRAY, Claudetta M. ☒ MURRAY, Charles E. ☒	<i>Claudetta</i> MURRAY, Charles E. & <del>May C.</del>
44	HUSTED, Erma M. HUSTED, Donald Scott	HUSTED, Erma M.
45	HEATH, George L. ☒ HEATH, Myrtle E. ☒	HEATH, George L.
46	SCHMIDT, John L. --- ☒	SCHMIDT, Rosemary T.
47	GRUELLE, Bertha B. ☒	GRUELLE, Betty
48	Felton, George N	S. D. County PA

# E-16244

## 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) <b>EUNICE</b>	1B. MIDDLE <b>BLANCHE</b>	1C. LAST (FAMILY) <b>RIORDAN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/17/1909</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/05/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>KATHLEEN PASEKA—GRANDDAUGHTER</b> <b>2035 DALE ST.</b> <b>SAN DIEGO, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL</b> <b>2441 UNIVERSITY AVE.</b> <b>SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
*ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7200 of the Health and Safety Code.			
8B. DATE SIGNED <b>03/06/2001</b>					

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS; P.O. BOX 85222</b> <b>SAN DIEGO, CA 92106-5022</b>	9A. AMOUNT OF FEE PAID  <b>47.00</b>	9B. DATE PERMIT ISSUED <b>03/06/2001</b> <b>J. JOHNSON</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104247</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT NOPE CEMETERY; 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORIUM 601-D CRANE ST.</b> <b>LAKE ELSINORE, CA 92530</b>	12B. DATE CREMATED <b>3-8-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ELLA MAE WALKER  
in a T.S. VAULT Funeral, date, time Thurs 3-8 11:00

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  
will be applied and billed to undersigned.

Lot 117 Grave 12 Row 2 Section 2 Division/Block 12  
Grave space & Care Fund 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 250.00

Burial Container 185.00

Handling Fees 45.00

Flower vases - Marker setting fee 18.75

Recording and filing fee 1768.75

Sales taxes 1768.75

Total Due 1768.75

Paid receipt number MC Balance due 0

I hereby certify I am the X Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of record holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E16245**



E-16245

## 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.

3	4	5	6			
9	10	11	117 X 12			
			NO			

Interment space for: ELLA WALKERInterment Date: THUR 3-8 Time: 11:00Lot: 117 Grave: 12 Row:      Sect: 2 Div: 12Grave Laid out by:     Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By:      Date:     

*Day on  
Grave*

E-16245

70

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ELLA</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>WALKER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/03/1930</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/02/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LUZETTA SPECKS—DAUGHTER 3025 URBAN AVE. COLUMBUS, GA 31907</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <b>Quentin Ben J</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/06/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/06/2001</b> <b>J. BENYARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104228</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                  | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION  | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE   | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

## FOR CORONER'S USE ONLY

- ☐
1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-08-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Kira F. [Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willis Daniels

in a LINER Funeral, date, time Fri 3-9 1:00  
Church, Chapel, Graveside SS Memorial Mortuary: 150.00

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 T.T

Lot 102 Grave 5 Row 1 Section 1 Division 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup MAR 11 2001 190.00

Burial Container MT. HOPE CEMETARY 145.00

Handling Fees CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.25

Sales taxes 1664.25

*contingency to buy desk* Total Due 1664.25

Paid receipt number R-53137

Balance due 0

I hereby certify I am the X FIANCÉE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Tomoko Jylan  
Signature 4441 HAMILTON ST  
Address SAN DIEGO CA 92116  
City 619-692-2078  
Telephone

Work Order # **E16246**

Invoice #

Acct. #



E-16246

E-16246

## 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 <sup>2</sup>	LADNER <sup>3</sup>	open <sup>4</sup>	102 <sup>5</sup> X	open <sup>6</sup>		
open <sup>8</sup>	open <sup>9</sup>	open <sup>10</sup>	Williams <sup>11</sup>	PARRISH <sup>12</sup>		

Interment space for: WILLIS DANIELS

Interment Date: FRI 3-9 ~~00~~ Time: 1:00

Lot: 102 Grave: 5 Row: \_\_\_\_\_ Sect: 1 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*flag in  
Grave*

E-16246

36

## 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) <b>WILLIS</b>	1B. MIDDLE <b>T.</b>	1C. LAST (FAMILY) <b>DANIELS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/10/1963</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/03/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>TOMOKO TAYLOR—COMPANION</b> <b>4441 HAMILTON ST</b> <b>SAN DIEGO, CA 92116</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL</b> <b>2441 UNIVERSITY AVE</b> <b>SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/06/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/06/2001</b> <b>J. JOHNSON</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS—OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST.</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 3-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GREGORY B. HERROD  
in a LINER Funeral, date, time FRI 3-9 11:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_

Lot 3757 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund **PAID** 995.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup MAR 07 2001 375.00

Burial Container MT. HOPE CEMETARY 190.00

Handling Fees CITY OF SAN DIEGO, CA 145.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1889.25

Paid receipt number R-53444 1889.25

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature X Mrs. Ella Q. Herrod

Address 3040 NEW SALEM AVE

City MODESTO, CA 95354 Zip Code 95354

Telephone 209-526-8793 264-2925

Work Order # E 16247

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# MT HOPE CEMETERY

E-16247

## 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	3757 X	man		
			CONREY			

Interment space for: GREGORY HERROD

Interment Date: FRI 3-9 Time: 11:00

Lot: 3757 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

FLAG ON  
GRAVE



# E-16247

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Gregory</b>	1B. MIDDLE <b>Brian</b>	1C. LAST (FAMILY) <b>Herrod</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/05/1960</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/01/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ella Herrod, Mother</b> <b>3040 New Salem Ave.</b> <b>Modesto, CA 95354</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd.; San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-1329</b>		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>03/08/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104457</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P. O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-6-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Muslim Organ of San Diego

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

8, 10, 12  
Lot 134 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MUSLIM Division/Block \_\_\_\_\_

Grave space & Care Fund 4 at 550.00 2200.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee MAR 16 2001 \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 2200.00  
R-53439 2200.00

Paid receipt number \_\_\_\_\_

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16248

Small Box  
Delivered

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-6-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20011059 ME # 2268

In a DOUBLE DEPTH Funeral, date, time THUR 3-8 9:00

Church, Chapel, Graveside DELIVERY ONLY: AZTLAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 5 Grave 1B Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 13

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... PA 17 165.00

Burial Container ..... 4-30-0 50.00

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recordant holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 345 249

Acct. # 000952

Work Order # E 16249

03-12-01



E-16249

UNK

## 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) <b>JOHN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DOE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>UNKNOWN</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/07/2000</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ELLEN BAILEY-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FUNERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD_1658</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>	

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

03/02/2001

00-02268

PERMIT  
AUTHORIZATION OF  
LOCAL REGISTRARTHIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID

\$ 7.00

9B. DATE PERMIT ISSUED

NANCY LOPEZ

03/02/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

*George R. Jones*

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—  
IF DEATH OCCURRED IN CALIFORNIA  
**VITAL RECORDS P.O. BOX 85222  
SAN DIEGO, CA 92186-5222**9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—  
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)☐ B. CREMATION☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY☐ D. SCIENTIFIC USE☐ E. TEMPORARY ENVAULTMENT☐ F. DISINTERMENT☐ G. SHIP IN TO CALIFORNIA☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-8-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla E. Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-6-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BABY GIRL NUNO (Teresita Flores-Nuno)

in a \_\_\_\_\_ Funeral, date, time THUR 3-8 2:00

Church, Chapel Graveside : GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 557 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... **PAID**

Opening/Closing & Setup ..... 125.00

Burial Container ..... MAR 07 2001

Handling Fees ..... MT. HOPE CEMETARY

Flower vases - Marker setting ..... CITY OF SAN DIEGO, CA

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 270.00

Paid receipt number R-53442 270.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 16250**

MT HOPE CEMETERY

E-16250

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			
	MAHONEY	open	557 X	open		
			open			

Interment space for: NUNO

Interment Date: THUR 3-8 Time: 2:00

Lot: 557 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: 1 Div: 9

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-6-01You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of BABY GIRL NUNOIn a \_\_\_\_\_ Funeral date, time THUR 3-8 2:00Church, Chapel Graveside : GUADALUPANA Mortuary.All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_Lot 557 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 125.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 270.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the FUNERAL DIRECTOR of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.I hereby authorize the interment in DOE I  
hold under deed.

Signature of registered holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ City Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16250

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper



# E-16250

## 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) <b>TERESITA</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>FLORES-NUNO</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>03/02/2001</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/02/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>FAUSTINA FLORES-MOTHER 2255 OCEANVIEW RD SAN DIEGO, CA, 92213</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</i>			8B. DATE SIGNED <b>03/08/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/08/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>JOSE CHAVEZ 2104454</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102.</b>				11B. DATE BURIED <b>3-8-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sam F. Jones</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSE HARRIS

in a LINER Funeral, date, time WED 3-7-01

Church, Chapel, Graveside LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 86 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid E-6697 0

Additional spaces and care fund Pre-Paid E-15323 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 0

Sales taxes 0

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E16251**

Invoice # 345258 3-12-01

Acct. # 105139

3:05 pm - - 3-7-01

Late Arrival Fee

Rose Mae Harkis  
Lejos-Colonial  
El Camino - Benbough

Bill To:

Joy McClelland / dau  
2721 Blackton Dr,  
SD 92105  
E-16251



E-16251

90

## 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) <b>ROSE</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>HARRIS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/17/1910</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/01/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOY McCLELLAND - DAUGHTER</b> <b>2721 BLACKTON DR</b> <b>SAN DIEGO, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - BENBOUGH CHAPEL</b> <b>3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valle</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/05/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/05/2001</b> <b>P. Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104166</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                  | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION  | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE   | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

## FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
- 
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-7-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FROM ELMER VIERKANT

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 33 Grave 324 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup TO: ANDREW

Burial Container PAID ELEN GHTON

Handling Fees \_\_\_\_\_

Flower vases MAR 7 2001

Recording and filing fee TRANSFER FEE 90.00

Sales taxes MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

Total Due 90.00

Paid receipt number VISA 90.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E16252





THE CITY OF

# SAN DIEGO

E-16252

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

## QUITCLAIM DEED

In consideration of \_\_\_\_\_

I/We ELMER VIERKANT

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to \_\_\_\_\_  
ANDREW GHOLSTON SR. & 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 324 Row \_\_\_\_\_ Section 1 Division/Block 11

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said  
\_\_\_\_\_, its successors and assigns forever.

WITNESS my/our hand this 7th day of MARCH 2001

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESS:

Elmer Vierkant

Witnesses

Lucie Sheddell



DIVERSITY  
BRINGS US ALL TOGETHER



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 7, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HATTIE M. CROSBY

in a TOP SEAL VAULT

Funeral, date, time → WED 3-14 1:00

Church, Chapel Graveside HARRISON-ROSS (Los Angeles, CA) Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot	<u>3024</u>	Grave	<u>-</u>	Row	<u>-</u>	Section	<u>-</u>	Division/Block	<u>10</u>
Grave space & Care Fund									<u>PRE-NEED LOT &amp; TRUST E-8415</u>
Additional spaces and care fund									<u>0</u>
Opening/Closing & Setup									<u>0</u>
Burial Container									<u>0</u>
Handling Fees									<u>0</u>
Flower vases - Marker setting fee									<u>----</u>
Recording and filing fee									<u>0</u>
Sales taxes									<u>0</u>
Total Due									<u>0</u>
Paid receipt number									<u>0</u>
Balance due									<u>0</u>

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. LORA LOGAN

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X (See Attached)  
Signature  
2805 W. CALDWELL ST.  
Address  
LOS ANGELES, CA 90220  
City  
(310) 631-1324 Zip Code  
Telephone

Work Order # E16253

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

E-16253

Date

12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie M. Crosby

in a T.S. Vault Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3024 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 12.69

Total Due ..... 1307.69

Paid receipt number 38666 180.00

Balance due 310.00

38668 310.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Hattie M Crosby  
Signature 3859 Superior  
Address San Diego, CA 92113  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

E 8415

E-16253

Wed Mar 14 1:00pm



Lots 3013 thru 3024

DIVISION 10

	DECEASED	OWNER
<del>3013</del>		LOBAUGH, Robert C.
3014	BRADY, Mary Ellen	FORTENBERRY, Louis E.
3015	COOK, Elzie Phillip	COOK, Opal Dean
3016	COOK, OPAL D.	" " "
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.
3022	THOMAS, Wade B.	BARBER, Pauline THOMAS, Pauline B.
3023	THOMAS, Barbara A.	THOMAS, Harold L.
3024	E-16253	Crosby, Hattie M.

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. NOTE: T. S. Vault

\* Family \* MORTUARY DRIVING FROM Los Angeles!

			SCHERBAUM			
ALDAHL	THOMA	THOMAS	3024 X	OPEN	OPEN	OLAS
			OPEN			

Interment space for: Hattie M. CROSBY

Interment Date: WED 3-14 Time: 1:00

Lot: 3024 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: —

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: — Date: —

E-16253



E-16253

95

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Hattie</b>	1B. MIDDLE <b>M.</b>	1C. LAST (FAMILY) <b>Crosby</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/03/1905</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/06/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Gardena</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Los Angeles</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lora Logan, Dtr</b> <b>2805 W. Caldwell Ave.</b> <b>Compton, CA 90220</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Harrison Ross Mortuary</b> <b>1839 E. Firestone Bl. L.A., CA 90043</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD872</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <b>Mignon Morry</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>03/12/2001</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/13/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Mark Lawrence</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>313 N. Figueroa St. L.A., CA 90012</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>3-14-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Kenn F. [Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED <b>-</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED <b>-</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED <b>-</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION <b>-</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE <b>-</b>

COPY 2 IS RETAINED BY 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 3-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JO VAUGHN EASLEY

In a T. S. VAULT Funeral, date, time SAT 3-10 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 196 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 600.00

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 2368.75

Paid receipt number VISA 600.00

Balance due 1768.75

I hereby certify I am the X Mother R- of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

Invoice #

Acct. #

E-16254

NO.	DATE	IN	TIME	TOTAL TIME	REF	TO	LEFT CODE	WFO
279	02-07	12:52	11	11-01-11		613 804-5741	11	2103-11



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

E-16254

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

## FAX COVER LETTER

TO: CA BURIAL / JEANETTE  
PHONE/FAX# \_\_\_\_\_  
FROM: SUE  
DATE: 3-7-01  
PAGES incl this page 2  
FAX # 527-3403  
MT HOPE CEMETERY

PLEASE BRING A CHECK FOR 1768.75 on  
THURSDAY MORNING. THANK YOU!

*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) <b>JOVAUGHN</b>	1B. MIDDLE <b>ANTONIO</b>	1C. LAST (FAMILY) <b>EASLEY</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/10/1978</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/05/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LORRI A. WHITE-MOTHER 6670 DORIANA STREET SAN DIEGO, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Deanne Benyard</i>		
			8B. DATE SIGNED <b>03/08/2001</b>		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>				
<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9B. DATE PERMIT ISSUED <b>03/09/2001</b> <b>J. BENYARD</b> 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104562</b>				
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-10-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Benyard</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E- 16254

## 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 2 Mitchell	tree 3	open 4	196 X 5	open 6		
			open 11	12		

Interment space for: JOVAUGHN EASLEYInterment Date: SAT 3-10 Time: 11:00Lot: 196 Grave: 5 Row:  Sect: 2 Div: 12Grave Laid out by: NORM & VICENTEAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: [Signature] Date: flag on  
grave



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 7, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FLORENE FLETCHER

in a BELL LINER Funeral, date, time MON. MAR. 12 11:00am  
Type of Burial Container

Church, Chapel, Graveside : BISHOP Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X SA

Lot 97 Grave 4 Row - Section 1 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... 375.00

Opening/Closing & Setup ..... 190.00

Burial Container ..... 145.00

Handling Fees ..... 45.00

Flower vases - Marker setting fee ..... 14.25

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

Total Due ..... 1,664.25

Paid receipt number 53443 1,664.25

Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. Blanche Henry

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

X Blanche Henry  
5150 Palin Street  
SAN Diego 92114  
(619) 266-9140

Zip Code

Work Order # E16255

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-16255

ICT 97

SECTION 1

DIVISION 12

	DECEASED	OWNER
1	TRONCOSO, Ramona O.	TRONCOSO, Humberto
2	ESTRADA, Margaret	Josephine Pena
3	JORDAN, JOSEPHINE	Public Administrator
4	E-16255 Florena Fletcher	Bishop/Lemon Grove Mon Mar 12 11:00 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

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.

1	2	3	4	5		
Ramona Trancoso	Margaret Estrada	Josephine Jordan	X	Angela Lanier		

Interment space for: Florene Fletcher

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

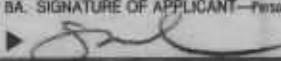
Lot: 97 Grave: 4 Row: — Sect: 1 Div: 12Grave Laid out by: Norm & VicareAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: Kum Date: \_\_\_\_\_Flag  
on  
Grave

E-16255


42

## 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) <b>Florene</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Fletcher</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/18/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/06/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Harold Fletcher, Son 4294 Creed Avenue Los Angeles, CA 90008 (90008)</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1673</b>		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.				8B. DATE SIGNED <b>03/08/2001</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/08/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>G. Mitchell</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego County Health Dept. P.O. Box 85222, San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDREW GHOLSTON JR.

In a LINER Funeral, date, time WED 3-14 11:00

Church, Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 33 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid D-4355 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording and filing fee \_\_\_\_\_ 0

Sales taxes \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_

X Address \_\_\_\_\_

X City \_\_\_\_\_

X Telephone \_\_\_\_\_

Zip Code \_\_\_\_\_

Work Order # E16256

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-16256

NO.	DATE	ETL	TIME	LOCAL	TYPE	SUBJECT	TO	DEST. CODE	WAGE
126	1947	11	54	10	14		615271537	10	210



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

E-16256

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

## FAX COVER LETTER

TO: RAGSDALE

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 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.



DIVERSITY  
BRINGS US ALL TOGETHER



C-16256

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

3-7-01

Name of deceased and deceased's address, city and state, as shown on the record

of ANDREW GROLSTON JR.

is LINER

Final date and WED 3-14 11:00

Crematorium

RAGSDALE

at San Diego California

will be signed and dated as follows

Age	<u>33</u>	Sex	<u>Male</u>	Height	<u>5'11"</u>	Weight	<u>175</u>
Interment space & casket							<u>Pre-Paid 0-4355</u>
Additional services and casket							
Cremation & burial							<u>0</u>
Burial container							<u>0</u>
Handling fees							<u>0</u>
Funeral home - marker setting fee							<u>0</u>
Funeral home - marker setting fee							<u>0</u>
Other fees							<u>0</u>

Paid amount received

I hereby certify that the above is a true and correct copy of the record of the above named deceased and that the same has been deposited in the office of the Registrar of the City of San Diego and that the same is subject to the provisions of the Cemetery Act of the State of California.

