MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-27-01

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

in a LINER (Type of Burial Container) Funeral, date, time TUE 4-3 10:00

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 159 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
Total Due	1664.25
Paid receipt number R-53515	1664.25
Balance due	~~0~~

PAID

APR 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

mortuary to bring death

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 Monica Hernandez
Signature
X 3470 Martin Ave.
Address
X San Diego CA 92113
City Zip Code
X 619-322 73-05
Telephone

Invoice # _____

Work Order # E 16300

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16300

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	159 X 3	4	5	6
	7	8	open 9	10	SAULS - 11 BARBER	12

Interment space for: JOSE A. HERNANDEZ

Interment Date: TUE 4-3 Time: 10:00

Lot: 159 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-16300 (31)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOSE	ALFREDO	HERNANDEZ-FARIAS	05/20/1969	03/29/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA HERNANDEZ-WIFE 3470 MARTIN AVENUE SAN DIEGO,CA,92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Jose Chavez	04/02/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 04/02/2001	2105986 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 4-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

33 W
86 L
21 H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerome D. Bowen

in a #7 LINER (Type of Burial Container) Funeral, date, time WED. 4-4 11:00

Church, Chapel, Graveside : CA Burial GARY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 122 Grave 10 (92) Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (2 @ 895)	1790.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	220.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	2591.50
Paid receipt number R- 53523	2591.50
Balance due	-0-

PAID

APR 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

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

_____
Signature of recorded holder of deed

X Brianne Bowen
Signature

X 1231 Maria Ave.
Address

X Spring Valley 91977
City Zip Code

X (619) 466 2981
Telephone

Invoice # _____

Work Order # E16301

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-1630

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 LINER

1 GIANNICO	2 GIANNICO	3	4	5 MARTIN	6	
7	8	9	122 10 X	11	12	

Interment space for: JEROME BOWEN

Interment Date: _____ Time: _____

Lot: 122 Grave: 10 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: _____

E16301 (27)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JEROME	DEON	BOWEN	04/03/1973	03/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KEIONNA BOWEN-WIFE 1231 MARIA AVENUE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA 92115	FD 1357	▶ Gerald Ben-I	04/02/2001

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	04/02/2001 J. BENYARD	▶2105954

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-4-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lynch	
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.

Arrival 2:48 pm

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/01

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

in a LINER (Type of Burial Container) Funeral, date, time MON 2/12/01 1:00

Church, Chapel, Graveside CHAPEL ; S.D. MEMORIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 84 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

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

PRE-NEED Lot + Trust E-14996

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 # E16302

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16302

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			TREE			
		OPEN 1	84 X 2	ST CYR 3	BENNETT 4	OPEN 5
		OPEN 6	OPEN 7	OPEN 8	DURAN 9	EPPERSON 10

Interment space for: BERTHA GILL

Interment Date: MON 2-12 Time: 1:00

Lot: 84 Grave: 2 Row: ____ Sect: 3 Div: 12

Grave Laid out by: [signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave [illegible]

Blind Check & Verified By: [signature] Date: 2-8-01

E-16302 A6E (82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BERTHA	LEE	GILL	01/01/1919	02/02/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	NEVADA	HOWARD L. RICHARDSON 687 ROUND TABLE DR. LAS VEGAS, NEVAD9110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	02/09/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/09/2001 J. JOHNSON	▶ 2102666

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
BURIAL—TRANSIT PERMIT

E16302

LOCAL FILE NUMBER | STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First: Bertha Middle: Lee Last: GILL
DATE OF DEATH (Month, Day, Year): February 2,2001
COUNTY OF DEATH: Clark
CITY, TOWN OR LOCATION OF DEATH: Las Vegas
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Sunrise Hospital
If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient (Specify): Inpatient
SEX: Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify): Black
Was Decedent of Hispanic Origin? Specify (...) yes or no if yes, specify Mexican, Cuban, Puerto Rican, etc.
AGE—Last Birthday (Years): 82
UNDER 1 YEAR: MOS / DAYS
UNDER 1 DAY: HOURS / MINS
DATE OF BIRTH (Mo., Day, Yr.): Jan.1,1919
STATE OF BIRTH (If not U.S.A., name country): Texas
CITIZEN OF WHAT COUNTRY: USA
Decedent's Education—Specify highest grade completed: 12
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
SURVIVING SPOUSE (If wife, give maiden name):
SOCIAL SECURITY NUMBER: 458 30 7694
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Homemaker
KIND OF BUSINESS OR INDUSTRY: Own Home
RESIDENCE—STATE: Nevada
COUNTY: Clark
CITY, TOWN, OR LOCATION: Las Vegas
STREET AND NUMBER: 687 Round Table Dr
INSIDE CITY LIMITS (Specify Yes or No): Yes

FOR DEATH OCCURRING IN INSTITUTION, PERMANENT RESIDENCE COMPLETION OF RESIDENCE ITEMS

PARENTS

FATHER—NAME First: Forrest Middle: Dee Last: Richardson Sr
MOTHER—MAIDEN NAME First: Birdie Middle: Whittington Last:
INFORMANT—NAME (Type or Print): Howard Lee Richardson
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 687 Round Table Dr., Las Vegas,Nv,89110

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal
CEMETERY OR CREMATORY—NAME: Mt. Hope Cemetery
LOCATION (City or Town, State): San Diego,California
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
FUNERAL DIRECTOR LICENSE NUMBER: 75
NAME AND ADDRESS OF FACILITY: Harrison-Ross Mortuary 2071 N. Las Vegas Bl.,N.Las Vegas,Nv.