I hereby certify that the above is a true and correct copy of the record of the above named deceased and that the same has been deposited in the office of the Registrar of the City of San Diego and that the same is subject to the provisions of the Cemetery Act of the State of California.

Wendy K. Grolston  
Signature  
Don Grolston Jr.  
Name  
San Diego, CA 92114  
Address  
264-5057  
Phone

With Order # E16256

City of San Diego

This information is available in accordance with the Public Information Act of the State of California.

E-16256

## 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.

			PATTERSON	N		
	1 MELTON	2 open N	33 X 3	4 open N	5 RONDOS	6 ROMERO
	7 open N	8 BOWMAN	9 open N	10 PHARR	11 open	12 MCCUNE

Interment space for: ANDREW GHOLSTON JRInterment Date: WED 3-14 Time: 11:00Lot: 33 Grave: 3 Row: \_\_\_\_\_ Sect: 1 Div: 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ NoFLAG ON  
GRAVEAgrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

# E-16256

## 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) <b>Andrew</b>		1B. MIDDLE <b>Jackenn</b>	1C. LAST (FAMILY) <b>Gholston, Sr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/07/1917</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/03/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Wendy K. Holly, Daughter</b> <b>304 Rexview Dr.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. <b>Debra Williams</b>				
				8A. SIGNATURE OF APPLICANT—Person taking permit <b>Debra Williams</b>		8B. DATE SIGNED <b>03/12/2001</b>

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>03/12/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>George R. Jones</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-14-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Karen F. Jones</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Richard Thomas Jr.

In a Funeral, date, time Mon 3-12 12:15

Church, Chapel, Graveside Rogersdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

VETERANS AREA  
Lot Grave Row Section 1 Division/Block 11

Grave space & Care Fund

Additional spaces and care fund Mock

Opening/Closing & Setup

Burial Container

Handling Fees SET-UP

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes

Will bring check on Monday Total Due 50.00

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 6257

Invoice #

Acct. #

E-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 of Katie B. Potts

in a T.S. Vault Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_: Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X Billy Potts

Lot 2556 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need Lot D-643 Q

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container MAR 09 2001 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY \_\_\_\_\_

Recording and filling fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 18.75

Total Due 873.75

Paid receipt number 53447 873.75

Balance due Q

I hereby certify I am the X SON of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. Billy J. Potts

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16258



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of PHILLIP RENELL Murphy

in a Double Depth Funeral, date, time Tues 3/13/01 1:00

Church, Chapel Graveside On : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 65 Grave 8 Row 3 Section 3 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** 45.00

Recording and filing fee **CITY OF SAN DIEGO, CA** 28.50

Sales taxes 28.50

Total Due 2,043.50

Paid receipt number Visa 2,043.50

Balance due 0

I hereby certify I am the \* Son for mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Stanley W. Murphy FOR

I hereby authorize the interment in lot I hold under deed.

\* Stanley W. Murphy Signature of record holder of deed

\* Irene Murphy Signature  
\* 5416 TOULON ST Address  
\* SAN DIEGO CA 92114 City  
\* (619) 262 6087 Telephone

Work Order # **E 16258**

Invoice #

Acct. #

E-16258

E-16258

LEG A

LOT 65

SECTION 3

DIVISION 12

	DECEASED	OWNER
1	MORAN, Fred J.	Est. of
2	Williams, Annie (Knight)	Janken Knight
3	REDDICK, Hazel May REDDICK, James L.	REDDICK, Hazel J.
4	ANTHONY, Craig	ANTHONY, Mary
5	GOREE, Louis Edward JR.	WILEY, Linda
6	BALSLEY, Ira Lee BALSLEY, Lola P.	BALSLEY, Ira L.
7	DUBCZ, HELINA PENTHER LANGSTON, ANNIE B.	COUNTY ADMINISTRATOR
8	E-16258	
9	THOMAS, JESSIE	Thomas, Gloria and McGee, Calvin
10		LOFTON, BETTY
11	FAUCETT, Ola B.	BURNS, Betty & FAUCETT, Ola
12	WHITE, James W.	BURNS, Betty



E 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.

		7	8	9	10	
		Annie Langston	X	Jessie Thomas	open	

Interment space for: Phillip R. MURPHY

Interment Date: Tue. Mar 13 Time: 1:00pm

Lot: 65 Grave: 8 Row: — Sect: 3 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16258

No Flag  
3/12 Grave  
already opened  
etc.

# 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) <b>Phillip</b>	1B. MIDDLE <b>Renel</b>	1C. LAST (FAMILY) <b>Murphy</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/21/1952</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/05/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Irene Murphy, Mother 5916 Yooley, St. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		

\* ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit  
*[Signature]*  
8B. DATE SIGNED  
**03/12/2001**

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>03/12/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2104661</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                  | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION  | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE   | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-14-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



(2)  
Pre-Need  
Lots

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Pre-Need Lot(s) for Iva Jean Osby, Trustee

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 44/43 Grave 7/3 Row — Section 2 Division/Block 12

Grave space & Care Fund 1,990.<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees **PAID** \_\_\_\_\_

Flower Vases - Marker setting fee \_\_\_\_\_

Recording and filing fee FFR 11 2003 R 55914 \_\_\_\_\_

Sales taxes \_\_\_\_\_

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Paid receipt number 53448/53449 1990.<sup>00</sup>  
498.<sup>00</sup>

Balance due 1,492.<sup>00</sup>

I hereby certify I am the Trustee / Iva Jean Osby of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X (See Attached)

Signature 3095 Olive View Rd.

Address Alpine, CA 91901

City (619) 445-4386 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 16259**

Acct. # \_\_\_\_\_



(2)  
Pre-Need  
Lots

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Pre-Need LOT(S) for Iva Jean Osby, Trustee

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 44/43 Grave 7/3 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... 1,990.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 1990.00

Paid receipt number 53448/53449 498.00

Balance due 1,492.00

I hereby certify I am the Trustee / Iva Jean Osby of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

3095 Olive View Rd.

Address

Alpine, CA 91901

City

(619) 445-4386

Telephone

Zip Code

Invoice # \_\_\_\_\_

Work Order # E 16259

Acct. # \_\_\_\_\_

REA-104 (7-96)

This information is available in alternative formats upon request.

♻ Printed on recycled paper.

E-16259

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.

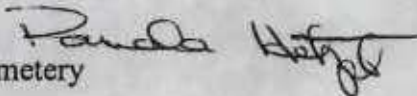
1. You can apply it to your trust for these lots
2. You can apply it towards the purchase of a vase or the marker setting fee
3. Or we can refund it to you, but that can take up to 8 weeks

Please let us know which of these will best suit your needs.

Thank you,

Pam Hetzel

Mt Hope Cemetery



3-4-03 Iva phoned & stated she  
would like the \$200 -  
refunded to her. Pam

DP 3821028



OSBY, IVA JEAN 3095 Olive View Rd., Alpine, CA 91901 (619) 445-4386

			DEBIT	CREDIT	BALANCE
03-09-01	Opened Pre-Need Lots Acct.	398 20/100			
	Two Lot Locations:	1592 80/100			
	(1) Lot 43; Gr 3; Div. 12; Sec 2		1,990.00		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 Coupon 1			62.00	1430.00
5-04-01	R-53654 Coupon #2			-62.00	1,368.00
6-7-01	R-53792 3			-62.00	1,306.00
7-12-01	R-53905 4			-62.00	1,244.00
8-29-01	R-54080 5			62.00	1182.00
9-4-01	R-54109 6			62.00	1120.00
10-5-01	R-54199 7			62.00	1058.00
11-14-01	R-54331 8			62.00	996.00
12-07-01	R-54427 Coupon 9			62.00	934.00
1-8-02	R-54524 Coupon 10			62.00	872.00
2-8-02	R-54648 Coupon 11			-62.00	810.00
3-8-02	R-54744 Coupon 12			-62.00	748.00
4-3-02	R-54825 Coupon 13			-62.00	686.00
4-30-02	R-54915 " 14			62.00	624.00
7-11-02	R-55100 " 15x16			124.00	500.00
8-15-02	" 17			62.00	438.00
OSBY, IVA JEAN PRE-NEED LOTS					

PAID

FEB 11 2003

MILHOPE CEMETARY  
CITY OF SAN DIEGO, CA



			DEBIT	CREDIT	BALANCE
	BALANCE	- OVER -			438.00
9-6-02	R-55387	Coupon # 18		62.00	376.00
10/4/02	R-55477	Coupon # 19		62.00	314.00
10/30/02	R-55553	Coupon # 20		62.00	252.00
1-7-03	R-55794	21 + 22		124.00	128.00
2-11-03	R55914	23+24		128.00	0

REN TO  
20%

## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY  
 PINK \_\_\_\_\_ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55914

Date: Feb. 11, 20 03

 From: Iva Osby Address: 3095 Olive View Rd. Alp. CA 91901  
 One hundred Twenty Eight dollars & 00/100 Dollars (\$ 128.00)  
 in ~~part~~ Full Payment of Pre need lot

Lot 43 &amp; 44 Grave 397 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. E 14259

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 0

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

PAID

FEB 11 2003

 MT. HOPE CEMETARY  
 CITY OF SAN DIEGO, CA

ISSUED BY Kam Hatzel

CREDIT	67007	128	00
20% Sales Care	77184		
60% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 128 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1501

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55794

Date: 1-7-03, 20
 From: Ira Osby Address: On Record  
One Hundred Twenty Four. Dollars (\$ 124.00 )

 in part Payment of Pre need Lots  
 Lot 43 2 44 Grave 3 2 7 Row \_\_\_\_\_ Section 13 Division 2 Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 128.00NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1488

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	<u>124</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
		<u>124</u>	<u>00</u>

TOTAL PAID

\$



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55553

## MOUNT HOPE CEMETERY

(619) 527-3400

Date:

10/30, 2002

From:

Two year trustee

Address:

on record

Sixty-Two and 00

Dollars (\$

62.00)

In part

Payment of

pre-need lots accounts, coupon # 20

Lot

43 + 44

Grave

3 + 7

Row

Section

2

Division  
Block

13

Invoice No.

Acct. No.

W.O.

E-16259

BALANCE DUE

\$ 252.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	62.00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186-9822	
Sales Tax	60101	
	78390	

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 5-94)

1463

ISSUED BY

P. Crawford

TOTAL PAID

\$

62.00

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55477

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: October 4, 2002

From: Ira Jean Osby Trustee Address: on record  
Sixty - Two and 00 Dollars (\$ 62.00)

In part Payment of pre need lots coupon #19

Lot 43/44 Grave 3+7 Row - Section 2 Division 12  
 Block 62 00

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$314.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1451

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	9999	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62 00</u>

ISSUED BY Paullette Crawford

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

N<sup>o</sup> 55387

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Mr. Oddy Date: 9-6-07, 20  
Sixty Two Address: 3095 Olive View Rd Alpine 91901  
 In part Payment of Pre-need Lot Dollars (\$ 62.00 )

Lot 43 244 Grave 3 27 Row \_\_\_\_\_ Section 7 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 376.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>22 00</u>
80% Sales	100	
of Lots	77184	<u>40 00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186 9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62 00</u>

ISSUED BY

1434



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55322

Date: 8-15, 20 02

 From: Iva Jean Oshy Trustee Address: on file  
Sixty-Two Dollars (\$ 62.00 )

 In part Payment of pre-need lots ACCOUNTS

 Lot 43 & 44 Grave 347 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$ 438.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	62 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	62 00

ISSUED BY

Paulette Crawford  
 1427

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55198

Iva  
 From: Jean Osby Trustee Address: On record Date: July 11, 2002  
One-Hundred Twenty-Four and 00 Dollars (\$ 124.00)  
 In part Payment of Pre-need lots. Coupon 18 & 16

Lot 43 & 44 Grave 3 & 7 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$ 500.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>124.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>124.00</u>

1416

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 54915

Date: 4-30-02, 20\_\_
 From: Wm J. Osby Address: On Record  
Sixty-two Dollars (\$ 62.00 )

 In part Payment of Pre-Need Lots

 Lot 43 x 44 Grave 3 2 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 624.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1389

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY J. Shuckleton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	<u>62.00</u>
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
	77185	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54825

Date: April 3, , 20 02
 From: Iva Jean Osby Trustee Address: on record  
Sixty-Two and 00 Dollars (\$ 62.00 )

 In part Payment of Pre-need Lots Account.
Coupon #13  
 Lot 43 and 44 Grave 3 and 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$686.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

 ISSUED BY Paulette Crawford  
1377

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54744

Date: march 8, 20 02
 From: Ally, Eva Jean Inustee Address: on record  
Sixty - Julio Dollars (\$) 62.00

 In: part Payment of Preneed lots account  
Coupon # 12

 Lot 43, 44 Grave 3, 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$ 748.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	62 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1370

ISSUED BY

PCrawford

TOTAL PAID \$ 62 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54648

Date: February 11, 2002From: Iva Jean Ashby Trustee Address: on recordSixty-Two and 00Dollars (\$) 62.00In part Payment of Pre-need Lots Acct.  
coupon number 11Lot 43 & 44 Grave 3417 Row \_\_\_\_\_ Section 2 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. EW.O. E-16259BALANCE DUE \$ 810.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1358

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Paulette Crawford

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

62.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54524

Date: January 8, 20 02
 From: For Jean Osby Trustee Address: on record  
Sixty-two and 00 Dollars (\$) 62.00

 In Port Payment of Pre-need Lots Accounts  
Coupon #10

 Lot 43444 Grave 347 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 872.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

Pre-Need Lots ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

Paula Little Crawford

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54427

Date:

December 7, 20 01

From:

Iva Jean Oshy Justice

Address:

on record

Dollars (\$

62.00)

In

Payment of

Pre-need lots

coupon # 9

Lot

43 &amp; 44

Grave

3 &amp; 7

Row

Section

2

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-16259

BALANCE DUE

\$ 934.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
	77185
	100
	77183
	63033
	9022
	80101
	78390

62 00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



1336

ISSUED BY

Paulette Crawford

TOTAL PAID

\$

62 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54331

Date: November 14, 20 01
 From: Elva Jean Ashby Trustee Address: on record  
Sixty-two and 00/100 Dollars (\$ 62.00 )

 In part Payment of Pre-need lots  
Elva Jean Ashby Trustee of the Viola Steward Trust  
(4) - 43 Grave 7 Row 2 Section 2 Division 12  
Lot (2) - 44

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE \$996.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

1317

ISSUED BY

Raquelita Crawford



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54199

From: Iva Jean Osley Date: 10-5, 20 01  
Sixty-two and 100/100 Address: 3095 Olive View Rd, Alpine 91901  
 In Part Payment of Pre-need Lots Dollars (\$ 62.00 )

Lot 43 Grave 37 Row \_\_\_\_\_ Section 2 Division Block 12  
44

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 1058.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1306

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Vi Wms

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>62.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54109

Date: 9/7/01, 20From: Sra Jean Olsby Address: 3095 Olive View Rd
Sixty-Two Dollars \*100 Dollars (\$) 62.00
In part Payment of Pre-Paid Lot
 LOT 43 GRAVE 3  
 Lot 44 Grave 7 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 1120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

SEP 07 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY Lillie Prince

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	62	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54080

Date: 8/29/01, 20\_\_From: Iva Jean Osby Address: 3095 Olive View Rd.Sixty-Two Dollars & 00/100 Dollars (\$ 62.00 )In part Payment of Pre-Need Trust
 Lot 43 Row 3 Section 12 Division 2  
 Lot 44 Grave 4 Row \_\_\_\_\_ Section 12 Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 1182.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1292

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY S. Prince

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	62	00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53905

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Iva Jean Osby Date: July 12th, 2001  
 Address: 3095 Olive View Rd., Alpine, CA 91901  
Sixty-Two and NO/100 Dollars (\$ 62.<sup>00</sup>/<sub>xx</sub>)  
 In -part Payment of Pre-Need Lots

Lot 43+44 Grave 3 + 7 Row — Section 2 Division 12  
 Block 12

Invoice No.                     Acct. No.                     W.O. E-16259BALANCE DUE 1,244.<sup>00</sup>Coupon 4Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 1274

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

JUL 12 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	62 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	62 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

53654

Date: May 4th, 20 01
 From: Iva Jean Osby Address: 3095 Olive View Rd., Alpine, CA 91901  
Sixty-Two and NO/100 Dollars (\$ 62.<sup>00</sup>/<sub>XX</sub>)
In - part Payment of Pre-Need Lots
 Lot 43 + 44 Grave 3 + 7 Row — Section 2 + 2 Division 12
Invoice No.                     Acct. No.                     W.O. E-16259BALANCE DUE 1,368.<sup>00</sup>Coupon # 2Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 1242NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

MAY 04 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, Ca

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>62.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53792

## MOUNT HOPE CEMETERY

(619) 527-3400

From: IVA J. Osby, Trustee Address: 3095 Olive View Rd., Alpine, CA 91901  
Sixty-Two - NO/100 Dollars (\$ 62.00)  
 In -part Payment of (2) Pre-Need LOTS

Lot 43 / 44 Grave 3 / 7 Row — Section 2 Division 12  
 Block

Invoice No.                     Acct. No.                     W.O. E-16259BALANCE DUE 4,306.00CouponPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

# 1257

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

JUN 07 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

 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  
 77183  
 63033  
 9022  
 60101  
 78390

TOTAL PAID

\$

62.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

53537

 Date: 4-5, 2001  
 From: Ira Osby Address: 3095 Olive View Rd Alpine 91901  
Sixty two Dollars (\$ 62.00 )

 In part Payment of Pre-Need Lots

 Lot 434 Grave 3 Row \_\_\_\_\_ Section 2 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16259BALANCE DUE 1430.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1230

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	62	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	62	00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mohamad Ali Moubayed

in a \_\_\_\_\_ Funeral, date, time Mon. Mar. 12 2:00pm

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. X 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 \_\_\_\_\_

Handling Fees **MAR 12 2001** \_\_\_\_\_

Flower vases - Marker setting fee MT. HOPE CEMETARY \_\_\_\_\_

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 6.00

Total Due 501.00

Paid receipt number 53454 501.00

Balance due X

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Ahmad-Maher Moubayed

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature X MUSLIM

X 10623 Caminita Basswood

Address

X San Diego CA 92131

City

X 858-586-1618

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 16260**

C-16260

76

# 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) <b>MOHAMAD</b>		1B. MIDDLE <b>ALI</b>	1C. LAST (FAMILY) <b>MOUBAYED</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>01/01/1925</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/10/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ARMAD MAHER MOUBAYED - SON</b> <b>P.O. BOX 26028</b> <b>SAN DIEGO, CA 92196</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY I-805 &amp;</b> <b>IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i> 8B. DATE SIGNED <b>03/12/2001</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/12/2001</b>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>SHARON LAWLESS 2104627</b>			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT			
<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY: 3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>		11B. DATE BURIED <b>3-12-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



2nd Ash Burial  
Ash Vault  
Top Left

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date March 12, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Milton Grasty ☒

in a Ash Vault Funeral, date, time Fri Mar 16 2:00 pm

Church, Chapel, Graveside : El Camino-Benbough Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. ☒ X

Lot 1 Grave 8 Row — Section I00F Division/Block 11

Grave space & Care Fund Pre-Need E-14888/C-5098 X

Additional spaces and care fund —

Opening/Closing & Setup 105.00

Burial Container Ash Vault 55.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 4.13

**PAID**  
**MAR 12 2001**  
**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**  
 Total Due 269.13

Paid receipt number 53455 269.13

Balance due X

I hereby certify I am the DAUGHTER of the above named decedent  
 and this is your authority to make disposition of remains as above indicated. I certify and represent  
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
 any liability on account of said authorization and interment. Julia Grasty Davis

I hereby authorize the interment in lot I  
 hold under deed.

Signature of recorded holder of deed Julia Grasty Davis  
888 Broadway Sp 133  
Chula Vista CA 91900  
(619) 425-2284  
 Address  
 City  
 Zip Code  
 Telephone

Work Order # F 16261 Invoice # —

Acct. # —

E 16261

NO. DATED (ST. THE TOTAL THIS CASE OF)	AND	DEPT. CELL	WAS
STANDARD 1800 - 10-00-01	AS 1800-00-01	10-11-01	11

Info Grave  
of Edna Wright Porter

## 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**

NOTE: TOP Left  
2ND ASH Burial

		7	8			
		David Davis Porter	Edna Wick Porter			
		Ellen E. Beyer	Harvey Norman Nolan			

Interment space for: George Milton Grasty

Interment Date: Fri March 16 Time: 2:00 pm

Lot: 1 Grave: 8 Row: — Sect: IOOF BLK 11

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check &amp; Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag on Grave



LOT 1 IOOF BLK. 11

Gr.	DECEASED	OWNER
1	NELSON, Harold Christian	Mitchell, Eleanor
2	NELSON, Fannie W.	" "
3	NELSON, Andrew	" "
4	MITCHELL, William (Inf.) NELSON Infant of Andrew	" "
5	AYER, Sarah A.	" "
6	MITCHELL, Eleanor	Mitchell, Mrs. Eleanor (Nelson, Harold)
7	PORTER, DAVID DAVIS W	PORTER, Edna
8	E-16261 GRASTY, ANNA MARGARET W PORTER, Edna	" "

E-16261

FD

96 787

## 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) <b>GEORGE</b>		1B. MIDDLE <b>HILTON</b>		1C. LAST (FAMILY) <b>GRASTY</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>10/24/1904</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/08/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>CORONADO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JULIA GRASTY DAVIS - DAUGHTER 286 BROADWAY, #133 CHULA VISTA, CA 91910</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paula L. Valente</i>				8B. DATE SIGNED <b>03/12/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/13/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>P Valentine</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY							
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>3-15-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Val F. [Signature]</i>					
		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>				12B. DATE CREMATED <b>3/14/01</b>		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LA SHANNETTE MITCHELL

in a LINER Funeral, date, time FRI 3-16 1:00

Church Chapel Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X DR

Lot 201 Grave 7 Row      Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee     

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1664.25

Paid receipt number 53460 1664.25

Balance due X

I hereby certify I am the X Dolores - Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dale Thomas 516-2930  
France

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E16262







THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E- 16262

## FAX COVER LETTER

TO: RAGSDALE

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 3-12-01

PAGES incl this page 2

FAX #  
527-3403

MT HOPE CEMETERY

PLEASE BRING A CHECK BY WEDNESDAY MORNING  
FOR 1664.25. THANK YOU.

If all pages are not received, please call (619) 527-3400.



DIVERSITY  
BRINGS US ALL TOGETHER

E-16262

## 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 <sup>1</sup>	open <sup>2</sup>	PRIOR <sup>3</sup>	4
			201 <sup>7</sup> X	open <sup>8</sup>	open <sup>9</sup>	open <sup>10</sup>
			open			

Interment space for: LA SHANNETTE MITCHELL

Interment Date: FRI 3-16 Time: 1:00

Lot: 201 Grave: 7 Row:      Sect: 2 Div: 12

Grave Laid out by: NORM & VICENTE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: KEVIN Date:     

*Flag on  
Grave*



# 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) <b>LaShannette</b>		1B. MIDDLE <b>Devonne</b>		1C. LAST (FAMILY) <b>Mitchell</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>02/13/1972</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/08/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dale H. Thomas, Fiance</b> <b>3636 Lemona Ave. #C</b> <b>San Diego, CA 92105</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 3050 Federal Blvd.</b> <b>San Diego, CA 92002</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>03/14/2001</b>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/15/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104904</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			<b>FOR CORONER'S USE ONLY</b>		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					

COMPLETE ALL APPLICABLE	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-15-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-12-01

*Photo Father's  
Grave: William H.  
Dievendorff*

ASHES  
CENTER RIGHT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MOLLY HALTERMANN - CANTU

in a ASH VAULT Funeral, date, time FRI 4:20 11:00

Church, Chapel (Graveside) : Meekley-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. X

Lot 21 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 3

Grave space & Care Fund Pre-Paid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 405.00

Burns' Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 4.13

Total Due 269.13

Paid receipt number R-53476 269.13

Balance due 0

I hereby certify I am the Sister of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment CHRISTENE (CHRIS) Boczanowski

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Christine Boczanowski

Address 5626 Bridgeport Circle

City LIVERMORE, CA 94550

Zip Code 94550

Telephone H = (925) 455-0412

Work = (925) 606-3292 (3-21-01)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E16263**



E-16263

Ash  
There are many DIEVENDORFF family grave sites! Need family to clarify which one  
for interment. The following family graves are:

- |  |                                       |
|--|---------------------------------------|
| 1) DIEVENDORFF, EMMA J.                        | Div. 3, Sec. 1, Lot 21 ----           |
| 2) DIEVENDORFF, FRANCES JOSEPHINE - <i>Mom</i> | Div. 3, Sec. 1, Lot 21, Gr. 13        |
| 3) DIEVENDORFF, FRANK                          | Div. 3, Sec. 1, Lot 21, Gr. 11        |
| 4) DIEVENDORFF, GRACE                          | Div. 3, Sec. 1, Lot 21, Gr. 9         |
| 5) DIEVENDORFF, HENRIETTA                      | Div. 3, Sec. 1, Lot 21, ----          |
| 6) DIEVENDORFF, HENRY                          | Div. 3, Sec. 1, Lot 21, ----          |
| 7) DIEVENDORFF, HORTON                         | Div. 3, Sec. 1, Lot 21, Gr. C-1/3     |
| 8) DIEVENDORFF, MARION DAVIS                   | Div. 3, Sec. 1, Lot 21, Gr. 10        |
| 9) DIEVENDORFF, MEROA C.                       | Div. 3, Sec. 1, Lot 21, ----          |
| 10) DIEVENDORFF, WILLIAM ALBERT                | Div. 3, Sec. 2, Lot 21                |
| 11) DIEVENDORFF, WILLIAM H. - <i>Dad</i>       | Div. 3, Sec. 1, Lot 21, <u>Gr. 12</u> |

*Spur Chris B*  
3-21-01  
9:00 am



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.

Sincerely,

*Chris Boczanowski*

Chris Boczanowski  
(Sister to Molly)

# 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 William H. Dievendorf \*Place: Center Right

			6 LOTTIE	5 EMMA	4 WM ALBERT SADY HENRIETTA	3 HENRY
14 WALTERMAN	13 FRANCES	12 X WILLIAM	11 FRANK	10 MARION	9 GRACE	

Interment space for: Molly Haltermann-Cantu

Interment Date: Fri APRIL 20 Time: 11:00 am

Lot: 21 Grave: 12 Row: - Sect: 1 Div: 3

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

E-16263

\*leg on  
Grave



LOT 21 Gr. 1 thru 12 SEC. 1 DIV. 3

GR.	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
1	DIEVENDORFF, Emma C.	Dievendorff, Mrs. M.C. (deed) Gale, J. W.	\$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 Henrietta			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	"		6/19/1956	B-597	
10	DIEVENDORFF, MARION M	Dievendorff, Mrs.M.C. (deed) Gale, J. W.		05-05-98	E-14316	Title #10
11	DIEVENDORFF, Frank	"		7/13/1962	E-3710	
12	E-16263 DIEVENDORFF, William H.	"		1/27/1984	E-4145	



E-16263

FORM 51

LEGA

LOT 21 Gr. 1 thru 12 SEC. 1 DIV. 3

SR.	DECEASED	OWNER
1	DIEVENDORFF, Emma C.	Dievendorff, Mrs. M.C. Gale, J. W.
2	DIEVENDORFF, Henry	"
3	DIEVENDORFF, Meroa C.	"
4	DIEVENDORFF, Wm. Albert DIEVENDORFF, Baby Henrietta	
5	DIEVENDORFF, Emma J.	"
6	DIEVENDORFF, Lottie M.	"
7	DEWELL, Jennie (Mrs. M. J.)	
8	DIEVENDORFF, Horton	"
9	DIEVENDORFF, Grace	"
10	DIEVENDORFF, MARION M	Dievendorff, Mrs. M.C. Gale, J. W.
11	DIEVENDORFF, Frank	"
12	E-16263 DIEVENDORFF, William H.	"

TAYLOR SYST

E-16263

57

# 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) <b>MOLLY</b>		1B. MIDDLE <b>ANN</b>		1C. LAST (FAMILY) <b>HALTERMANN-CANTU</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/11/1943</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/06/2001</b>		4. SEX <b>F</b>					
5A. CITY OF DEATH <b>ORLANDO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>FLORIDA</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MANUEL A. CANTU - HUSBAND 1071 SUMMER LAKES DRIVE ORLANDO, FL 32835</b>									
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>• MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1109</b>		8A. SIGNATURE OF APPLICANT—From filing permit <i>[Signature]</i>						8B. DATE SIGNED <b>04/16/2001</b>			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>								9B. DATE PERMIT ISSUED <b>04/16/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2106809 V.I. MITCHELL</b>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>-</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS												FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)												<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION												<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY												<input type="checkbox"/> F. DISINTERMENT			
<input type="checkbox"/> D. SCIENTIFIC USE												<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA															
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>4/29/01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>							
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>▶</b>							
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>▶</b>							
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>▶</b>							
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE					

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



8 CHAIRS  
WITNESSES

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 03-12-2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZUZANNA MATSON

in a LINER Funeral, date, time FRI. MAR. 16 1:00  
Type of Burial Container WITNESSES  
Church, Chapel, Graveside (DELIVERY ONLY) : FEATHINGILL 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 38 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10  
Buried D-5848 0  
Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAR 13 2001 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETARY 45.00  
CITY OF SAN DIEGO, CA

Sales taxes 14.25

Total Due 769.25

Paid receipt number R-53458 769.25

Balance due 0

I hereby certify I am the X SON of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

NORMAN MATSON

Work Order #

E16264



E-16264  
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. *MARKER ON GRAVE*

			open			
35 Eckert	36 Eckert	37 Eckert	38 X	39	40 open	41
			GENTLES			

Interment space for: Zuzanna Matson

Interment Date: Fri. Mar. 16 Time: ~~Deliver Only~~ 1:00

Lot: 38 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*\*flag on  
Grave*

Lots 37 thru 48

DIVISION 10

E- 16 264

	DECEASED	OWNER	DATE & AMOUNT	BL
37	ECKERT, Therese	ECKERT, Wilhelm & Therese	1/18/1967 185.00	1/25
38		MATSON, Zuzanna	5/17/1975 180.00	
39	TSCHAWUSCHIAN, Brigitte M.	TSCHAWUSCHIAN, Brigitte M.	1/21/1976 200.00	11/8/
40		COFFMAN, Noranna	5/31/1979 230.00	
41	Hill, Arthulie	HILL, Arthulie	5/13/1975 180.00	04/2
42	DAVIS, Mervin Ray	DAVIS, Ray Hugo	2/27/1975 180.00	5/3
43	DAVIS, Ray Hugo	DAVIS, Ray H.	6/16/1975 180.00	10/20
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, Dallas & Thelma	10/1/1975 200.00	01
48		McDANIEL, Harry L.	5/11/1973 165.00	

TAYLOR SYSTEM OF CEMETERY RECORDING

Zuzanna Matson



E-16264

## 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) <b>Zuzanna</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Matson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/07/1924</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/12/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Norann Coffman, daughter</b> <b>3847 35th St.</b> <b>San Diego, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd.</b> <b>San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10320 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED <b>03/15/2001</b>
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/16/2001</b> <b>C. Maggard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104961</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222, San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT  
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mc. Hope Cemetery</b> <b>3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-15-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date March 16, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of PRE-NEED LOT & TRUSTS for: Denise & Virgil Culverson, III

in a ASH VAULTS Funeral, date, time \_\_\_\_\_

Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_

Lot 3626 Grave - Row - Section - Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup..... Cremain burials x 4 420.00

Burial Container..... Ash Vaults x 4 220.00

Handling Fees..... Handling Fee x 4 240.00

Flower vases - Marker setting fee..... Marker 12 x 24 & (1) Trion 171.88

Recording and filing fee..... Recording Fee x 4 180.00

Sales taxes..... Taxes x 4 16.52

Total Due..... 2,243.40

Paid receipt number 53465 - 566.40

Balance due 1,677.00

I hereby certify I am the Self & Family of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment Denise M. Culverson

I hereby authorize the interment in lot I  
hold under deed.

Signature

P. O. Box 600024

Address

San Diego, CA 92160-0024

City

Zip Code

(619) 285-9093 / (619) 584-2492

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E16265

CULVERSON, DENISE M. (&amp;)

E-16265

CULVERSON, VIRGIL, III

P. O. BOX 600024, San Diego, CA 92160 (619) 285-9093/ 584-2492

		DEBIT	CREDIT	BALANCE
03-16-01	Opened Pre-Need Lot & Trust. Trust Includes:			
	(4) Cremain Burials: (0/Closing x 4; Ash	2,243.40		2,243.40
	Vaults x 4; Taxes x 4; Handling Fee x 4; and			
	Recording Fee x 4; Marker Setting Fee (12 x 24);			
	and (1) Trion Vase.)			
	LOT 3626, DIV 10 )	199 796		
03-16-01	Downpayment Receipt # R-53465		566.40	1,677.00
04-13-01	Coupon #1 R-53577		-100.00	1,577.00
05-14-01	Coupon #2 R-53685		-100.00	1,477.00
6-4-01	#3 R-53777		107.00	1370.00
7-13-01	PAID marker setting fee & Trion vase		171.88	1198.12
8-2-01	R-53979		108.12	1090.00
8/31-01	R-54087		120.00	970.00
11-15-01	R-54341 Coupon #7		-70.00	900.00
12-24-01	R-54466 Coupon #8 & 9		-140.00	760.00
2-1-02	R-54602 Coupon #10		-70.00	690.00
2-26-02	R-54885		70.00	620.00
3-6-02	R-54721	12	70.00	550.00
3-13-02	R-54750	13	70.00	480.00
5-29-02	R-55033		400.00	880.00
9-19-02	R-55427		80.00	960.00

CULVERSON, DENISE &amp; VIRGIL III

PRE-NEED LOT &amp; TRUST



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54685

Date: 2-26, 2002From: Denise Culverson Address: On RecordIn Seventy Dollars (\$ 70.00)In part Payment of Pre-Need Lot - Trust

Lot 3626 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16265BALANCE DUE 620.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

FEB 26 2002

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	70 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	70 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54721-A

Date: 3-6-02, 20\_\_From: Denise Culverson Address: On RecordIn Seventy Dollars (\$ 70.00 )In part Payment of Pre-Need Lot - TrustLot 3626 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16265BALANCE DUE 550.00Pre-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	70 00
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

TOTAL PAID

\$

70 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54758

Date: 3-13-07, 20\_\_
 From: Denise Culverson Address: On Record  
Four Hundred Eighty Dollars (\$ 480.00)  
 In part Payment of Pre-need lot & trust

 Lot 3626 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16265BALANCE DUE 480.00Pre-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	83033	<u>70 00</u>
Trust	9022	
Sales Tax	80101	
	78390	

ISSUED BY

TOTAL PAID

\$ 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.	1
Payment Due Date	April-01
Payment Amount Due	70.00
Balance Due	1,607.00

100.00  
1,507.00

Mail Payment to:  
Mt. Hope Cemetery  
3751 Market St.  
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



E-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.	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

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-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.	3
Payment Due Date	June-01
Payment Amount Due	107.00 <del>70.00</del>
Balance Due	<del>1,167.00</del>

**PAID** 1,370.00

JUN 05 2001

Mail Payment to:  
MT HOPE CEMETARY  
CITY OF SAN DIEGO, CA  
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-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

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-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	108.12 - 70.00
Balance Due	<del>1,327.00</del> 1,090.00

Mail Payment to:  
Mt. Hope Cemetery  
3751 Market St.  
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

E-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.	6
Payment Due Date	September-01
Payment Amount Due	120.00 70.00
Balance Due	<del>1,257.00</del>

~~1,257.00~~

Mail Payment to:  
Mt. Hope Cemetery  
3751 Market St.  
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

E-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.	7
Payment Due Date	October-01
Payment Amount Due	70.00
Balance Due	<del>1,187.00</del> 900.00

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

Oct 2001



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.	8
Payment Due Date	November-01
Payment Amount Due	70.00
Balance Due	<del>1,117.00</del>
	<del>830.00</del>

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

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.	9
Payment Due Date	December-01
Payment Amount Due	70.00
Balance Due	<del>1,047.00</del>
	<u>760<sup>00</sup></u>

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

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

10  
January-02

70.00

~~977.00~~

~~688.00~~  
~~618.00~~

Mail Payment to:  
Mt. Hope Cemetery  
3751 Market St.  
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



E-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.	11
Payment Due Date	February-02
Payment Amount Due	70.00
Balance Due	690.00 <del>907.00</del>
	- 70.00 Feb '02
	<u>2/25/02 620.00 bal</u>

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-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.	12
Payment Due Date	March-02
Payment Amount Due	70.00
Balance Due	<del>837.00</del>
	550.00

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

$$\begin{array}{r} 620 \\ - 70 \\ \hline 550 \end{array} \quad 03/02$$



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.	13
Payment Due Date	April-02
Payment Amount Due	70.00
Balance Due	<del>767.00</del>
	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

$$\begin{array}{r} 550 \\ - 70 \\ \hline 480 \end{array}$$

04/102

Apr 102

Pre-need  
Int. & Trust

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-13-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WILLIAM & SANDRA LYONS

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_ 795.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 at 375 750.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 90.00

Sales taxes \_\_\_\_\_ 28.50

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CA Total Due \_\_\_\_\_ 2043.50

paid receipt number M/C 511.00

Balance due 1532.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

William J. Lyons  
Signature  
126 Euclid Ave  
Address  
S.D. Ca. 92114  
(619) 266-1276 Zip Code  
Telephone 264-0488

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E16266**



LYONS, WILLIAM &amp; SANDRA 126 Euclid Avenue, San Diego 92114 619 266-1276

Suite B

DEBIT

CREDIT

BALANCE

03-13-01 Opened Pre-need lot and trust.