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)
DATE SIGNED (Mo., Day, Yr.): 21b.
HOUR OF DEATH: 4:26 PM 21c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21d.

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated (Signature and Title)
DATE SIGNED (Mo., Day, Yr.): 22b.
HOUR OF DEATH: 22c.
PRONOUNCED DEAD (Mo., Day, Yr.): 22d. ON
PRONOUNCED DEAD (Hour): 22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): 600 Whitney Ranch Rd #B-9 Henderson,NV 89014 Paul Singh, M.D.
LICENSE NUMBER: 23b.

REGISTRAR (Signature): Joan Brisk Deputy
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 06 2001
DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☐

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Interval between onset and death
PART (a)
DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(b)
DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
AUTOPSY (Specify Yes or No): No 26.
WAS CASE REFERRED TO CORONER (Specify Yes or No): No 27.

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

(Name of Cemetery or Crematory)

No.173664

Signature of person in charge of the cemetery or crematory _____ Date _____

BURIAL PERMIT

COPYRIGHT 1949—NO. A-110266
BY R. L. TAYLOR

LEGAL DESCRIPTION

LOT 84 SECTION 3 DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REM
1							
2		GILL, BERTHA LEE	04-12-99	$795.		E-14996	Over
3	ST. CYR, KENNETH ANTHONY	St. Cyr, Elise M.	09-16-97	$795.	09-18-97	E-13841	Liner
4	BENNETT, HOLSON	Lucretia Adams	3/8/99	$1669.38	3/12/1999	E-14935	T.S.Vault
5	GRAY, RUTHIE LEE	Gray, Fessor	10-23-97	$795.	10-27-97	E-13909	Liner
6	ALVARADO, Wilberth C.	Salgado, Jose Luis	11/15/1994	895.00	11/15/1994	E-11885	Liner
7	COPLEY, Wilma L.				1/17/1978	D-8853	OVER
8	WASH, GLORIA JEAN	Roberts, Marlon	01-14-97	$795.	01-17-98	E-14098	T.S. Vault
9	DURAN,ERNESTO GONZALEZ	YVELVA,DURAN	03/10/1998	$895.00	03/13/1998	E-14227	LINER
10	EPPERSON, Ruby Lee	EPPERSON, Obie Lee	6/27/1979	210.00	6/29/1979	E-458	

TAYLOR SYSTEM OF CEMETERY RECORDING
(INFRINGEMENT WILL BE VIGOROUSLY PROSECUTED)

E16302

E-16302

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/01

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

Die LINER Funeral date, time Mon 2/12/01 1:00

Church, Chapel, Graveside Chapel S.D. Memorial Mortuary

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

will be applied and billed to undersigned _____

Lot 84 Grave 2 Tier _____ Section 3 Crypt/Vault 12

Grave space & Care Fund		Ø
Additional spaces and care fund	Pre-Need	Ø
Opening/Closing & Setup	Lot	Ø
Burial Container	+	Ø
Handling Fees	Trust	Ø
Flower vases - Marker setting fee		Ø
Recording and filing fee	E-14996	Ø
Sales taxes		Ø
	Total Due	Ø
	Paid receipt number	
	Balance due	Ø

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

I hereby authorize the interment of lot I hold under deed

Signature [signature]

Address [illegible] University Ave

San Diego Cal 92104

Tel. (619) 692-3090

Invoice # _____

Acct. # _____

Work Order # E 16302

This information is available in alternative formats upon request.

"Dupe"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/01

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

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

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 16302

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Info Grave of: Cherryce Ransom

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 28, 2001

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

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs. APRIL 12 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. J.C.

Lot 3451 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre-Need E-12888	☒
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container	Ash Vault	55.00
Handling Fees	APR 02 2001	60.00
Flower vases – Marker setting fee		—
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		4.13
	Total Due	269.13
Victim/Witness Fund Check	Paid receipt number 53516	-269.13
	Balance due	☒

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. JoAnn CRISP

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

_____
Signature of recorded holder of deed

X JoAnn Crisp
Signature

859 N. Euclid Ave.
Address

San Diego, Ca. 92114
City Zip Code

262-2748
Telephone

Invoice # _____

Work Order # E16302

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16302

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 relative Cheryce Lena Ransom. Left Center

	3449	3450	3451	3452		
	Clifton Ransom, Sr	Damon Hiram Ransom	X	Beverly E. Douglas		