Lot 123 Grave 11, Sec 2, Div 11

795.00

795.00

Trust includes 2 opening/closings, double depth crypt, 2 recording fees, tax on crypt. DO NOT NEED TO PAY HANDLING FEE- DOUBLE DEPTH CRYPT WAS ALREADY THERE.

~~737.59~~

2043.50

1248.50

15%  
636

03-13-01 M/C

511.00

1532.50

05-04-01 Coupon #1

R- 536 50

-64.00

1,468.50

06-05-01 Coupon 2

R-53781

-64.00

1,404.50

7-11-01 3

R- 53904

20%

64.00

1340.50

8-09-01 Coupon 4

R- 54017

20%

-64.00

1276.50

9-12-01 Coupon 5

R- 54125

-64.00

1212.50

10-3-01 R- 54189

Coupon #6

Pen for Trust

64.00

1148.50

11-14-01 R- 54332

Coupon #7

PAID

-64.00

1084.50

12-18-01 R- 54454

Coupon #8

64.00

1020.50

1-8-02 R- 54686

9

APR 04 2003

64.00

956.50

2-1-02 R- 54652

10

64.00

892.50

3-6-02 R- 54726

11

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

64.00

828.50

4-5-02 R- 54839

12

-64.00

764.50

5-6-02 R- 54951

13

-64.00

700.50

6-12-02 R- 55099

14

64.00

636.50

LYONS, WILLIAM &amp; SANDRA

Rem to  
Trust

			DEBIT	CREDIT	BALANCE
7-8-02	R- 55191	Coupon #15		64.00	636.50
8-8-02	R- 55297	" 16		64.00	572.50
9-11-02	R- 55401	" 17		64.00	508.00
10-7-02	R- 55490	" 18		64.00	444.00
11-13	R- 55605	19		64.00	380.00
12-9-02	R- 55713	20		64.00	316.00
1-9-03	R- 55815	21		64.00	252.00
2-11-03	R 55911	22		64.00	188.00
3-11-03	R 56021	23		64.00	124.00
4-4-03	R- 56104	24		60.00	60.00



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53650

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 4th, 20 01From: William & Sandra Lyons Address: 1120 Sierra Linda Dr., Escondido, CA 92025

Sixty-Four and 00/100 Dollars (\$ 64.00 )

In - part Payment of Pre-Need Lot & Trust

Lot 123 Grave 11 Row — Section 2 Division 11

Invoice No. /Acct. No. /W.O. E-16266BALANCE DUE 1,468.50Coupon # 1Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒AC-212 (Rev. 5-84) CL# 5214NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

MAY 04 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	77007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	64 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	64 00



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53781

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 5, 2001From William & Sandra Lyons Address: 126 Euclid Ave., Ste. B, S.D., CA 92114

Sixty-Four and No/100 Dollars (\$ 64.00)

In -part Payment of Pre-Need Lot & Trust

Lot 123 Grave 11 Row - Section 2 Division 11

Invoice No. / /Acct. No. / /W.O. E-16266BALANCE DUE 1,404.50

Coupon #2

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 5722

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

JUN 05 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

## CREDIT

20% Sales Care 67007  
80% Sales 77184  
of Lots 100  
Opening/ 77184  
Closing 100  
Burial 77181  
Containers 100  
Handling Fee 77182  
Recording & 100  
Misc. Fees 77185  
Pre-Need 63003  
Trust 9022  
Sales Tax 80101  
78390

TOTAL PAID

\$

64.00  
64.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

53904

From: William Syone Address: 1120 Sierra Linda Dr. Escondido 92025  
Sister Lane  
 In part Payment of Pre-Need Lot & Trust Date: 7-11 20 01  
 Dollars (\$ 64.00 )

Lot 123 Grave 11 Row - Section 3 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 1340.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	64	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	00

5228

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54017

Date: Aug. 9th, 20 01From: William & Sandra Lyons Address: 126 Euclid Ave., S.D., CA 92114Sixty-Four and NO/100 Dollars (\$ 64.<sup>00</sup>/<sub>xxx</sub>)In - part Payment of Pre-Need Lot & TrustLot 123 Grave 11 Row - Section 2 Division 11Invoice No. /Acct. No. /W.O. E-16266BALANCE DUE 1,276.<sup>50</sup>Coupon 4Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

CK# 5267NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE**PAID**

AUG 11 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	64 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54125

Date: 9-12-01, 20\_\_
 From: Lyon, William + Sandra Address: 126 EUCLID AVE STE B  
Sixty Dollars x 100 Dollars (\$) 64<sup>00</sup>

 In: part Payment of Pre Need LOT + TRUST

 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 1,212.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5755

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

SEP 17 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	64 00

28 00

36 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54189

From: William Lyons Date: 10-3, 2001  
Early Tour Address: 126 Euclid Ave Ste B San Diego 92114  
 In part Payment of William Lyons & Sarah Lyons  
Re: New Lot & Trust Dollars (\$ 64.00)  
 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 1148.50
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-04)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

5784

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54332

Date: 11-14, 20 01
 From: William Lyons Address: On Record  
Sixty-four and 00 Dollars (\$ 64.00 )

 In part Payment of Pre-need lot & Trust for  
Lyons, William & Sandra

 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$1084.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

5842

ISSUED BY

Paullette Crawford



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54454

Date: December 18, 2001
 From: William/Sandra Lyons Address: on record  
Sixty-four Dollars (\$ 64.00 )

 In part Payment of pre-need Lot & Trust  
Coupon # 8

 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$ 1020.50NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5906

ISSUED BY

Bulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	64.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54652

From: William Lyons Date: 2-12-03 , 20  
Sixty Four Address: 126 Euclid Ave Ste B SD 92114  
 In part Payment of Pre-Need Lot & Trust Dollars (\$ 64.00 )

Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 892.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5978

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64 00

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54686

Date: 1-8, 2002From: William Lyons Address: - On RecordIn: Sixty Four Dollars (\$ 64.00)In: part Payment of Pre-Need Lot - TrustLot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 956.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5937

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64 00
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	64 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54726

Date: 3-6-02, 20From: Williams Lyons Address: On RecordIn part Payment of Pre-Need Lot - Trust Dollars (\$ 64.00 )Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 828.50Pre-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	64.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	64.00

ISSUED BY

J. Shickelto

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54839

 From: William/Sandra Lyons Address: on record Date: April 4, 2002

 City - San Diego Dollars (\$) 64.00

 In part Payment of Pre-need Lot & Trust Account  
Coupon #12

 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$ 764.50Pre-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	<u>64.00</u>
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64.00ISSUED BY 60608

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 54951

Date: 5-6, 20 02From: William or Sandra Address: ON RECORDSIXTY-FOUR and 00 Dollars (\$ 64.00)In U part Payment of Pre-need lot & trust accountCoupon # 13Lot 123 Grave 11 Row 2 Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$ 700.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6305

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

N<sup>o</sup> 55099

## MOUNT HOPE CEMETERY

(619) 527-3400

From: William Lyons Address: 126 Encined Ave Ste B San Diego 92114 Date: 6-12-02 20

In part Payment of Pre-need Lot - Trust Dollars (\$ 64.00)

Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 636.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64 00
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	64 00

6367

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55191

Date: 7-8-02, 20
 From: William Lyons Address: On Record  
Sixty-four Dollars (\$ 64.00 )

 In part Payment of Pre-need Est. - Trust

 Lot 123 Grave 11 Row \_\_\_\_\_ Section 3 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 572.50NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64 00</u>
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

64 00

## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY  
 PINK \_\_\_\_\_ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55297

## MOUNT HOPE CEMETERY

(619) 527-3400

From: William Lyons Address: 126 Archer St B Date: 8-8-02, 20\_\_\_\_

Buty Law Dollars (\$ 64.00 )

In part Payment of Pre-need Lot & Trust

Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 508.00
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.
Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>64</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

6144



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55401

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-11, 20 02

From: William or Sandra Lyons Address: on record  
Sixty - Four Dollars (\$ 64.00)

In part Payment of Pre-need lot - trust account  
Coupon #17

Lot 123 Grave 11 Row — Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$ 444.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
90% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

Paulette C.

TOTAL PAID \$ 64.00

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55490

Date: OCTOBER 7, 20 02

From: William or Sandra Lyons Address: on record  
Sixty-Four and 00 Dollars (\$ 64.00)

In part Payment of Pre-need lots & trust account  
Coupon #18

Lot 123 Grave 11 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE \$ 380.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6256

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Paullette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	<u>64.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55605

Date: 11-13-02, 20

From: William Lyons Address: On Record  
Sixty Four Dollars (\$ 64.00)

in part Payment of Pre-need lot & trust  
Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 316.00

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

64 00

TOTAL PAID \$ 64 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55713

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-9-02, 20\_\_
 From: William Lyons Address: On Record  
Sixty Four Dollars (\$ 64.00 )

 in part Payment of Pre-need Lot Trust  
 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 252.00NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

5533

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

64 00

64 00

TOTAL PAID

\$

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55815

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan 9, 20 03
 From: William Lyons Address: 120 Euclid Ave SD 92114  
Sixty four & 00/100 Dollars (\$ 64.00 )

 in part Payment of preneed lot & trust  
 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_
Invoice No. E 16206

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 188.00NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE

PAID

JAN 11 9 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, Ca

ISSUED BY

Ram HeibelPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55911

Date: Feb. 11, 2003

From: W. Lyons

Address: 124 Euclid Ave B SD 92114

Sixty Four dollars &amp; 00/100 Dollars (\$ 64.00)

in part Payment of Pre-need lot &amp; trust

Lot 123 Grave 11 Row Section 2 Division Block 11

Invoice No. R 116264

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 124.00

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE

PAID

FEB 11 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, Ca

ISSUED BY Pam Hetzel

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

6431

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	64 00
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

56021

Date: March 11, 2003
 From: W. Lyons Address: 126 Euclid Ave SD 92114  
Sixty Four & 00/100 Dollars (\$ 64.00)  
 in paid Payment of pre need lot & trust  
 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11
Invoice No. E 116206

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 60.00NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 11 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY Ann Heber

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒5643

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56104

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 4, 2003
 From: William/Sandra Lyons Address: on record  
Sixty and 00 Dollars (\$ 60.00)

 in full Payment of Paid in full for lot & trust account  
 Lot 123 Grave 11 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16266BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE**PAID**

APR 04 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>60.00</u>
Trust	77186	
Sales Tax	60101	
	78390	<u>60.00</u>
TOTAL PAID	\$	

Pre-Paid  
2nd

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-13-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARINO ALONZO & ANNA ALONZO

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_  
will be applied and billed to undersigned. \_\_\_\_\_

✓ Lot 484 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_ 995.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 995.00

Paid receipt number R-53488 249.00

Balance due 746.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Marino S. Alonzo

Address 7866 PALM ST.

City SAN DIEGO, CA - 92114

Telephone (619) 698-8657

Zip Code

Work Order # E16267

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



ALONZO, MARINO &amp; ANNA

2599 Oak Springs Dr. Chula Vista 91915  
7966 Pala St., San Diego 92114 698-8657 (619) 934 7749

E-16267

DEBIT

CREDIT

BALANCE

3-13-01 Opened pre-need lot.

Lot 484 Division 10

995.00

995.00

03-01 Receipt 53488

249.00

746.00

4-10-01 VISA 2 months

62.00

684.00

6-14-01 Receipt 53816

-62.00

622.00

8-16-01 Receipt 54036

62.00

560.00

8-8-02 R- 54746

186.00

374.00

3-7-03 Mailed delinquent notice

3-4-03 R56040

374-

0

PAID

MAR 14 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ALONZO, MARINO &amp; ANNA ALONZO

Small Box:  
(Skull only)

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date MARCH 13, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011101 ME# 001975

in a \_\_\_\_\_ Funeral, date, time WEDS. MAR. 14 10:00am

Church, Chapel, Graveside (DELIVERY ONLY) ; AZTLAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

Lot 1 Grave 6 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... PA 1 D

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... 1-30-0

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Deputy PA Guardian:  
Roma Stronach

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 345381

Acct. # 000952

Work Order # E 16268

3/15/01  
PR



E-16268

Unknown

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND,

PA # 2001101

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DOE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>UNKNOWN</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/22/2000</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>RONA STROBACH-DEPUTY PUBLIC CORONER 5201-A RUFFIN RD. SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1658</b>		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit  
**Nancy Lopez**8B. DATE SIGNED  
**3/14/01**

## PERMIT

00-01975  
DOE  
AUTHORIZATION OF  
LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID

\$ 7.00

9B. DATE PERMIT ISSUED

NANCY LOPEZ

03/14/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

Nancy R. [Signature]

ANY CHANGE IN DISPOSITION  
REQUIRES A NEW  
TO SHOW FINAL  
DISPOSITION.9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—  
IF DEATH OCCURRED IN CALIFORNIA  
**VITAL RECORDS P.O. BOX 85222  
SAN DIEGO, CA 92186-5222**9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—  
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-14-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>[Signature]</b>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 6/91)



per Jeffrey

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date March 14, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMANTHA DIANNE CARTER TUES 3-20

in a LINER Funeral, date, time MON. MAR. 19 11:00am  
Type of Burial Container  
Church, Chapel, Graveside : S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 105 Grave 4 Row - Section 2 Division/Block 12

Grave space & Care Fund .....	<b>\$895.00</b>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<b>375.00</b>
Burial Container .....	<b>190.00</b>
Handling Fees .....	<b>145.00</b>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<b>45.00</b>
Sales taxes .....	<b>14.25</b>

**PAID**

**MAR 15 2001**

**MT HOPE CEMETARY  
CITY OF SAN DIEGO, CA**

Total Due ..... **1,664.25**

Paid receipt number R-53468 1664.25

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment to be held under decedent.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
→ Address \_\_\_\_\_  
→ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
→ Telephone \_\_\_\_\_

*(See attached)*

Work Order # **E 16269**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

B.S.:  
Mother Ruth Alma Jones  
in grave #5. (next to this grave).

.....

DAID

MAR 2 1941

STATEMENT FROM THE  
OFFICE OF THE  
DEPARTMENT OF THE ARMY

1933

E-16269

DATE	TIME	DE	LOCAL TIME	WIND	WAVE	WAVE PERIOD	WAVE DIRECTION
25/10/61	14:08	00-00-33					





# 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) <b>SAMANTHA</b>	1B. MIDDLE <b>DIANNE</b>	1C. LAST (FAMILY) <b>CARTER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/24/1967</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/13/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GISELLE HUGHES - FRIEND 4639 HAMILTON ST. SAN DIEGO, CA 92106</b>	
7A. NAMED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103226 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>03/19/2001</b>		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/20/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J. JOHNSON</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-20-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

E-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	
	Mildred Johnson (No Marker)	open	X	Ruth Alma Jones	open	
	8	9	10	11	12	
	open	open	Gabriel Palmer	open	Laura Reeder	

Interment space for: SAMANTHA DIANNE CARTER

Interment Date: Tues 3-20 Time: 11:00

Lot: 105 Grave: 4 Row: - Sect: 2 Div: 12

Grave Laid out by: N F Vic

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 3/19/01

E-16269



NO  
CHAIRS

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-14-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERIC KRELL

in a LINER Type of Burial Container Funeral, date, time FRI 3-16 11:00

Church, Chapel, Graveside DELIVERY ONLY FEATHERINGILL Mortuary.  
1 witness STEVE

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 204 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_ 895.00

Additional spaces and care fund \_\_\_\_\_ —

Opening/Closing & Setup PAID 375.00

Burial Container MAR 15 2001 190.00

Handling Fees 145.00

Flower vases — Marker setting fee MT. HOPE CEMETARY —

Recording and filing fee CITY OF SAN DIEGO, CA. 45.00

Sales taxes 14.25

Total Due 1664.25

Paid receipt number R-53464 1664.25

Balance due 0

I hereby certify I am the X Mortuary of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
Signature X Richard E. Cook  
Address 6322 El Cajon Blvd.  
S.D. CA. 92115  
City 619-583-9511 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # E 16270 Acct. # \_\_\_\_\_

NO  
CHAIRSMT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-14-01You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of ERIC KRELLIn a LINER

Type of Burial Container

Funeral date, time

FRI 3-16 11:00Church, Chapel, Graveside DELIVERY ONLY FEATHERINGILL Mortuary.All Funeral calls must arrive before 3:30 p.m. of regular work day or an extra charge of \$  
STEVE

will be applied and billed to undersigned.

Lot 204 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12  
Grave space & Care Fund 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing &amp; Setup \_\_\_\_\_

Burial Container 375.00Handling Fees 190.00Flower vases - Marker setting fee 145.00

Recording and filing fee \_\_\_\_\_

Sales taxes 45.00Total Due 1664.25

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the REPRESENTATIVE of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Ann Amodeo  
Signature  
X 6322 E1 CAPN BLVD  
Address  
X SAN DIEGO CA 92115  
City Zip Code  
X 619-583-7511  
TelephoneWork Order # E 16270

REA-104 (T-96)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

This information is available in alternative formats upon request.  
Printed on recycled paper



E-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			
open <sup>8</sup>	9	10	204 <sup>11</sup> X	open <sup>12</sup>	ULLOA <sup>7</sup>	2
	PELTASO	open				ULLOA
			open			

Interment space for: ERIC KRELLInterment Date: FRI 3-16 Time: 11:00Lot: 204 Grave: 11 Row: \_\_\_\_\_ Sect: 2 Div: 12Grave Laid out by: NORM & VICENTEAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: KEVIN Date: \_\_\_\_\_

fly on grave



E 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) <b>Eric</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Krell</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/08/1930</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/12/2001</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Featheringill Mortuary 6322 El Cajon Blvd., S San Diego, CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <b>[Signature]</b>	

03/13/2001

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$ 7000</b>	9B. DATE PERMIT ISSUED <b>03/14/2001</b> <b>C. Maggard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2104799</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222, San Diego, CA 92186-5222</b>		
CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
 ☐ E. TEMPORARY ENVAULTMENT  
☐ B. CREMATION
 ☐ F. DISINTERMENT  
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
 ☐ G. SHIP IN TO CALIFORNIA  
☐ D. SCIENTIFIC USE
 ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-15-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>[Signature]</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY 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

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAWRENCE BAARNS

in a LINER Funeral, date, time SAT 3-17 11:00

Church, Chapel, Graveside Mortuary, HUMPHRY

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

Lot 162 Grave 7 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund SAT OVERTIME 600.00

Opening/Closing & Setup 375.00

Burial Container PAID 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MAR 15 2001

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 2264.25

Paid receipt number R-53466 2264.25

Balance due 0

I hereby certify I am the EXECUTOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature [Signature]

Address 1424 Awan Dr

City CU Zip Code 91911

Telephone 619 656 9402

Work Order # E 16271 Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

REA-104 (7-96) This information is available in alternative formats upon request.



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LAWRENCE</b>	1B. MIDDLE <b>HOWARD</b>	1C. LAST (FAMILY) <b>BARNES, JR.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/13/1957</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/14/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Deborah A. Kinzel-Barnes—Mother of</b> <b>Minor Child</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mumphrey Chula Vista Mortuary-753 Broadway</b> <b>Chula Vista CA 91910</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		8. SIGNATURE OF APPLICANT—Person taking permit <b>Judith E. King</b>	
				8B. DATE SIGNED <b>03/16/2001</b>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
<b>PERMIT</b> THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b> 9B. DATE PERMIT ISSUED <b>03/16/2001</b> 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J.E. King</b>
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222</b> <b>San Diego CA 92186-5222</b> 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVaultMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market Street</b> <b>San Diego CA 92102</b>	11B. DATE BURIED <b>3-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Norman Ferguson</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



2 YEARS OLD  
3' 6" L  
15 W  
14 H

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-15-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TYRELL QVILLAR

In a                      Funeral, date, time TUE 3-20 1:00

Church Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$              will be applied and billed to undersigned.                                     

Lot 766 Grave              Row              Section 1 Division 9

Grave space & Care Fund                                      100.00

Additional spaces and care fund                                                  

Opening/Closing & Setup PAID 125.00

Burial Container                                                  

Handling Fees                                                  

Flower vases - Marker setting                                                  

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes                                                  

Total Due 370.00

Paid receipt number R-53472 270.00

Balance due 0

I hereby certify I am the                                      of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed                                     

Signature                                     

Address                                     

City                                     

Telephone                                     

Zip Code                                     

Work Order # E16272

Invoice #                                     

Acct. #

E-16272

DATE	ST. CTS. WORK	TIME WORKED	DEPT. CODE	EMP.
1947-12-13	14:10	10:00-11:00	100-15001	100-15001

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.

			open	Smith	Boyer	W
			166 X			
			open			

Interment space for: TYRELL QUILLARInterment Date: TUE 3-20 Time: 1100Lot: 766 Grave:  Row:  Sect: 1 Div: 9Grave Laid out by: Norm & KenAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By:  Date: 

\*flag on grave



E-16272

2 YEARS OLD

3' 6" L

MY HOPE CERTIFICATE  
INTERMENT ORDER

DATE 3-15-01

TYRELL GULLAR

TUE 3-20-00  
MAGS BAGE

Gravestone	1	9
Gravestone	1	10.00
Gravestone	1	12.50
Gravestone	1	15.00
Gravestone	1	17.50
Gravestone	1	20.00
Gravestone	1	22.50
Gravestone	1	25.00
Gravestone	1	27.50
Gravestone	1	30.00

I hereby certify that the above is a true and correct copy of the original record as shown to me by the Registrar of the County of [ ] State of [ ] and that I have the same in my possession and control.

Witness my hand and seal this [ ] day of [ ] A.D. 19[ ]

X [Signature]  
[Name]  
[Address]  
[City, State, Zip]

E16272

E-16272

(2)

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Tyrell</b>	1B. MIDDLE <b>Marcha</b>	1C. LAST (FAMILY) <b>Quillar</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/09/1998</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/11/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Vickie Quillar, Mother</b> <b>5157 Naranja St.</b> <b>San Diego, CA 92105</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/16/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/19/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>2105092</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-20-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE <b>-</b>

COPY 2 IS RETAINED BY 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

W = 30 1/2  
L = 80

City of San Diego

Date 3-16-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SHARON M. DARE

# 6 BELL LINER

Funeral, date, time Weds. March 21 1030 am

Church, Chapel Graveside EL Camino - BenBough Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 54 Grave 5 Row GAR Division Block 1

Grave space & Care Fund PAID

Additional spaces and care fund

Opening/Closing & Setup MAR 19 2001 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee (1) Galv. Flower Vase 23.75

Recording and filing fee 45.00

Sales taxes 14.25

3-20-01 R-53478 32.25 Total Due 793.00

PAID FOR DIFFERENCE Paid receipt number 53471 793.00

OF #6 LINER Balance due 0

I hereby certify I am the SON of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. Steven J. Dare

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature Steven J. Dare  
Address 421 Shady Ln #29  
City El Cajon Ca 92021  
Telephone (619) 401-1722

Work Order # E16273 Invoice #  
Acct. #



E-16273

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.

					R B churchill	V M churchill
		JOHNSON	54 X 5	G. churchill HANDEN	WOODWARD	WOODWARD
			ROAD			

Interment space for: SHARON DARE

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 54 Grave: 5 Row: \_\_\_\_\_ Sect: GAR Div: 1

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*lay on  
grave*

# 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) <b>SHARON</b>		1B. MIDDLE <b>MARGARETE</b>		1C. LAST (FAMILY) <b>DARE</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/08/1939</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/15/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CYNDI BLAYLOCK - DAUGHTER</b> <b>PO BOX 938</b> <b>JULIAN, CA 92036</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - BENBOUGH CHAPEL</b> <b>3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pauline Valentine</i>				8B. DATE SIGNED <b>03/19/2001</b>	

\* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID  <b>\$7.00</b>		9B. DATE PERMIT ISSUED  <b>03/19/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2105101</b> <b>P Valentine</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA  					

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> B. CREMATION<br><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY<br><input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT<br><input type="checkbox"/> F. DISINTERMENT<br><input type="checkbox"/> G. SHIP IN TO CALIFORNIA<br><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David L. Funder</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-19-01

PRE-NEED  
LOT & TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSE & DENISE SANCHEZ

In a DOUBLE DEPTH Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

Lot <u>123</u>	Grave <u>2</u>	Row _____	Section <u>2</u>	Division/Block <u>12</u>	
Grave space & Care Fund .....					895.00
Additional spaces and care fund <u>galvanized flower box</u> .....					237.5
Opening/Closing & Setup <u>2 at 375</u> .....					750.00
Burial Container .....					380.00
Handling Fees .....					320.00
Flower vases <u>Marker setting fee</u> .....					125.00
Recording and filing fee <u>2 at 45</u> .....					90.00
Sales taxes .....					28.50
Total Due .....					2612.25
Paid receipt number <u>VISA</u> .....					653.00
Balance due .....					1959.25

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X [Signature]  
Signature  
X 7470 TULSED ST  
Address  
X LEMAN GROVE CA 91945  
City  
X 638-9542  
Telephone

Work Order # E16274

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

SANCHEZ, JOSE &amp; DENISE 7470 Tweed St., Lemon Grove 91945 698-9542

			Debit	Credit	Balance
03-19-01	Opened <u>pre-need lot &amp; trust.</u>				
	Lot 123, Grave 2, Section 2, Division 12		895.00		895.00
	Trust includes 2 opening/closings, double depth crypt, handling fee, 2 recording fees, tax on crypt. Also galvanized flower vase and marker setting fee. PAID		1568.50		2463.50
			23.75		
			<u>125.00</u>		2612.25
03-19-01	Visa		<u>148.75</u>	80%	653.00 1959.25
4-3-01	R-53526			82.00	1877.25
05-04-01	R-53649	Coupon 2		82.00	1795.25
6-1-01	R-53762	3		82.00	1713.25
7-10-01	R-53897	4		82.00	1631.25
8-7-01	R-54008	5		82.00	1549.25
9-11-01	R-54120	6		82.00	1467.25
10-11-01	R-54223	7		82.00	1385.25
11-15-01	R-54339	8		82.00	1303.25
12-14-01	R-54446	9		82.00	1221.25
1-8-02	R-54530	10		82.00	1139.25
2-6-02	R-54630	Coupon 11		82.00	1057.25
3-6-02	R-54738	Coupon 12		82.00	975.25
4-3-02	R-54827	13		82.00	893.25

Rem to  
Trust

OVER



Ben to Trust

			DeBIT	CREDIT	BALANCE
					893.25
5-16-02	R-54996	Coupon 12		82.00	811.25
5-30-02	R-55044	" # 15		82.00	729.25
7-8-02	R-55184	" # 16		82.00	647.25
8-1-02	R-55264	" 17		82.00	565.25
9-4-02	R-55368	# 18		82.00	483.25
10-9-02	R-55502	# 19		82.00	401.25
11-6-02	R-55588	20		82.00	319.25
12-9-02	R-55715	21		82.00	237.25
1-7-03	R-55796	22		82.00	155.25
2-3-03	R-55878	23		82.00	73.25
3-6-03	R-55986	24 Paid-in-full		73.25	0

Trust



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55986

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 6, 20 03
 From: Jose & Denise Sanchez Address: on record  
Seventy Three and Twenty Five Cents Dollars (\$ 73.25)  
 in \_\_\_\_\_ Payment of pre-need lot & trust paid in full  
 Lot 123 Grave ~~123~~ 2 Row \_\_\_\_\_ Section 2 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

3400

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

ISSUED BY

Paula C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>73.25</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>73.25</u>

## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY  
 PINK \_\_\_\_\_ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55878

Date: Feb. 3, 2003
 From: Jose Sanchez Address: 7470 Tweed St. L.G. 91945  
Eighty two dollars & 00/100 Dollars (\$ 82.00)  
 in part Payment of Pre need lot & trust

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_
Invoice No. E16274

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 73.25NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 03 2003

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	<u>82</u>	<u>00</u>
Sales Tax	60101		
	78390		

TOTAL PAID \$ 82.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55796

Date: 1-7-03 .20

From: Joe Sanchez Address: 7470 Tweed St Lemon Grove 91945  
Eighty Two Dollars (\$ 82.00 )

in part Payment of Pre-Need Lot & Trust  
Lot 123 Grave 2 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274

BALANCE DUE 155.25

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

3375

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	82	00
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

82 00



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

55715

Date: 12-9-02, 20

From: Joe Sanchez Address: \_\_\_\_\_  
Eighty Two Dollars (\$ 82.00 )

in part Payment of Pre-need Lot - Trust  
Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 237.25

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>82.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

ISSUED BY

TOTAL PAID

\$

82.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

No 55588

Date: 11-6-07, 20

From: Jose Sanchez Address: On Record

In: Eighty Two Dollars (\$ 82.00)

In part Payment of Pre-need Lot &amp; Trust

Lot 123 Grave 2 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274

BALANCE DUE 382.25

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	82 00
Trust	77186	0002
Sales Tax	60101	
	78390	
TOTAL PAID	\$	82 00

ISSUED BY

3355

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55502

## MOUNT HOPE CEMETERY

(619) 527-3400

Date:

10/09, 2002

From: Jose M. Sanchez

Address: on record

Eighty-Two and 00

Dollars (\$ 82.00)

In Part Payment of Pre-need lot + trust account

Coupon # 19

Lot 123

Grave 2

Row

Section 2

Division Block

12

Invoice No.

Acct. No.

W.O.

E-16274

BALANCE DUE

\$464.25

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	77186
Sales Tax	60101
	78390

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3340

ISSUED BY

Paulette C.

TOTAL PAID

\$

82.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55368

Date: 9-4, 2002
 From: Jose M. Sanchez Address: on record  
Eighty-Two and 00 Dollars (\$ 82.00 )  
 In part Payment of pre-need lot/trust account, Coupon # 18

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$ 546.25NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

3327

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	82 00
Trust	77181-9822	
Sales Tax	80101	
	78390	

TOTAL PAID

\$

82 00

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55264

Date:

8/1

2002

From:

Jose M. Sanchez

Address:

on record

In

Eighty - TWO

Dollars (\$

82.00

Payment of

Pre-need Lot/Trust Account

Coupon #17

Lot

123

Grave

2

Row

Section

2

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-16274

\$628.25

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT 67007

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording &amp; 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 80101

78390

Pre-Need Lot ☒At Need ☐On Acct ☐Pre-need Trust ☒Cash ☐Check ☐

3316

ISSUED BY

Paulette C.

TOTAL PAID

\$

82.00

82.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55184

Date: 7-8-, 2002
 From: Jose M. Sanchez Address: on record  
Eighty - Two and 00 Dollars (\$ 82.00 )  
 In part Payment of pre-need lot/trust, Coupon #16

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$ 710.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>82.00</u>
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 82.00Paulette C.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55044

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 30, 2002
 From: Jose M. Sanchez Address: on record  
Eighty-Two and 00 Dollars (\$ 82.00 )

 In: part Payment of Pre-need lot & trust account  
Coupon # 15

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$792.25NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3291

ISSUED BY

Builette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>82.00</u>

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54996

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Jose Sanchez Address: 7470 Truelitt St Lemon Grove Date: 5-16-03, 20  
Eighty Two Dollars (\$ 82.00)  
In part Payment of Pre-Need Lot & Trust

Lot 123 Grave 3 Row 3 Section 3 Division 12  
Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 811.25 E-16274BALANCE DUE 811.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	82 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	82 00

3278

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54827

From: Jose Sanchez Address: 7470 Tweed St Lemon Grove 91945 Date: 4-3-07 , 20  
Eighty Two Dollars (\$ 82.00)  
In part Payment of Pre-Need Lot & Trust

Lot 123 Grave 2 Row 2 Section 2 Division 12  
Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 811.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	82	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

ISSUED BY

3266



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54738

 From: Jose & Denise Sanchez Date: March 6, 2002  
 Address: on record
Eighty-two Dollars (\$ 82.00 )

 In part Payment of Pre-need lot & trust account for  
Sanchez, Jose/Denise Coupon # 12

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$ 975.25Pre-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	

TOTAL PAID \$ 82.00
P. Crawford

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54630

Date: February, 20 02
 From: José Sanchez Address: on record  
Eighty-Two and 00 Dollars (\$) 82.00

 In part Payment of Pre-need Lot & Trust Account  
Coupon # 11

 Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$ 1057.25Pre-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	83033	<u>82.00</u>
Trust	9022	
Salee Tax	60101	
	78390	
TOTAL PAID	\$	<u>82.00</u>

ISSUED BY

Paulette Crawford  
 3245

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54530

From: Jose Sanchez Address: On Record Date: 1-9, 2002  
Eighty Two Dollars (\$ 82.00 )  
 In part Payment of Pre-need Lot - Trust

Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1139.25NOT 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	82	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3230

ISSUED BY



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54446

From: Joe Sanchez Address: 7470 Tweed St Lemon Grove Date: 12-14, 2001  
Eighty Two Dollars (\$ 82.00)  
 In Part Payment of Pre-Need Lot & Trust

Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1221.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	82	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

3226

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54339

From: Jose Sanchez Address: Don Record Date: 11-15, 20 01  
Eighty Two Dollars (\$ 82.00 )

In part Payment of Pre-Need Lot & Trust  
marker setting fee & grave use paid in full. Don to Trust  
Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1303.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3211

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	10	00
Containers	77182		
	100	13	00
Handling Fee	77185		
Recording &	100	43	00
Misc. Fees	77183		
Pre-Need	63033	15	25
Trust	9022		
Sales Tax	60101		75
	78390		
TOTAL PAID	\$	82	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54223

Date: 10-10, 2001
 From: Jose Sanchez Address: On Record  
Eighty Two Dollars (\$ 82.00 )

 In part Payment of Pre-Need Lot + Trust  
partial for marker setting fee + gold flower vase

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1385.25
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007		
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	82	00
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

ISSUED BY

3203



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54120

Date: 9/11/2001, 20

From: José M. Sanchez Address: 7470 Tweed Street  
Eighty-Two Dollars & 1/100 Dollars (\$ 82.00)  
In: part Payment of Pre-Need Trust for José + Denise Sanchez

Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE \$1467.25Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

3200

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

PAID

SEP 10 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGOISSUED BY Lillie Prince

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	82	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54008

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Joe Sanchez Date: 8-7, 2001  
 Address: 7170 Tweed St Lemon Grove 91945  
Eighty Two Dollars (\$ 82.00 )  
 In part Payment of Pre-Need Lot & Trust

Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1549.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3185

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	19	00
20% Sales Care	77184		
80% Sales	100	63	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	82	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53897

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 10th, 2001
 From: José + Denise Sanchez Address: 7470 Tweed ST., Lemon Grove, CA 91945  
EIGHTY - TWO - NO/100 Dollars (\$) 82.00
In -part Payment of Pre-Need LOT + TRUST
 Lot 123 Grave 2 Row — Section 2 Division 12 Block
Invoice No.       Acct. No.       W.O. E-16274BALANCE DUE 1,631.25Coupon #4Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 5-94) CK# 3176NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

JUL 10 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	82.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53762

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Jose Sanchez Address: 7470 Thelma St. Lemon Grove Date: 6-1, 2001  
Eighty two Dollars (\$ 82.00 )  
 In part Payment of Pre-Need Lot & Trust

Lot 123 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E- 16274BALANCE DUE 1713.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	82 00

3172

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

53649

Date: May 4th, 20 01From: Jose & Denise Sanchez Address: 7470 Tweed St., Lemon Grove, CAEighty-Two and NO/100 Dollars (\$ 82.00 XXV)In - Part Payment of Pre-Need Lot & TRUSTLot 123 Grave 2 Row — Section 2 Division 12  
BlockInvoice No. —Acct. No. —W.O. E-16274BALANCE DUE 1,795.25Coupon #2Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AG-212 (Rev. 5-94) #3158NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

MAY 04 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	82 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	82 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53526

## MOUNT HOPE CEMETERY

(619) 527-3400

From: Joe Sanchez Date: 4-3, 2001  
Eighty Two Address: 7470 Tweed St Lemon Grove 91945  
 In part Payment of Pre-Need Lot & Trust Dollars (\$ 82.00 )

Lot 123 Grave 2 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16274BALANCE DUE 1877.25Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>19 00</u>
80% Sales	100	<u>63 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>82 00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 19, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Katherine L. Cronk

In a Liner Funeral, date, time Thurs March 22 11:00am

Church, Chapel Graveside : Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X JKW

Lot 404 Grave — Row — Section — Division Block 10

Grave space & Care Fund Pre-Need D-3870 & D-9494 Q

Additional spaces and care fund —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee —

Sales taxes —

**PAID**

MAR 19 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due —

Paid receipt number Pre-Need

Balance due Q

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16275

Invoice # —

Acct. # —

E 16275

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. **NOTE:** 2nd Burial

Double Depth - LINER

	402	403	404	405	406	
	Addie E. Porter	Anna B. Murphy	X	Eulalie C. Lee no marker	Alice Hubbard	

Interment space for: Katherine L. CronkInterment Date: Thurs March 22 Time: 11:00 amLot: 404 Grave: — Row: — Sect: — Div: 10Grave Laid out by: Norm + VicentaAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: [Signature] Date: —Flag  
on  
Grave



E-16275

87

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Katherine</b>	1B. MIDDLE <b>Louise</b>	1C. LAST (FAMILY) <b>Cronk</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/18/1913</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/17/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Judith Kay Watters, daughter 450 E. Bradley Ave. #14, SanCajon, CA 92021</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/19/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/18/2001</b> <b>C. Maggard</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105102</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>My. Hope Cemetery 3751 Market ST. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-22-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PRE-NEED  
LOT & TRUST

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARDIE FLENOID

in a BELL LINER Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

✓ Lot 126 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 13

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... **PAID**

Opening/Closing & Setup ..... 375.00

Burial Container ..... APR 30 2001 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO

Recording and filing fee ..... 45.00

Sales taxes ..... 14.25

DORA ABBETA Total Due ..... 1564.25

Paid receipt number R-53621 1564.25

X Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature See

X Address attached

X City \_\_\_\_\_

Zip Code \_\_\_\_\_

X Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16276



MAR-19-'01 MON 11:17 ID:MT HOPE CEMETERY

TEL NO:

4300 P02

PRE-NEED  
LOT - TRUSTMT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-19-01You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of ARDIE FLENOIDin a BELL LINER Funeral, date, time

Church, Chapel, Grave, etc.