Interment space for: Duane Alvarado

Interment Date: _____ Time: _____

Lot: 3451 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NLF Vic

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: Ricardo Cesvar Date: 4-12-01

E-16302

4681

THE CRIME VICTIMS FUND
P O BOX 86318 PH 619-238-1988
SAN DIEGO, CA 92138

USBANK
90-3582-1222

3/26/2001

PAY TO THE ORDER OF Mt. Hope Cemetary $ **250.00

Two Hundred Fifty and 00/100********** DOLLARS

TWO SIGNATURES REQUIRED OVER $500.00

Michael T. Smyth

MEMO Crisp, Joanne

⑈004681⑈ ⑆122235821⑆ 1651005467 13⑈

E-16302 (29)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 23131-01

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DUANE	-	ALVARADO	02/10/1972	03/21/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOANN CRISP-MOTHER 859 N. EUCLID AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFONRIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	04/02/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/03/2001 J. BENYARD	▶ [signature] M.P.

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 4-9-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Transfer of property

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: JUDITH LEE MILJAS

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1623 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup FROM:	
Burial Container LORAINE FRINY	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-53506	45.00
Balance due	0

PAID
MAR 28 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

Judith L Miljas
Signature
4571½ Voltaire St.
Address
San Diego 92107
City Zip Code
(619) 225-5835
Telephone

Invoice # _____

Work Order # E-16303

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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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 _____ (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 _____ 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

Work Order # E 16303

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-20-01

E16303

D. Kurtz Heiny passed away 9-3-83. his Cremation & burial was handled by The Telephone Society.

Larena Vernon Heiny

E-16303

THE CITY OF SAN DIEGO

March 14, 2001

Loranine Heiny
3601 East Wyoming Ave. Sp. 104
Las Vegas, NV 89104

Re: Lot 1623 Section 3 Division 8

Dear Ms. Heiny:

Our records show that D. Kurtz Heiny is the lot owner. We need to know where Mr. Kurtz is going to be buried. If he has already passed we need to know for our records where he is buried.

We need a letter from you or paperwork showing that you have power of attorney or are the legal next of kin to D. Kurtz Heiny.

Enclosed is the Quitclaim Deed which must be notorized. There is also a transfer fee of $45.00.

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

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosure

Mt. Hope Cemetery
Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

E-16303

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: D.
1B. MIDDLE: Kurtz
1C. LAST: Heiny
2A. DATE OF DEATH (MONTH, DAY, YEAR): September 13, 1983
2B. HOUR: 0630
3. SEX: Male
4. RACE/ETHNICITY: White
5. SPANISH/HISPANIC: NO (X)
6. DATE OF BIRTH: February 6, 1918
7. AGE: 65 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Nebraska
9. NAME AND BIRTHPLACE OF FATHER: Harry Heiny-NB
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary Lichty-NB
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 573-09-3195
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Lorena Norman
15. PRIMARY OCCUPATION: Carpenter
16. NUMBER OF YEARS THIS OCCUPATION: 25
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): S.D. Overhead Door Co.
18. KIND OF INDUSTRY OR BUSINESS: Door Construction
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 250 Quintard #79
19B.
19C. CITY OR TOWN: Chula Vista
19D. COUNTY: San Diego
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: PRENEED TELOPHASE: 250 Quintard #79 Chula Vista, CA 92011
21A. PLACE OF DEATH
21B. COUNTY: San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 250 Quintard #79
21D. CITY OR TOWN: Chula Vista

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Heart failure — 6 mo
DUE TO, OR AS A CONSEQUENCE OF (B) Metastatic Ca prostate — 20 mo
DUE TO, OR AS A CONSEQUENCE OF (C) Cancer prostate — 20 mo
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? yes
25. WAS AUTOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Bilat orchiectomy DATE: 12-22-81

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12-21-81
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 7-15-83
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Robert A.C. Bridge MD
28C. DATE SIGNED: 9-15-83
28D. PHYSICIAN'S LICENSE NUMBER: A-12209
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: ROBERT A.C. BRIDGE, M.D. 6255 4TH AVE. SUITE 216 SAN DIEGO

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE MADE AN (INQUEST INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

37. DATE—MONTH, DAY, YEAR: SEP 13 1983
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: LENEDA INC. EL CAJON, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: HE TELOPHASE SOCIETY
40B. LICENSE NO: 1272 DDF
41. [illegible] Donald L. Ramos, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 13 1983

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (8-2)

HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.
FEE PAID: $4.00
DATE ISSUED: SEPT. 14, 1983
Donald L. Ramos, M.D.
REGISTRAR OF VITAL STATISTICS

E-16303

THE CITY OF

SAN DIEGO

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

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of _____

_____

_____

X I/We Loraine Heiny AKA Lorena Norman Heiny

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to X
Judith Lee Milgas

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 1623 Grave _____ Row _____ Section 3 Division/Block 8

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

WITNESS my/our hand this 20 day of March 19 2001

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:
L. Velma Caulkins

Loraine N. Heiny
AKA Lorena Norman Heiny

Witnesses

A Jane Henman

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
A JANE HENMAN
Appt No 94-3308-1
My Appt Expires Sept. 4, 2002

DIVERSITY
BRINGS US ALL TOGETHER

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AUGUST D. GAMBRELL

in a BELL LINER (Type of Burial Container) Funeral, date, time Weds April 4 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 138 Grave 4 Row - Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED LOT E-3704	Ø
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 53518	769.25
Balance due	Ø

PAID
APR 02 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X [signature] for Anne Gambrell
Signature
→ 5059 Pirotte Dr
Address
→ San Diego CA 92105
City Zip Code
→ (619) 262-7249
Telephone

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

[signature]
Signature of recorded holder of deed

Work Order # E 16304

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16304

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Gladys Heath		Corazon Nagtalon		
		3	4	5	6	
		Ida Gambrell	X	Clara Gambrell	open	

Interment space for: AUGUST D. GAMBRELL

Interment Date: Wed. April 4 Time: 2:00 pm

Lot: 138 Grave: 4 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-16304

E-16304 (9A)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AUGUST	DUFFIE	GAMBRELL	12/13/1906	03/28/2001	M

5A. CITY OF DEATH: EL CAJON

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ANNE C. GAMBRELL - WIFE
1120 PEPPER DR, #74
EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
EL CAMINO MEMORIAL - BENBOUGH CHAPEL
3051 EL CAJON BLVD, SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-480

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Pamela Vale

8B. DATE SIGNED: 03/29/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 04/02/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2105949 P Valentine ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

E-16304

UNION TRIBUNE OBITUARY

Fax: 619-293-2757 Phone: 619-293-2531

As a courtesy, the San Diego Union-Tribune will publish a free, brief notice about the death of any San Diego County resident. We accept information only by fax from mortuaries and crematories. The forms must be typed clearly. We do not take this information over the telephone, nor can we accept photos. Our goal is timeliness, although publication dates cannot be guaranteed. Information may be submitted up to one month after a death. Families should help their mortuary complete this form in order to ensure accuracy.

Mortuary: El Camino Memorial Benbough Chapel **Phone:** 619-283-7211

Name of deceased: August Duffie Gambrell **Gender:** M **Age:** 94

Date of birth: 12-13-1906 **City of residence:** El Cajon **Date of death:** 3-28-01

Birthplace: Gatesville, TX **Occupation:** Owner Gambrell Lumber **Retired?** Yes

Military service (branch & wars): =

Organizations (limit 2): El Cajon Blvd. Church of Christ

Survivors (name & town)

Spouse/companion: Ann C. Gambrell of El Cajon

Daughters: Sharon M. Mueller of El Cajon

Sons:

Parents:

Sisters:

Brothers

Grandparents:

Number of Grand: 2 **Gt. Grand:** 1 **Gt. Gt. Grand:**

Service Arrangements

Time-Date-Address of visitation: Tuesday 4-3-01 from 3 to 8 p.m. El Camino /Benbough Chapel 3051 El Cajon Blvd. SD 92104

Time-Date-Address of service: Graveside Wednesday 4-4-01 at 2 p.m. Mount Hope Cemetery

Memorial donations: Alzheimer's Foundation

Special interests: Major contributor to South Western Christian School in Chula Vista and paid for the tuition of many College students. Built a wing to the Canyon Villas Residential Home in Clairemont.

Spokesperson: Lee Mueller **Day phone:** 619-596-8749 **Night phone:** Same

ashes center of grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIVIAN C. GILBERT ~~Q~~

in a ash vault (Type of Burial Container) Funeral, date, time FRI 4-27 2:00

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1503 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	Pre-Need D-2252	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-11004	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 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

Carol J. Gaughe
Signature

6520 BANTAM LAKE CIR
Address

S.D. CA 92119
City Zip Code

619-460-3300
Telephone

Work Order # E 16305

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16305

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			THOMAS			
1500	1501 BOYD	1502 GILBERT	1503 X	1504 SIKES	1505 TRE	1506
			DEVELLON			

Interment space for: VIVIAN GILBERT

Interment Date: FRI 4-27 Time: 2:00

Lot: 1503 Grave: ____ Row: ____ Sect: 1 Div: 8

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Ashes center of grave

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK AND MORTUARY 199003 E-16305

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: GILBERT, VIVIAN

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 27 day of April, 2001

Address GAUGHEN, CAROL

Street City State Zip

Signature: X Carol J. Gaughen 572-62-0143

Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____

Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____

Representative of Cemetery/Funeral Home

FORM C04 REV 12/91 White - Cemetery Copy Yellow - Customer Copy © 1991 SCI Management L.P.

E16305 (86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH DAY YEAR)	3. DATE OF DEATH (MONTH DAY YEAR)	4. SEX
VIVIAN	-	GILBERT	10/30/1914	03/20/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	CAROL JEAN GAUGHEN - NIECE 6520 BANTAM LAKE CIRCLE SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	FD-843	▶ Sharon Lawless	03/26/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/26/2001	SHARON LAWLESS 2105519 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-27-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 3/27/01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ RBS	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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.