CA BURIAL Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 126 Grave 11 Row 3 Division 13Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00Burial Container 190.00Handling Fees APR 30 2001 145.00Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00Recording and filing fee CITY OF SAN DIEGO, CA 14.25Sales taxes 1564.25Total Due 1564.25Paid receipt number 53621 1564.25Balance due 0

I hereby certify I am the X of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

[Signature]  
Signature of recorded holder of deed

X [Signature]  
Address 5880 E Canyon Blvd.  
City San Diego, CA 92115  
Telephone (619) 234-3272

Invoice #

Work Order # E 16276

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 19, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quayle Johnson

in a Liner Funeral, date, time Fri March 23 11:00am

Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X/M.

Lot 120 Grave 849 Row — Section 2 Division Block 12  
Grave space & Care Fund 89.5 x (2 Lots) 1,790.00  
Additional spaces and care fund —  
Opening/Closing & Setup 375.00  
Burial Container Bell Lin **PAID** 190.00  
Handling Fees 145.00  
Flower vases - Marker setting fee MAR 21 2001  
Recording and filing fee MT. HOPE CEMETARY 45.00  
Sales taxes CITY OF SAN DIEGO, CA 14.25

Total Due 2,559.25

Paid receipt number 53484 2,559.25

Balance due 0

I hereby certify I am the X SON - N - LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under c's & d

Signature of recorded holder of deed

Address

City

Telephone

Invoice #

Acct. #

Work Order #

**E16277**

E-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.

	120	Clifford May Holmes (NO MARKER)				
	120	7	8	9		
		Pearlie Foster (NO MARKER)	X	open		
	132	Edmond Bradley	Martha Lewis			

Interment space for: MR. Quayle Johnson

Interment Date: Fri. March 23 Time: 11:00 am

Lot: 120 Grave: 8 Row: — Sect: 2 Div: 12

Grave Laid out by: [Signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 3-22-01

Flag  
on  
Grave

1	2	3	4	5	6
7	<del>8</del>	9	10	11	12



# 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) <b>QUAYLE</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>JOHNSON</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>07/28/1918</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/17/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LILLIAN HOBBS-WIFE</b> <b>2729 K STREET</b> <b>SAN DIEGO, CA 92102</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kenneth Benyard</i>				8B. DATE SIGNED <b>03/20/2001</b>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
<b>PERMIT</b>		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/20/2001</b> <b>J. BENYARD</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105158</b>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS-P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.													
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES: ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
<b>FOR CORONER'S USE ONLY</b>													
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>3-23-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE \_\_\_\_\_ TO CUSTOMER  
 CANARY \_\_\_\_\_ CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**AT-NEED PURCHASE  
MOUNT HOPE CEMETERY**

(619) 527-3400

 Entered 61408  
 in news Bulletin

Date: 1/20, 2009

 From: Lillian Johnson Address: 2729 - 'K' Street, SD CA 92102  
 Seven and 54/100 Dollars (\$) 7.54

 In Payment of Galv. insert for Quayle Johnson  
 Div 12 Sec 2 Blk/ Row Lot 120 Grave 8

Invoice No. E-16277

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE ~~0~~NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE

PAID

JAN 20 2009

MOUNT HOPE CEMETERY

☐ Money Order☒ Charge☐ Check

M.C.

AP020718

ISSUED BY

Paullette C.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Sales Tax	60101
	78390

 7.00  
 54

TOTAL PAID

\$

7.54

AC-212A (11-05)

This information is available in alternative formats upon request.

 Wb 6718  
 6718



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE PA 200011140 ME 00-361

in a Double Death Funeral, date, time Wed 3-21 11:00

Church, Chapel, Graveside Delivery Only: Aptan 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 1T Row Section Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 345496 3/22/01 PC

Acct. # 000952

Work Order # E16278



E-16278

UNK.  
Age

## 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) <b>JOHN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DOE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>UNKNOWN</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/09/2001</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>JULIAN</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROMA STRONACH-DEPUTY PUBLIC CLERK 5201-A RUFFIN RD. SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FOSTERARIA AZULAN 2436 MARKET ST., SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1658</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Nancy Lopez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <i>2/16/01</i>			

PERMIT  
01-00313AUTHORIZATION OF  
LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID

\$ 7.00

9B. DATE PERMIT ISSUED

NANCY LOPEZ  
03/16/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

*George R. [Signature]*ANY CHANGE IN DISPOSITION  
REQUIRES A NEW  
TO SHOW FINAL  
DISPOSITION.9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—  
IF DEATH OCCURRED IN CALIFORNIAVITAL RECORDS P.O. BOX 85222  
SAN DIEGO, CA 92186-52229E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—  
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92182</b>	11B. DATE BURIED <b>3-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Nancy L. Fink</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date March 20, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Grace Grable  
in a Liner Funeral, date, time (Fri 3-23 1:00)  
Church, Chapel, Graveside : Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X

Lot 1244 Grave - Row - Section 3 Division Block 8  
Grave space & Care Fund Pre-Need Lot C-3937 X

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container Bell Liner ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... PAID

Recording and filing fee MAR 20 2001 ..... 45.00

Sales taxes ..... 14.25

**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, Ca**

Total Due ..... 769.25

Paid receipt number R-53481 ..... 769.25

Balance due 0

I hereby certify I am the X Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Print 7  
→ X Signature  
→ Address See attachment  
→ City ( ) Zip Code  
→ Telephone

Work Order # E16279

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 20, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Grace Grable  
in a Liner Funeral, date, time (MARCH 23, 2001 1:00 PM)  
Church, Chapel, Graveside Berge-Roberts Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. X Betty G. Tripp

Lot 1244 Grave — Row — Section 3 Division 8

Grave space & Care Fund Pre-Need Lot C-3937

Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container <u>Bell Liner</u>	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.25</u>
Total Due	<u>769.25</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the X DAUGHTER of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under dead.

Signature of record holder of said

X Betty G. Tripp  
Signature  
→ 2841 MIMIKA PLACE  
Address  
→ SAN DIEGO CA 92117  
City  
→ (858) 277-6189  
Telephone

Work Order # E16279

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

REA-104 (7-99)

This information is available in alternative formats upon request.



E-16279

## 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.

1241 RODRIGUEZ	1242 HUMPHRIES	1243 E. GRABLE	1244 X	1245 STOVER	1246 JENKINS	1247 LEAMAN
			OPEN			

Interment space for: Grace GrableInterment Date: FRI 3-23 Time: 1:00Lot: 1244 Grave: — Row: — Sect: 3 Div: 8Grave Laid out by: [Signature]Agrees with Legal Card: ☐ Yes ☐ No\*fly on  
GraveAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: [Signature] Date: 5-22-01

E-16279

# E-16279 (95)

## 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) <b>GRACE</b>	1B. MIDDLE <b>MAYE</b>	1C. LAST (FAMILY) <b>GRABLE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/30/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/19/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BETTY TRIPP - DAUGHTER</b> <b>2841 MIMIKA PLACE</b> <b>SAN DIEGO, CA 92111</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY</b> <b>BLVD, NATIONAL CITY, CA 91950</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valentine</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as Applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/21/2001</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>03/23/2001</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2105407</b> 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b> 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST,</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-23-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE PA 26011141 ME 00-313

in a DOUBLE DEPTH Funeral, date, time WED 3-21 11:00

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 62 Grave 13 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... 4-30-01

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

PA Total Due ..... 386.00

Roma 2. Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 345495

Acct. # 000952

Work Order # E16280



# 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) <b>JOHN</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DOE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>UNKNOWN</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/16/2001</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROMA STRONACH—DEPUTY PUBLIC GUARDIAN</b>
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FUNERARIA AZTLAN</b> <b>2436 MARKET ST., SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1658</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>5201-A RUFFIN RD.</b> <b>SAN DIEGO, CA 92123</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Nancy Lopez</i> 8B. DATE SIGNED <b>03/16/2001</b>		

<b>PERMIT</b> <b>01-00361</b> AUTHORIZATION OF "LOCAL REGISTRAR"	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>NANCY LOPEZ</b> <b>03/16/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST.,</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-21-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Harold L. Fambler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date March 20, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alicia T. OBINA

in a Bell Liner Funeral, date, time Mon. March 26 12:30pm  
Type of Burial Container  
 Church Chapel Graveside : Bayview CREMATION and BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular workday or an extra charge of \$ 150.00  
 will be applied and billed to undersigned. X TBN

Lot 147 Grave 1 Row - Section 2 Division Block 12  
**PAID** 895.00

Grave space & Care Fund 895.00

Additional spaces and care fund MAR 20 2001 375.00

Opening/Closing & Setup 375.00

Burial Container Liner MT. HOPE CEMETARY 190.00

Handling Fees CITY OF SAN DIEGO, CA 145.00

Flower vases - Marker setting fee (1) Trion Vase & (12 X 24) Setting Fee 171.88

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1,836.13

Paid receipt number VISA 1,836.13

Balance due 0

I hereby certify I am the X EX-Spouse/husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. Michelle Dearborn

Michelle Dearborn  
Signature of person in deed  
(Lot Buyer)

X Terrance B. Andrade  
→ Terrance B. Andrade  
Signature  
→ 1124 Jamacha Lane  
Address  
→ Spring Valley, CA 91977  
City  
→ (619) 461-1934  
Telephone Zip Code

Invoice # \_\_\_\_\_

Work Order # **E 16281**

Acct. # \_\_\_\_\_

E-16281



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.

			Edwin Howard Meyer			
			1	2	3	
		Annie MULLY BETH KING	X	open	LEONA IRENE NAZORKINICZ	

Interment space for: Alicia T. OBina

Interment Date: Mon. March 26 Time: 12:30 pm

Lot: 147 Grave: 1 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag  
on  
Grave

Blind Check & Verified By: Kenneth Collins Date: 3/23/01


E-16281

E-16281


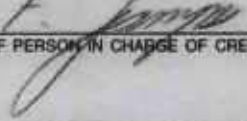
53

## 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) <b>ALICIA</b>	1B. MIDDLE <b>TUMINO</b>	1C. LAST (FAMILY) <b>OBINA</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/25/1947</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/16/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MICHELLE DEARBORN — DAUGHTER</b> <b>233 N. HOLLISON AVE. #38</b> <b>EL CAJON, CA 92021</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BAYVIEW MEMORIAL FUNERAL HOME</b> <b>564 BROADWAY, EL CAJON, CA 92021</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1709</b>	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/20/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/20/2001</b> <b>M. SHIRONA</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105216</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE, ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY</b> <b>3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 3-20-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bennie ROBERTS

in a Bell Liner Funeral, date, time THUR 3-22 1:00

Church, Chapel, Graveside Ca Bernal GARY 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. XUMP

Lot 143 Grave 10 Row — Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container Bell Liner 190.00

Handling Fees 145.00

Flower vases — Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.25

Total Due 1,664.25

Paid receipt number 53482 1,664.25

Balance due 0

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MYRA ROBERTS

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Myra Roberts  
Signature  
X 274 ENCINITAS Ave.  
Address  
X SAN DIEGO, CA 92114  
City Zip Code  
X (619) 479-8172  
Telephone

Work Order # E16282

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





E-16282

LEGAL

LOT 143

SECTION 1

DIVISION 12

	DECEASED	OWNER
1	TOLLIVER, Annie Mae	Thelma Tolliver
2	Hicks, Sammie Lee	William Hicks
3	HAZEL GIVENS-BERRY L.	WILLIAMS, BETTIE
4	MOODY, ANNIE MAE	Roberts, Myra
5	Roberts, Benell Everin	Roberts, Bennie & Myra
6	Kennedy, Floyd	Bessie L. Benyard
7	Taylor, Clarice	Thomas A. Taylor
8	GOMEZ, Aniceto	Jose Gomez
9	RIVERS, Troy J.	Cecelia Thomas
(10)	E-16282	
11		SARAH BUNCOM
12	ROBERTSON, Virgil	ROBERTSON, James D.

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.

	3	4	5	6	
	Hazel Givens-Berry	Annie Mae Keady	Benell E Roberts	Floyd Kennedy	
	9	10	11	12	
	Troy J. Rivers	Bennie Roberts	open	Virgil Robertson	

Interment space for: Bennie Roberts

Interment Date: Thur 3/22 Time: 1:00 pm

Lot: 143 Grave: 10 Row: — Sect: 1 Div: 12

Grave Laid out by: NORM & VICENTE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:           

Flag  
on  
Grave



# 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) <b>BENNIE</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>ROBERTS</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>06/21/1936</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/20/2001</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MYRA ROBERTS-WIFE 274 ENCINITAS AVE. SAN DIEGO, CA 92114</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>03/21/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/21/2001</b> <b>J. BENYARD</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105305</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92186-5222</b>				11B. DATE BURIED <b>3-22-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 3-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Taylor

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 138 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund \_\_\_\_\_ 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**

MAR 21 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 895.00

Paid receipt number R-53483 895.00

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

X Valerie A. Ricks  
Signature  
X 6055 Park Ridge Blvd.  
Address  
X San Diego, CA 92120  
City  
X (619) 766-0378  
Telephone

Work Order # **E 16283**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of **TONY GALLEG0**

In a BELL LINER Funeral, date, time DELIVERY ONLY/ 3/29 10:00

Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY ; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 60 Grave 10 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... \$895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... **PAID** 375.00

Burial Container ..... 190.00

Handling Fees ..... **MAR 28 2001** 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... **MT. HOPE CEMETARY** 45.00

**CITY OF SAN DIEGO, CA**

Sales taxes ..... 14.25

Total Due ..... \$1,664.25

Paid receipt number 53504 1,664.25

Balance due X

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

→ X  
Signature

→ Address

→ City

→ Telephone

Zip Code

Work Order # **E16284**

Invoice #

Acct. #



E-16284

NO.	DATE	CL. TIME	TOTAL TIME WORKED	LEAVE TIME	WAGE
CH	05-25	12:25	07:00	04:00	15.00

ATTN MARCO

FAX BACK 619 281-7587

MT MORE CEMETERY  
INTERMENT ORDER

E-16284

City of San Diego

03/28/01 11:11 AM

You are hereby authorized and requested, subject to applicable regulations, to inter the remains of

TONY GALLEGO

at HELL LINEA Funeral date and DELIVERY ONLY 3/29 11:00

at CRIMA CHINA CEMETERY DELIVERY ONLY MARTIN MARTIN

at CRIMA CHINA CEMETERY DELIVERY ONLY MARTIN MARTIN

at CRIMA CHINA CEMETERY DELIVERY ONLY MARTIN MARTIN

at CRIMA CHINA CEMETERY DELIVERY ONLY MARTIN MARTIN

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E-16284

## 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	
	<del>Open</del> 122	Herrist Walter no marker	Gallego X Tony	Eduardo Smith	open	
			Cooper, Willie			

Interment space for: Tony GallegoInterment Date: Thurs Mar 29 Time: 11:00 {Delivery Only}Lot: 60 Grave: 10 Row: — Sect: 2 Div: 12Grave Laid out by: Norm + VicenteAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: Kevin Date: \_\_\_\_\_

E-16284

Flag on  
Grave



# 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) <b>Tony</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Gallego</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>09/08/1914</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/17/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marco Delatoba, PA 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED <b>03/27/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>7.00</b>	9B. DATE PERMIT ISSUED <b>03/27/2001</b> <i>John Mayer</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2105654</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need  
Set a Trust

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-22-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vall Spencer

in a Bell 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 \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 85 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	795.00
Additional spaces and care fund <u>galvanized flower vase</u> .....	23.75
Opening/Closing & Setup .....	375.00
Burial Container .....	190.00
Handling Fees .....	145.00
Flower vases - <u>Marker setting fee</u> .....	125.00
Recording and filing fee .....	45.00
Sales taxes .....	14.38

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

Total Due 1700.13

Paid receipt number R-53485 1700.13

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Vall Spencer  
Signature  
X 4985 Logan Ave #19  
Address  
X San Diego CA 92118-3063  
City Zip Code  
X 619 264-4376  
Telephone

Invoice # \_\_\_\_\_

Work Order # **E 16285**

Acct. # \_\_\_\_\_



Oversize  
W=30  
L=85  
H=26

Liner  
W=36  
L=94

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date March 22, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John C. BYRD

in a #6 LINER Funeral, date, time Mon. March 26 11:00am

Church, Chapel, Graveside : Bishop Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X [Signature]

Lot 237 Grave 12 Row - Section 2 Division/Block 12  
Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....  
Opening/Closing & Setup ..... 375.00  
(190.00 + 375.00)

Burial Container #6 Liner (PAID) ..... 222.00  
Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... MAR 22 2001

Recording and filing fee ..... MT. HOPE CEMETARY 45.00

Sales taxes 222.00 x 7.5% + CITY OF SAN DIEGO, CA. ..... 16.65

Total Due ..... 1,698.65

Paid receipt number MasterCard ..... 1,698.65

Balance due X

I hereby certify I am the X Friend of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. X ALLENE BYRD

I hereby authorize the interment in lot I  
hold under deed. X [Signature]

Signature of recorded holder of deed .....  
Address P.O. Box 433

City Bonita, CA 91908 Zip Code

Telephone (619) 479-3680

Invoice #

Work Order # E 16286 Acct. #



E-16286

## 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: OVERSIZED LINER #6  
WIDTH = 36 LENGTH = 94

8	10	11	12			
Richard Lewis			John C. X Byrd			

Interment space for: John C. Byrd

Interment Date: Mon. March 26 Time: 11:00 am

Lot: 237 Grave: 12 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
on  
Grave

E-16286


# 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) <b>John</b>	1B. MIDDLE <b>Clyde</b>	1C. LAST (FAMILY) <b>Byrd</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/10/1934</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/18/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Allene Byrd, Friend</b> <b>4230 Oceanview Blvd</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Bishop Mortuary</b> <b>3444 Citrus St., Lemon Grove, CA 91945</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1673</b>		8A. SIGNATURE OF APPLICANT—Person taking permit:  8B. DATE SIGNED <b>03/22/2001</b>	
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7200 of the Health and Safety Code.					