"Photo Grave of: Lola Mabel Lindsey" Ashes Upper Left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARENCE A. LINDSEY ☒

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

Church, Chapel, Graveside "DELIVERY ONLY" ; MILLER-JONES (Riverside, 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 267 Grave 5 Row - Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED LOT E-11942	Ø
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 R-53583	269.13
Balance due	-0-

PAID APR 16 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO

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

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

Signature of recorded holder of deed

X Signature

→ Address

→ City Zip Code

→ ( ) Telephone

(See Attached)

Work Order # E 16306

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Miller-Jones Mortuary

Office (909) 672-0777

fax (909) 672-7869

163306

MT HOPE CEMETERY E-16306

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: LOLA MABEL LINDSEY**
****PLACE VAULT: UPPER LEFT.****

	3	4	5	6		
	Anthony D. Carmichael	DAVID M Carmichael	X	Orean Wiggins (no Marker)		
			Lavenia Winley			

Interment space for: CLARENCE A. LINDSEY

Interment Date: _____ Time: _____

Lot: 267 Grave: 5 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: _____

E-16306

9541

E-16306

(92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clarence	Alton	Lindsey	10/25/1908	03/28/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sun City	Riverside	Patricia Riness, Daughter 27029 Presley St Sun City, CA 92586

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Miller-Jones Mortuary, Inc. 26770 Murrieta Rd. Sun City, CA 92586	FD1490	▶ [illegible]	4/1/01

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/03/2001	▶ 302655/

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
Riverside Co. Health Dept. PO Box 7600, Riverside, CA 92513	San Diego Co Health Dept PO Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St San Diego, CA 92102	11B. DATE BURIED 4-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Miller-Jones Mortuary & Crematory 26245 Palomar Dr. Sun City, CA 92585	12B. DATE CREMATED 04-04-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-16306

"Photo Grave of: Lola Mabel Lindsey"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARENCE A. LINDSEY ☒

in a ASH VAULT (Name of Cemetery) Funeral date, time

Church, Chapel, Graveside "DELIVERY ONLY" MILLER-JONES (Kimball Mortuary) Mortuary

An Funeral date must entire before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and sited to — designed X Patricia A. Riness

Lot 267 Grave 5 Row - Section 2 Division Block 12

Grave space & Care Fund	PRE-NEED DOT E-11942	0
Additional space and care fund		
Opening/Closing & Salut		$105.00
Burial Contains	Ash Vault	55.00
Handling Fees		60.00
Flower vases – Marker setting fee		
Recording and filing fee		65.00
Sales taxes		3.33
	Total Due	$288.33

Paid receipt number

Salesman Sub

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

I hereby authorize the interment to be held under deed.

Signature of authorized name of person

X Patricia A. Riness
→ 5024 Bradley St
→ Sun City, Cal 92586
→ (909) 672-3094

Work Order # E 16306

Invoice #

Acct #

Note this page

Your information or Assignment of attachment or Purchase Order Required

Bill to be printed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot for: Lorri A. White

in a _____ (Type of Burial Container) 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 196 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional space and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases, Markers setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number 53512	-224.00
Balance due	671.00

PAID
APR 25 2002
APR 02 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the owner/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

Lorri A. White
X Lorri A. White
Signature
→ 4670 Donax St. #06
Address
→ San Diego, CA 92139
City Zip Code
→ (619) 479-4689
Telephone

Work Order # E 16307

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16307

EASLEY-WHITE,LORRI A. 6670 Doriana St. #6, San Diego, CA 92139 (619) 479-4689

		DEBIT	CREDIT	BALANCE
04-[illegible]-2001	Opened Pre-Need Lot Only, Account. Lot 196 Gr 6 Div 12 Sec 2	895.00		895.00
04-02-2001	Down payment Paid: Receipt # R-53512		224.00	671.00
04-02-01	Payment # 1 Receipt R R-53514		-28.00	643.00
05-02-01	# 2 + #3 R-53633		-56.00	587.00
06-28-01	Coupon # 4 + #5 R-53856		-56.00	531.00
8-29-01	R-54077 #6 NSF		28.00	503.00
9-25-01	R-54165 #7		28.00	475.00
10-15-01	R-54234		28.00	447.00
10-25-01	R-54264 #8		28.00	419.00
11-29-01	R-54399 #9		28.00	391.00
1-3-02	R-54500 #10		28.00	363.00
2-5-02	R-54617 11		28.00	335.00
3-6-02	R-54731 12		28.00	307.00
3-2[illegible]-02	R-54814 13		28.00	279.00
4-25-02	R-54902 Paid-in full 14		279.00	Ø

EASLEY-WHITE, LORRI A. PRE-NEED LOT E-16307

E16307

To whom it may
con cern,

Please except
payment for
the Month of
Sept. 2001 of
$28.00, for
Lot 196 Grave 6
Div -12 (Sec 2)
For Lorenz A. White

Thank you
Mrs. White

Mt. Hope Cemetery
Prepayment Plan Record

E-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

PAID
APR 02 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	1
Payment Due Date	April-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

* Receipt given in Office. 4/2/01

Mt. Hope Cemetery
Prepayment Plan Record

E-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	2
Payment Due Date	May-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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	3
Payment Due Date	June-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

E16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	4
Payment Due Date	July-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

28
28
5-6-00

Mt. Hope Cemetery
Prepayment Plan Record

E-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	5
Payment Due Date	August-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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	6
Payment Due Date	September-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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	7
Payment Due Date	October-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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	8
Payment Due Date	November-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

E16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	9
Payment Due Date	December-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

E16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	10
Payment Due Date	January-02
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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	11
Payment Due Date	February-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

E-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	12
Payment Due Date	March-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

E-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

Payment NO.	13
Payment Due Date	April-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-16307

LORRI A. WHITE (EASLEY)
6670 DORIANA ST. # 6
SAN DIEGO, CA 92139
619-479-4689
E=16307

Preneed for:
LORRI A. WHITE (EASLEY)

Lot 196 Grave 6 Div 12 Sec 2

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

Pay off

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

54264

Date: 10/25/ , 2001

From Lorrie A. White Address: On Record

Twenty-Eight and 00 Dollars ($ 28.00)

In part Payment of Preneed Lot for:
Lorrie A. Easley-White

Lot 196 Grave 6 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE $419.00

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

104

AC-212 (Rev. 5-94)

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

PAID

OCT 25 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28.	00

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53633

Date: May 2, 2001

From: Lorri A. Easley-White Address: 6670 Doriana St. #6, S. Diego, CA 92139

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

In - part Payment of Pre-Need Lot

Lot 196 Grave 6 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 587.00

Coupon # 2 + #3

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

AC-212 (Rev. 6-94) CK # 0489

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

PAID

MAY 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53856

Date: June 28th, 20 01

From: Lorri A. White Address: 6670 Doriana St., #6, San Diego, 92139

Fifty-Six .NO/100 Dollars ($ 56.00)

In - part Payment of Pre-Need Lot

Lot 196 Grave 6 Row — Section 2 Division 12

Invoice No.

Acct: No.

W.O. E-16307

BALANCE DUE 531.00

Coupon 4 & Coupon 5

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

AC-212 (Rev. 5-94) # 0516

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

PAID

JUN 28 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54500

Date: January 3, 20 02

From: Lorri Ann White Address: on record

Twenty-Eight and 00 Dollars ($ 28.00)

In part Payment of Pre-need Lot for Lorri White
Coupon book #10

Lot 196 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE $ 363.00

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

1029

AC-212 (Rev. 5-94)

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

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54399

Date: Nov. 29, 20 01

From: Lorri Ann White Address: on record

Twenty-Eight and 00/100 Dollars ($ 28.00)

In part Payment of pre-need lot only.
Coupon 9

Lot 196 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE $ 391.00

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

1010

AC-212 (Rev. 5-94)

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

PAID

NOV 29 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184	28	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54731

Date: 3-6-02, 20

From: Lori White Address: On Record

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 196 Grave 6 Row Section 12 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 307.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1050

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54617

Date: 2-5-02, 20

From: Lori White Address: On Record

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 196 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 335.00

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

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

ISSUED BY J Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54077

Date: 08/29/01, 20

From: Lori A. Barley-White Address: 6670 Doriana St. #6 San Diego CA 92139

Twenty-Eight Dollars X/100 Dollars ($ 28.00)

In Full Payment of Pre-Need Trust

Lot 196 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 503.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
0545

AC-212 (Rev. 5-94)

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

ISSUED BY L. Prince

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54165

Date: 9-25, 2001

From: Lori White Address: 6670 Doriana St #6 San Diego 92139

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lit

Lot 196 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E- 16307

BALANCE DUE 475.00

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

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54234

Date: 10-15, 20 01

From: Lorie White Address: On Record

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 176 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 447.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY S Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54814

Date: 3-28-02, 20

From: Lori White Address: On Record

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 196 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16307

BALANCE DUE 279.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1063

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

ISSUED BY S Shackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 5-94)

E-16307

Mt Hope Cemetery
Contract Entry Verification
05/04/2002

Contract Number: E-16307-L

Contract Date: 04/02/2001
Purchaser: White, Lorri A

Purchaser Number: 62 /
Phone:
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		196	6	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	24
SALES TAX	0.00	REGULAR PAYMENT OF	27.96
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	27.92
TOTAL DOWNPAYMENT	224.00 -	DATE FIRST PAYMENT DUE	05/02/200
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	671.00		
DEFERRED PAYMENT PRICE	895.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	179.00	
R S Equity	716.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E-16307

Mt Hope Cemetery
Agreement Confirmation
05/04/2002

Agreement Number: E-16307-L
Agreement Date: 04/02/2001
Purchaser: White, Lorri A

Purchaser Number: 62 /
Phone:
Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves Property	Division 12-2	895.00	0.00	