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID  <b>\$7.00</b>	9B. DATE PERMIT ISSUED  <b>03/23/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  <b>2105441</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records, P.O. Box 85222,</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-22-01

ashes  
under  
marker

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of VIRGINIA WATSON

in a ASH VAULT Funeral, date, time Tue 4-17

Church, Chapel, Graveside AYD : MERKLEY MITCHELL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ SCOTT

will be applied and billed to undersigned.

Lot 187 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 1

Grave space & Care Fund Pre-Paid B-1858 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 105.00

Burial Container MAR 22 2001 55.00

Handling Fees 60.00

Flower vases Marker setting fee **MT. HOPE CEMETARY** 125.00

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 4.13

Total Due 394.13

Paid receipt number R-53486 394.13

Balance due 0

I hereby certify I am the daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Wendy W. Payne  
X Signature 1495 Meadow Rd.  
X Address El Cajon, CA 92021  
X City (619) 447-4003 Zip Code  
X Telephone

Invoice # \_\_\_\_\_

Work Order # **E16287**

Acct. # \_\_\_\_\_



# 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.

		1	187 X	2	W. 3	186 1 # 2
					WHITSON	WHITSON WHITSON

Interment space for: VIRGINIA WHITSON

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 187 Grave: 2 Row: \_\_\_\_\_ Sect: 1 Div: 1

Grave Laid out by: DARKEY

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

*Darkey under marker*

*flag on grave*

# 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) <b>VIRGINIA</b>	1B. MIDDLE <b>SMITH</b>	1C. LAST (FAMILY) <b>WHITSON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/21/1928</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/21/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA JOLLA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LOUIS C. WHITSON - HUSBAND 720 CAMINO DE LA COSTA LA JOLLA, CA 92037</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>WEEKLEY-MITCHELL MORTUARY, 3655 BIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED <b>03/23/2001</b>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>  9B. DATE PERMIT ISSUED <b>03/23/2001</b> <b>V.I. MITCHELL</b>  9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105455</b>  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>5222 P.O. BOX 85222, SAN DIEGO, CA 92186-</b>  9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>4-17-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>PACIFIC CREMATORY, INC., 801-D CRANE STREET, LAKE ELSINORE, CA 92530</b>	12B. DATE CREMATED <b>3-27-01</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date March 23, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adrian James Cannon

in a \_\_\_\_\_ Funeral, date, time Mar. 26 2:00pm

Church, Chapel, Graveside : Rogsdale 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. Harry Cannon

Lot 2466 Grave - Row - Section 1 Division 5 Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 125.00

Burial Container PAID

Handling Fees MAR 23 2001

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA

Total Due 270.00

Paid receipt number 53491 270.00

Balance due 0

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. Garry B. Cannon  
Harry Cannon

Signature of recorded holder of deed \_\_\_\_\_

Address 1445 Larwood Rd.

City San Diego Ca. 92114

Telephone (619) 667-8793

Work Order # E 16288 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-16288

1 day

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Adrian</b>	1B. MIDDLE <b>James</b>	1C. LAST (FAMILY) <b>Cannon</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/22/2001</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/22/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Garry B. Cannon, Father</b> <b>1445 Larwood Rd.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal</b> <b>Blvd.; San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>	8A. SIGNATURE OF APPLICANT—(person being permit) <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/26/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/26/2001</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105537</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P. O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION   | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER<br>THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE  | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

## FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
- 
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.,</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-26-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 3-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FELIX S. SNEED III

in a DOUBLE DEPTH Funeral, date, time TUE 3-27 1:00

Church, Chapel, Graveside FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. 9.5.

Lot 2415 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund PAID 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 28.50

Total Due 1148.50

Paid receipt number VISA 1148.50

Balance due 0

I hereby certify I am the X Wife Inge Sneed of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Inge Sneed  
Signature 4824 Monroe Ave  
Address San Diego 92115  
City 619, 583-0869  
Telephone Zip Code

Work Order # **E 16289**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# 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.

2412 EVANS	2413 COLE	2414 HOY	2415 X	2416 CH RISTEN SON	2417 OPEN	2418 OPEN

Interment space for: FELIX SNEED

Interment Date: Tue 3-27 Time: 1:00

Lot: 2415 Grave: \_\_\_\_\_ Row: \_\_\_\_\_ Sect: \_\_\_\_\_ Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 3/26/01

*Key on  
Grave*





2415 - 10

E-16289

from

**MT. HOPE CEMETERY**

3751 MARKET ST.  
SAN DIEGO, CA 92102  
(619) 527-3400

MEMO . . . 3-23-01

Son of Francis Hoy  
F. H. (Jack) Sneed III  
died. 3-19-01

Tandem grave

Wife Inge Sneed

Inge Sneed  
4824 Monroe Ave  
San Diego  
92115  
619-583-0869

E-16289

Approved Through The Estate of

Louise Porco (daughter of Alan Hoy)

Ray Hoy (Son of Hoy)

Nancy Enarow (Sister of F.L. (Jack) Speed III)

Alvin Adkins Attorney for The Estate

# 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) <b>Felix</b>	1B. MIDDLE <b>GEORGE</b>	1C. LAST (FAMILY) <b>Sneed III</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/23/1936</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/19/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Inge Sneed, wife 4824 Montoe Ave. San Diego, CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **03/23/2001**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222, San Diego, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9E. DATE PERMIT ISSUED <b>03/23/2001</b> C. Maggard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105459</b>
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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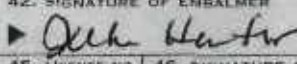


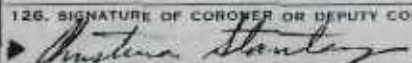
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem., 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>3-27-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# CERTIFICATE OF DEATH

E-16289

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) <b>Felix</b>		2. MIDDLE <b>Gerome</b>		3. LAST (FAMILY) <b>Sneed III</b>		
	4. DATE OF BIRTH M/M/DD/CYY <b>01/23/1936</b>		5. AGE YRS. <b>65</b>		6. SEX <b>M</b>		7. DATE OF DEATH M/M/DD/CYY <b>03/19/2001</b>
	9. STATE OF BIRTH <b>TN</b>		10. SOCIAL SECURITY NO. <b>570-36-1431</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>married</b>
	14. RACE <b>Cauc.</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>self-employed</b>		
01-00576 Sneed	17. OCCUPATION <b>Real Estate Broker</b>		18. KIND OF BUSINESS <b>Real Estate</b>		19. YEARS IN OCCUPATION <b>40</b>		
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>4824 Monroe Ave.</b>						
USUAL RESIDENCE	21. CITY <b>San Diego</b>		22. COUNTY <b>San Diego</b>		23. ZIP CODE <b>92115</b>		24. YRS IN COUNTY <b>45</b>
							25. STATE OR FOREIGN COUNTRY <b>CA</b>
INFORMANT	26. NAME, RELATIONSHIP <b>Inge Sneed, wife</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>4824 Monroe Ave., San Diego, CA 92115</b>				
	28. NAME OF SURVIVING SPOUSE—FIRST <b>Inge</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>Klein</b>		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST <b>Felix</b>		32. MIDDLE <b>Gerome</b>		33. LAST <b>Sneed, II</b>		34. BIRTH STATE <b>TN</b>
	35. NAME OF MOTHER—FIRST <b>Maddy</b>		36. MIDDLE <b>Francise</b>		37. LAST (MAIDEN) <b>unknown</b>		38. BIRTH STATE <b>TN</b>
	39. DATE M/M/DD/CYY <b>03/27/2001</b>		40. PLACE OF FINAL DISPOSITION <b>Greenwood Memorial Park, 805 &amp; Imperial, San Diego, CA 92102</b>				
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF ENBALMER 		43. LICENSE NO. <b>8475</b>		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR <b>Featheringill Mortuary</b>		45. LICENSE NO. <b>FD1083</b>		46. SIGNATURE OF LOCAL REGISTRAR 		47. DATE M/M/DD/CYY <b>3/21/01</b> <i>OK</i>
	101. PLACE OF DEATH <b>Home, own</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV HOSP. <input type="checkbox"/> RES CARE <input type="checkbox"/> OTHER		104. COUNTY <b>San Diego</b>
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>4824 Monroe Avenue</b>					106. CITY <b>San Diego</b>	
	107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>IMMEDIATE CAUSE (A) Probable ASCVD</b>					108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>01-00576</b>	
	DUE TO (B)					109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (C)					110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	DUE TO (D)					111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Congestive heart failure; Obesity</b>						
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>						
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CYY DECEDENT LAST SEEN ALIVE M/M/DD/CYY		115. SIGNATURE AND TITLE OF CERTIFIER 		116. LICENSE NO.		117. DATE M/M/DD/CYY
PHYSICIAN'S CERTIFICATION	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP						
	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY		122. HOUR
	123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)						
CORONER'S USE ONLY	126. SIGNATURE OF CORONER OR DEPUTY CORONER 		127. DATE M/M/DD/CYY <b>03/20/2001</b>		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Christina Stanley, M.D., D.M.E.</b>		
	STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>2105277</b>		CENSUS TRACT

X-Deep  
#7 Liner  
W=38" L=95"  
1st Burial

MT. HOPE CEMETARY  
INTERMENT ORDER

City of San Diego

Date 3-23-01

173153

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEN W. CLARK

in a LINER #7 Funeral, date, time Tue, March 27 10:00 am

Church Chapel Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X R

Lot 164 Grave 4+5 Row — Section 1 Division Block 11  
Grave space & Care Fund 895.00 x 2 1,790.00  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 375.00  
Burial Container Oversized #7 Liner (90" x 30") 220.00  
Handling Fees ..... 145.00  
Flower vases -- Marker setting fee MAR 26 2001 .....  
Recording and filing fee ..... 45.00

Sales taxes MT. HOPE CEMETARY 16.50  
CITY OF SAN DIEGO, CA

Total Due 2,591.50  
Paid receipt number R-53495 2,591.50  
Balance due 0

mortuary to  
bring check.

I hereby certify I am the + wife 227609 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. ROSEMARIE CLARK

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X R W  
Signature  
X 4809 MAGNUS WAY  
Address  
X SAN DIEGO CA 92113  
City  
X (619) 527-4047  
Telephone

Work Order # E 16290

Invoice #

Acct. #



1st Burial

E-16290

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: OVERSIZED #7 LINER**  
**DBL. DEPTH per Ray S.**

1	2	3	4	5	6	
Earl Cochran	open	Thomas LeTourneau	<b>#7 LINER</b>	<b>X</b>	Anthony Carter	

Interment space for: Ben W. Clark

Interment Date: TUE March 27 Time: 10:00am

Lot: 164 Grave: 4+5 Row: — Sect: 1 Div: 11

Grave Laid out by: N F. Vic

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

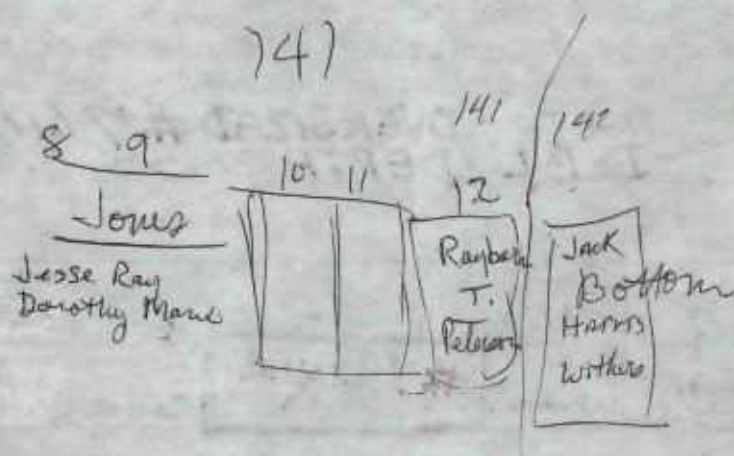
Blind Check & Verified By: DARKEY Date: 3/26/01

E-16290

Flag  
on  
Grave



Lot  
747



5' 6" 4' 5" 16' 4" 17' 11"

# 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) <b>Ben</b>	1B. MIDDLE <b>Willis</b>	1C. LAST (FAMILY) <b>Clark, Jr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/19/1966</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/15/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rosemarie A. Clark, Wife 4809 Magnus Way San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Wicks</i>		8B. DATE SIGNED <b>03/27/2001</b>			

PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/27/2001</b> <i>Debbie Wicks</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105578</b>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Vital Records, P.O. Box 85222 San Diego, CA 92186-5222</b>				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-27-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. F. [Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —
	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



# 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) <b>Ben</b>	1B. MIDDLE <b>Willis</b>	1C. LAST (FAMILY) <b>Clark</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10 15 1901</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10 15 1901</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—ENTER STATE <b>CALIF.</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT  		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragdale Mort. &amp; Supt. Co. San Diego, CA 92101</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE  		
			8A. SIGNATURE OF APPLICANT—Person taking permit 8B. DATE SIGNED  		

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was submitted pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/27/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR (ISSUING) PERMIT  <b>Vital Records, San Diego, CA 92186-5222</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA  9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA  <b>San Diego, CA 92186-5222</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |   |  |
|---|--|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> B. CREMATION<br><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY<br><input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT<br><input type="checkbox"/> F. DISINTERMENT<br><input type="checkbox"/> G. SHIP IN TO CALIFORNIA<br><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>St. Hope Cemetery, 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-27-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Klaus F. Jensen</b>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY  	12B. DATE CREMATED  	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION  
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS  	13B. DATE RECEIVED  	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY  
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED  	14B. DATE SHIPPED  	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER  
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION  	15B. DATE OF DISPOSITION  	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE  

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



Grave of  
Rudina Nowden

MT. HOPE CEMETARY  
INTERMENT ORDER

City of San Diego

Date 3-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RUDY L. Nowden

in a T.S. VAULT Funeral, date, time Thurs. March 29, 11:00am

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup>  
will be applied and billed to undersigned. X

Lot 5100 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Paid E-7891 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 250.00

Handling Fees MAR 27 2001 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee MT. HOPE CEMETARY 18.75

Sales taxes CITY OF SAN DIEGO, CA 873.75

Total Due 873.75

Paid receipt number 53502 873.75

Balance due 0

I hereby certify I am the X Brother of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

X Ronald Nowden  
Signature 3056 E' ST  
Address SAN DIEGO 92102  
City Zip Code  
X (611) 233-7338  
Telephone

Work Order # E16291

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Rudy</b>	1B. MIDDLE <b>Lamon</b>	1C. LAST (FAMILY) <b>Nowden</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/23/1950</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/23/2001</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mintha L. Armstrong, Mother</b> <b>4976 Elm St.</b> <b>San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
			8B. DATE SIGNED <b>03/27/2001</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/28/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</i> <b>2105702</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>3-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Debbie Williams</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE <b>-</b>

COPY 2 IS RETAINED BY 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 3-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SARAH SCHELL

in a Double Depth Funeral, date, time WED 3-28 11:00  
Church, Chapel, Graveside BAYVIEW MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 33 Grave 4 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund Pre-Paid D-8539 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container **PAID** 380.00

Handling Fees 320.00

Flower vases - Marker setting fee MAR 26 2001

Recording and filing fee 45.00

Sales taxes 28.50

Total Due 1148.50

Paid receipt number M/C 1148.50

Balance due 0

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Richard R. Schell  
Signature  
X 10366 Woodlawn Ave.  
Address  
X Santa 9207  
City Zip Code  
X 619-449-4308  
Telephone

Work Order # **E16292**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





THE CITY OF

## SAN DIEGO

E-16292

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
 Real Estate Assets Department  
 527-3400

Business hours 8 a.m. to 4 p.m.  
 Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of \_\_\_\_\_

I/W<sub>e</sub> 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

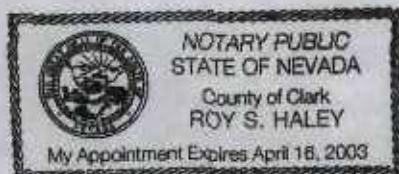
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said  
 \_\_\_\_\_, its successors and assigns forever.