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		196	6	A

BASE PRICE	895.00	
SALES TAX	0.00	
TOTAL CASH PRICE	895.00	
TOTAL DOWNPAYMENT	224.00-	
TRANSFER ALLOWANCE	0.00-	
DISCOUNT OR ALLOWANCE	0.00-	
FINANCE CHARGE	0.00	
TOTAL OF PAYMENTS	671.00	
DEFERRED PAYMENT PRICE	895.00	
NUMBER OF INSTALLMENTS	24	
REGULAR PAYMENT OF	27.96	
ODD PAYMENT OF	27.92	
DATE FIRST PAYMENT DUE	05/02/2001	
PAYMENT PLAN	MONTHLY	MONTHLY PAYMENT = $ 27.96

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-01

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time WED 4-4 9:00

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. X

Lot 127 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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 R-53519	1664.25
R-53521	104.50
Balance due	

PAID
APR 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the father Jesus Arreola of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 3125 Ivy St #4
Address

X San Diego Ca 92104
City Zip Code

(619) 281-6690
Telephone

Work Order # E 16308

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 16308

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 WILEY	2	3	EVANS 4	5	6	
7 DAVIS	8	9 GRIFFIN	127 X 10	11	12	
			open			

Interment space for: JORGE VASQUEZ

Interment Date: WED 4-4 Time: 9:00

Lot: 127 Grave: 10 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Noam + Vicente

Agrees with Legal Card: ☐ Yes ☐ No

They on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kevin Date: ____

E16308

(31)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JORGE	-	VASQUEZ	11/10/1969	03/29/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	GUADALUPE AMESQUITA-SISTER 7002 W.INDIAN SCHOOL RD,APT#1177 PHOENIX,AZ,85033

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Joe Chavez	04/03/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 04/04/2001	2106102 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SANDIEGO,CA,92102.	11B. DATE BURIED 4-4-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-01

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

in a ASH VAULT (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 120 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number R-53517	269.13
Balance due	0

PAID
APR 02 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

X Russell R Johnson
Signature
X 4961 westover pl
Address
X San Diego CA 92102
City Zip Code
X (619) 266 8219.
Telephone

Work Order # E 16309

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Grave of Barbara Roger

ashes on left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-01

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI 4-6 2:00

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 119 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ..... Pre-Need E-4758	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... PAID	105.00
Burial Container	55.00
Handling Fees ..... APR 02 2001	60.00
Flower vases – Marker setting fee	—
Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number M/C	269.13
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 Willie L Rogers
Signature

X 7142 Peter Pan Ave
Address

X San Diego Ca 92114
City Zip Code

X (619) 263-1937
Telephone

Invoice # _____

Work Order # E 16310

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16310

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. ashes left - Grave of Barbara Rogers

2 open	3 ELI	4 open	5 CHILDRESS	6 BATTLE		
8 ROSS	9 McINTYPE	10 BROWN	119 X 11 ROGERS	12 open		
			open			

Interment space for: TOMMIE FOREMAN

Interment Date: FRI 4-6 Time: 2:00

Lot: 119 Grave: 11 Row: ____ Sect: 1 Div: 12

Grave Laid out by: N F VIC

Agrees with Legal Card: ☐ Yes ☐ No Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Renedo E. Date: 4-5-01

E-16310 (24)

23008-01

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
TONNIE	JERMAINE	FOREMAN	10/26/1976	03/25/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	WILLIE LEE ROGERS-BROTHER 7142 PETERPAN AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92215	F-1357	▶ [illegible]	03/27/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/27/2001 J.BENYARD	▶ 2105649

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92103	11B. DATE BURIED 4-6-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 3-30-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles E. Jenkins, Sr.

in a DBL. Crypt (Type of Burial Container) Funeral, date, time April 5, Thur 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. CJ

Lot 100 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need Lot E-7787	Ø
Additional spaces and care fund	
Opening/Closing & Setup ..... 2nd Burial O/Closing	375.00
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	420.00
Paid receipt number 53520	420.00
Balance due	Ø

PAID

APR 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Charles E. Jenkins

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

Signature of recorded holder of deed

Charles Jenkins
Signature

911 Bollenbacher St
Address

SD 92114
City Zip Code

(619) 266-0457
Telephone

Invoice # _____

Work Order # E 16311

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16311

MT HOPE CEMETERY E-16311

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Crypt
* Into Grave of Wife Emily A. Jenkins

3	4	5	6			
Samuel Lavaughan Caldwell	open	Christopher Reddick	X			
9	10	11	12			
open	Renix Graham	open	open			

Interment space for: Charles E. Jenkins, Sr.