WITNESS my/our hand this 24 day of March 2001

EXECUTED IN THE PRESENCE OF  
 THE FOLLOWING WITNESS:

Roy S. Haley  
 Witnesses

Marjorie Dorough

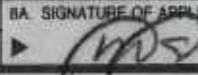


DIVERSITY  
 BRINGS US ALL TOGETHER

# 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) <b>SARAH</b>	1B. MIDDLE <b>MARIE</b>	1C. LAST (FAMILY) <b>SCHILL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/20/1945</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/21/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SANTE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RICHARD SCHILL - HUSBAND 10366 WOODROWS AVENUE SANTE, CA 92071</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BAYVIEW MEMORIAL FUNERAL HOME 564 BROADWAY, EL CAJON, CA 92021</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1709</b>		8A. SIGNATURE OF APPLICANT—Person taking permit 

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.


9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/23/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. SHIRONA</b>
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

## FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)  
☐ B. CREMATION  
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY  
☐ D. SCIENTIFIC USE  
☐ E. TEMPORARY ENVAULTMENT  
☐ F. DISINTERMENT  
☐ G. SHIP IN TO CALIFORNIA  
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-28-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 3-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY SURPRENANT

in a DOUBLE DEPTH Funeral, date, time 1:00 PM THURS 3-29-01

Church, Chapel, Graveside Humphrey CHAPEL: HUMPHREY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X AK

Lot 70 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Balance of Pre-Paid F-14848 219.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 28.00

Total Due 1367.00

Paid receipt number R-53496 219.00

Balance due 534.97 1148.00

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Andrea Korsens  
Signature ANDREA KORSENS  
8397 LEMON AVE, #3  
Address LA MESA 91941  
City (619) 464-0854 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Work Order # **E16293**

Acct. # \_\_\_\_\_



KOUSENS, ANDREA 4910 Taltec Dr., La Mesa 91941 8397 Lemon Ave #3 La Mesa 91941

		DEBIT	CREDIT	BALANCE
01-26-99	Opened Pre-need Lot. Lot 111 Gr 6 Sec 1 Div 11	895.00		
01-26-99	Receipt #50780		448.00	447.00
1-12-01	R-53253 Coupon 1 to 12		228.00	219.00
	exchanged for lot 70 gr 10 sec 2 Div 12			

E-16293

# 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 OPEN	8 BLAKE	9 LITTLE	10 X	11 OPEN	12 COOK	

Interment space for: MARY SURPRENANT

Interment Date: Thurs March 29 Time: 1:00 pm

Lot: 70 Grave: 10 Row:  Sect: 2 Div: 12

Grave Laid out by: Alvin & VICENTE

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: KEVIN Date:

*flag on  
Grave*



# E-16293

## 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) <b>MARY</b>		1B. MIDDLE <b>ELIZABETH</b>		1C. LAST (FAMILY) <b>SURPRENANT</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>08/17/1916</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/26/2001</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>El Cajon</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Andrea Kousens - Daughter</b> <b>8397 Lemon Avenue, #3</b> <b>La Mesa CA 91941</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary-753 Broadway</b> <b>Chula Vista CA 91910</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E King</i>				8B. DATE SIGNED <b>03/29/2001</b>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/29/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105762</b> <b>J.E. King</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records - P.O. Box 85222</b> <b>San Diego CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market Street</b> <b>San Diego CA 92102</b>				11B. DATE BURIED <b>3-29-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>▶</b>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>▶</b>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>▶</b>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 3-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRGINIA DIXON-CHEVALIER

in a F.S. VAULT Funeral, date, time MON 4-2 11:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 130 Grave 10 Row \_\_\_\_\_ Section 2 Division Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund galvanized flower vase ..... 23.75

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 85.00

Flower vases - Marker setting fee ..... 125.00

Recording and filing fee ..... 45.00

Sales taxes ..... 18.75

**MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA**

Total Due ..... 1817.50

Paid receipt number R-53499 ..... 1817.50

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Stanley DeLeon  
Signature  
X 4845 EBONY RIDGE RD  
Address  
X SAN DIEGO CA 92102  
City  
X 619 266-7676 Zip Code  
Telephone

Work Order # E 16294

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-16294

# MT HOPE CEMETERY

E-16294

## 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	
PAFF			CHAMBERLAIN	open	SCHMIDT	HILL
7	8	9	10	11	12	
open	open	open	130 X	open	open	
			open			

Interment space for: VIRGINIA CAVALIER

Interment Date: MON 4-2 Time: 11:00

Lot: 130 Grave: 10 Row:  Sect: 2 Div: 11

Grave Laid out by:

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:  Date:

*thy m*  
*crane*



# 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) <b>Virginia</b>		1B. MIDDLE <b>-</b>		1C. LAST (FAMILY) <b>Dixon-Chevalier</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>11/02/1927</b>		3. DATE OF DEATH MONTH DAY YEAR <b>03/25/2001</b>		4. SEX <b>F</b>			
5A. CITY OF DEATH <b>La Mesa</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lawrence Dixon, Son 4845 Ebony Ridge Rd. San Diego, CA 92102</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Rebecca Williams</i>				8B. DATE SIGNED <b>03/27/2001</b>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
<b>PERMIT</b>		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>03/29/2001</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rebecca Williams</i> <b>2105801</b>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.													
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
<b>FOR CORONER'S USE ONLY</b>													
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>				11B. DATE BURIED <b>4-2-01</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jones</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Rebecca Williams</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>Rebecca Williams</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>Rebecca Williams</i>					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Rebecca Williams</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

28 L  
14 W  
8 1/2 H

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date MARCH 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KIWANNA L. BENDER

in a \_\_\_\_\_ Funeral, date, time WED 4-4 11:00

Church Chapel Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. **X**

Lot 3331 Grave — Row — Section 1 Division/Block 9  
Grave space & Care Fund 100.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 165.00

Burial Container **PAID** \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee 45.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 270.00

Paid receipt number R-53530 270.00

Balance due 0

I hereby certify I am the **X** \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

**X** \_\_\_\_\_  
Signature  
**X** \_\_\_\_\_  
Address  
**X** \_\_\_\_\_  
City  
**X** ( ) \_\_\_\_\_  
Telephone  
*See attached*

Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 16295**

E-16295

OFFICE OF THE ATTORNEY GENERAL

FILE	DATE	BY	TIME	INITIALS	REMARKS	DEPT. ONE	DEPT. TWO
129	10-02	1012		CP 1012		114 25	10-11-12





THE CITY OF

# SAN DIEGO

E-16295

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
627-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

## FAX COVER LETTER

TO: CA BURIAL - JEANETTE

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 4-2-01

PAGES incl this page 2

FAX #  
527-3403

MT HOPE 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.*



DIVERSITY  
BRINGS US ALL TOGETHER

\_\_\_\_\_

E-16295

# 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.

3328	3329	3330	3331	3332	3333	
*ANTA-NITA ANTONIO FORD	AZTORGA	*MORAY DAVIS	Kiwanne X Bender	AGUIRRE no marker	Ramirez no marker	
			3427			
			Anthony Dewayne STEEL			

Interment space for: KIWANNA L. BENDER

Interment Date: WED 4-4 Time: 11:00

Lot: 3331 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ 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) <b>KIMARA</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>BENDER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/07/2001</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/16/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>TUCSON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>ARIZONA</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CARMELITRA BENDER-MOTHER 126 COLLEGE CIRCLE COLORADO CITY, TX 75912</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHURCH 5890 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-1357</b>		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit: <b>[Signature]</b> 8B. DATE SIGNED <b>03/30/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>-</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/30/2001</b> <b>J. BENTARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>
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AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>109. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92103</b>	11B. DATE BURIED <b>4-4-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>[Signature]</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COP. 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.

*Pre-Need*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 03-27-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Guadalupe & Martha Barraza

in a 2 Double Crypt Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 198 Grave 3+4 Row \_\_\_\_\_ Section 2 Division 12

Grave space & Care Fund 895 x 2 \$ 1,790.00

Additional spaces and care fund 2375 x 2 galvanized 47.50

Opening/Closing & Setup 375 x 4 \$ 1,500.00

Burial Container 380 x 2 \$ 760.00

Handling Fees 320 x 2 \$ 640.00

Flower vases - Marker setting fee 125 x 2 Setting \$ 250.00

Recording and filing fee 45 x 4 \$ 180.00

Sales taxes 28.50 x 2 Burial Cont. \$ 57.00

PAID IN FULL 10-22-02 Total Due \$ 5,224.50

PAID receipt number VISA - 1300.00

Balance due 3,924.50

I hereby certify I am the husband & wife of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Martha Barraza

Address 2945 CHAVEZ RD

City SAN DIEGO CA 92154 Zip Code (619) 428-8020

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 16296

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper



BARRAZA, GUADALUPE &amp; MARTHA

2945 CHAVEZ ROAD, SAN DIEGO, CA 92154 619-428-8020

03-27-2001	Opened Pre-Need Lot & Trust. <i>See Dir</i>	DEBIT	CREDIT	BALANCE
03-27-01	Pre-Need (2) Lots <sup>198</sup> (# 3 & # 4). Also, <sup>19</sup> 358	20% 1790.00		1790.00
	Trust Includes: (4) Opening/Closing; (2) 1432	80% 3137.00 Trust		4927.00
	Dbl. Crypts; (2) Handling Fee; (2) Taxes;	297.50		5224.50
	(4) Recording Fee; (2) Marker Setting Fee;			
	(2) Galv. Flower Vases. 41.50 <sup>250.00</sup>			
03-27-01	25% Down payment: VISA		1,300.00	3,924.50
05-09-01	Coupon 1 & 2 R-53648		- 328.00	3,596.50
7-12-01	VISA 3 & 4 20%		328.00	3268.50
10-02-01	R-54103 5 & 6 REM TO TRUST		328.00	2940.50
12-24-01	R-54470 7 & 8		- 328.00	2612.50
2-14-02	R-54661 9, 10 & 11		492.00	3104.50
5-21-02	R-55004 12, 13 & 14		492.00	3596.50
8-6-02	R-55296 15, 16 & 17 Short A 5/8"		488.00	4084.50
10-22-02	R-55534		1140.50	5224.50



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54661

Date: Feb. 14, 20 02
 From: Esteban Sanchez Address: On record  
Four Hundred Ninety and 00 Dollars (\$) 492.00

 In part Payment of Pre-need Lot & Trust account  
coupons # 9, 10, 11 (3 payments)

 Lot 198 Grave 344 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E - 16296BALANCE DUE \$ 2120.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Paulette Crawford  
1221

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>492.00</u>

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53648

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 4th, 20 01From: Guadalupe & Martha Barrera Address: 2945 Chavez Rd., S.D., CA 92154Three-Hundred Twenty-Eight and NO/100 Dollars (\$ 328.<sup>00</sup>/<sub>xx</sub>)In - part Payment of Pre-Need LOT & TRUSTLot 198 Grave 3 & 4 Row - Section 2 Division 12Invoice No. /Acct. No. /W.O. E-16296BALANCE DUE 3,596.<sup>50</sup>Coupon # 1 & 2Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.**PAID**

MAY 04 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CAISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>328.<sup>00</sup></u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>328.<sup>00</sup></u>

MO# 204107118-3

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

54470

Date December 24, 2001
 From: Guadalupe + Muth Barnage, on record  
Three hundred, Seventy-Eight and 00- Dollars (\$ 328.00 )

 In Part Payment of Pre-need & Lot  
2 payments coupons 7 & 8, November & December  
 Lot 198 Grave 3 & 4 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16296BALANCE DUE \$ 2612.50
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Paulette Crawford

CREDIT	67007	
20% Sales Earn	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>328.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>328.00</u>



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55004

## MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-21-02, 20\_\_

From: Guadalupe Barrera Address: On Record  
Four Hundred Ninety Two Dollars (\$ 492.00),

In part Payment of Pre-need Lot - Trust

Lot 198 Grave 3 2 4 Row \_\_\_\_\_ Section 2 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16296BALANCE DUE 1628.50Pre-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 of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>492.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>492.00</u>

ISSUED BY J. Schultz

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

## MOUNT HOPE CEMETERY

(619) 527-3400

54183

Date: 10-2, 2001

 From: Guadalupe Barrera Address: 2945 Chavez Rd San Diego 92154  
Three Hundred Twenty Eight Dollars (\$ 328.00 )

 In part Payment of Pre-need Lot & Trust  
2 marker setting fees 2 2 gdr vases

 Lot 198 Grave 3 24 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-16296BALANCE DUE 2940.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	30	50
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	20	00
Containers	77182		
	100	26	00
Handling Fee	77185		
Recording &	100	250	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	1	50
	78390		
TOTAL PAID	\$	328	00

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.	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

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.	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

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

328.00

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

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.	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

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.	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

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.	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

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**

<b>Payment NO.</b>	<b>7</b>
<b>Payment Due Date</b>	<b>November-01</b>
<b>Payment Amount Due</b>	<b>164.00</b>
<b>Balance Due</b>	<b>2,776.50</b>

**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**



5-16296

## 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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

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.	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

E-10296

## 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



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.	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

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.	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 authorized and instructed, subject to your rules and regulations, to inter the remains of GLADYCE COLLINS-GREEN

In a LINER Funeral, date, time Thurs. March 29 2:00pm

Church Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. ☒ PAID

Lot 94 Grave 3 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... \$895.00

Additional spaces and care fund ..... 375.00

Opening/Closing & Setup ..... 190.00

Burial Container bell liner ..... 145.00

Handling Fees PAID ..... 45.00

Flower vases - Marker setting fee ..... 14.25

Recording and filing fee MAR 28 2001 ..... 1,664.25

Sales taxes MT. HOPE CEMETARY ..... 1664.25

CITY OF SAN DIEGO, CA Total Due ..... 0

Paid receipt number R-53505

Balance due 0

DAUGHTER

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

Telephone

Zip Code

Work Order #

**E16297**

Invoice #

Acct. #



E-16297

# 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.

	1	2	3	4	5	
	open	Irene Nancy Capone	Collins- Green Gladys	open	Dorothy McFarlane	
	Becker Alvin	Becker Fay Leatha	Barbara Becker Loxhart	Downe, Robert E.	Kagler Veronica	

Interment space for: Gladys Collins-Green

Interment Date: Thur. Mar. 29 Time: 2:00 PM

Lot: 94 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag on  
Grove

E-16297

# E-16297

## 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) <b>Gladyce</b>	1B. MIDDLE <b>Beulahmae</b>	1C. LAST (FAMILY) <b>Collins-Green</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/14/1931</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/23/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Patricia A. Green, Daughter 3150 30th St. San Diego, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Kagsdale Mort.; 3050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Patricia A. Green</i>		
			8B. DATE SIGNED <b>03/28/2001</b>		

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/29/2001</b> <i>Patricia A. Green</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105768</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records, P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>3-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Patricia A. Green</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



1st Burial  
DBL Crypt

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date March 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leticia R De Maldonado

in a DBL Crypt Funeral, date, time Thurs. March 29 9:00

Church, Chapel, Graveside : Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X A/B

Lot 5193 Grave      Row      Section      Division/Block 10  
Pre-Need Lot E-9355 X

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container DBL Crypt 380.00

Handling Fees **PAID** 320.00

Flower vases - Marker setting fee     

Recording and filing fee MAR 27 2001 45.00

Sales taxes 28.50

**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**  
Total Due 1,148.50  
Paid receipt number 53501 1,148.50

Balance due X

I hereby certify I am the Brother of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment. ADRIAN BERLANGA

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorder, holder of deed

X [Signature]  
Signature X 3916 Marine View Ave  
Address X San Diego, CA 92113  
City (619) 263-7250 Zip Code  
Telephone

Work Order # **E16298**

Invoice #       
Acct. #

# MT HOPE CEMETERY E-16298

## 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**

**1st BURIAL**

	5195	5194	5193	5192	5191	5190
	Ulloa Gonzalez	open	<del>Leticia</del> <del>Maldonado</del>	Senobia Berlanga	Marvin Elliott Fisher	Johame Lee Fisher

Interment space for: LETICIA C. MALDONADO

Interment Date: THUR. MAR. 29 Time: 11:00

Lot: 5193 Grave: - Row: - Sect: - Div: 10

Grave Laid out by: \_\_\_\_\_

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Flag  
one  
Grave

E-16298



E-16298

48

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LETICIA</b>	1B. MIDDLE <b>PALOMARES</b>	1C. LAST (FAMILY) <b>DE MALDONADO</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/24/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>03/23/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MANUEL J. ACUNA - BROTHER</b> <b>2730 E 18TH ST</b> <b>NATIONAL CITY, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL</b> <b>3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-670</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamella Valentine</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>03/27/2001</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/27/2001</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>2105630</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222</b> <b>SAN DIEGO, CA 92186-3222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

## 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER  
THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT  
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST,</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>3-29-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date MARCH 27, 2001

You are hereby authorized and instructed, subject to local rules and regulations, to inter the remains of FRANCES TING

in a LINER Funeral, date, time MON 4-9 10:00

Church, Chapel, Graveside GRAVESIDE ONLY COMMUNITY Mortuary, Shank 426-2006

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. ☒

Lot 231 Grave 8 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Funeral Container 190.00

Handling Fees 145.00

Flower valet - Mortuary setting fee —

Recording and filing fee 45.00

Sales taxes 14.25

**MORTUARY TO BRING CHECK** Total Due 1664.25

Paid receipt number R-53550 1664.25

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under need

Signature of recorded holder of deed

Christina Espinoza  
Signature  
X 4040 Eta St  
Address  
X San Diego 92113  
City  
X (619) 263-6501 Zip Code  
Telephone

Work Order # **E 16299**

Invoice #                     

Acct. #



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

E+ 16299  
Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

## FAX COVER LETTER

TO: FRANK | COMMUNITY

PHONE/FAX# \_\_\_\_\_

FROM: SUE

DATE: 4-4-01

PAGES incl this page 2

FAX #  
527-3403

MT HOPE CEMETERY

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.



DIVERSITY  
BRINGS US ALL TOGETHER

€ 16299



# 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 <sup>6</sup>	1	2	3	4	5
		7	231 X 8	9	10	11
		LUCERO				

Interment space for: FRANCES TING

Interment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lot: 231 Grave: 8 Row: \_\_\_\_\_ Sect: 2 Div: 12

Grave Laid out by: [Signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 4-6-01

*Phys on  
Grave*

E-16299

68

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Frances</b>	1B. MIDDLE <b>Nae</b>	1C. LAST (FAMILY) <b>Ting</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/06/1933</b>	3. DATE OF DEATH MONTH DAY YEAR <b>04/03/2001</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Christian Espinoza - Daughter 4040 Sta St San Diego Ca 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Community Mortuary 855 Broadway Chula Vista, Calif 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1682</b>		8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>	

## ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>04/05/2001</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>D. Heldenbrand</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego, Calif 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
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## FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery 3751 Market San Diego CA 92102</b>	11B. DATE BURIED <b>4-9-01</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
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