Interment Date: Thur April 5 Time: 11:00 am

Lot: 100 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: _____

E-16311

63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Charles	E.	Jenkins	07/22/1937	04/01/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Floyd Robinson, Brother 1518 Republid St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Bette Williams	04/03/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/04/2001	2106136 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-5-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/88

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

in a Double Crypt (Vault/Line) Funeral, date, time Fri - 11Am - 12/7

Church, Chapel, Graveside Church - GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 100 Grave 6 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund Double Crypt	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1521.45

Paid 1-19-89

Paid receipt number ____

Balance due ____

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

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

Signature of recorded holder of deed

Charles E. Jenkins
Signature

* 7133 Peter Pan Ave
Address

* Calif 92114
State Zip Code

* 262-7425
Telephone

Invoice # 078227

Acct. # 028715

Work Order # E 7787

PX-553 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-01

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

in a LINER (Type of Burial Container) Funeral, date, time TUES 4-3 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 32 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need E-8002	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	—
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16312

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16312

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
Verace Deloris Jones	Dorothy Carol Schulting	Adolph Jones, Sr.	X			

Interment space for: Marguerite Warren

Interment Date: Tues. Apr. 3rd Time: 11:00 am

Lot: 32 Grave: 6 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-16312

E-16312

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Marguerite	Frances	Warren	04/10/1914	03/27/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Lora A. Warren, Granddaughter 2402 Norfolk St. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	04/02/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/03/2001	▶ [signature] 2105996

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Into Grave of: husband Arthur Lee Fulton top right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 3, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MYRTLE ALBERTENA FULTON (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD Wed. Apr. 4

Church, Chapel, Graveside Burial Only (NO Services): El Camino - Pac 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 SJ

Lot 19 Grave 5 Row — Section MAS (Division) ~~Block~~ M

Grave space & Care Fund ..... Pre-Need LOT C-4980	~~0~~
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 53528	269.13
Balance due	~~0~~

PAID

APR 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X Sharon L Fulton
Signature

→ 4518 Mt. Highpine Pl
Address

→ San Diego Calif 92117
City Zip Code

→ (858) 292-4183
Telephone

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

Signature of recorded holder of deed

Work Order # E 16313

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

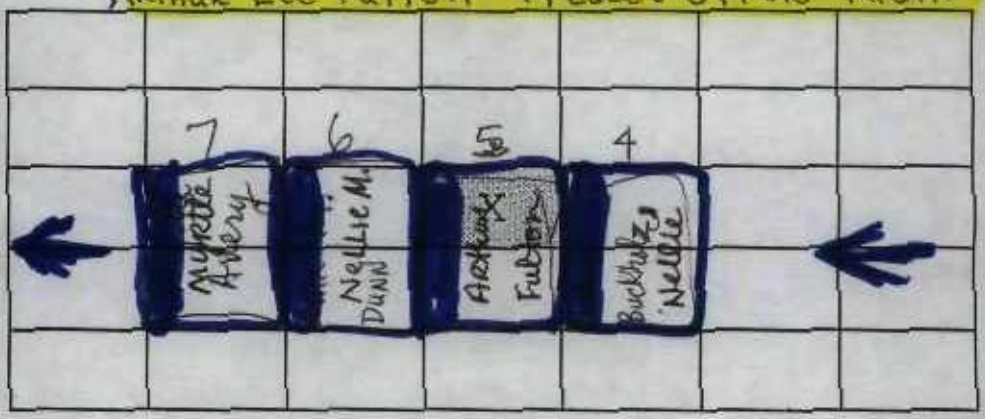
Printed on recycled paper

Ashes + Permit in Office

MT HOPE CEMETERY E 16313

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 husband: ARTHUR LEE Fulton *Place: UPPER RIGHT



Interment space for: MYRTLE A. FULTON ⊗

Interment Date: AYD Time: AYD

Lot: 19 Grave: 5 Row: — Sect: MAS Div: M

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16313

E16313 EN 622 (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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MYRTLE	ALBERTENA	FULTON	08/15/1918	12/20/1999	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOUGLAS FULTON - SON 1068 OLIVER AVE SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC BEACH MORTUARY 4710 CASS ST, SAN DIEGO, CA 92109	FD-815	▶	12/21/1999

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/21/1999 P Valentine	9919098 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 4-4-00	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 12/22/99	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 3, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VALETTA F. MCROY

in a T.S. VAULT / D.I.P. (Type of Burial Container) Funeral, date, time THURS. APR. 5 2:30pm

Church, Chapel, Graveside MERKLEY-MITCHELL Mortuary.

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

Lot 43 Grave 7 Row - Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED LOT & TRUST D-2478/E-12126	Ø
Additional spaces and care fund	
Opening/Closing & Setup	Ø
Burial Container T.S. Vault / D.I.P.	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	Ø

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

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

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

(See attached)

Invoice #

Work Order # E 16314

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16314

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: D.I.P. 2ND BURIAL

			7	8	9	10
			X	ANTONINA DOBROSMY-SLOVA	Ann toledo (no marker)	Hayes White

Interment space for: VALETTA F. MCROY

Interment Date: THUR. APR. 5 Time: 2:30pm Graveside

Lot: 43 Grave: 7 Row: - Sect: 1 Div: 11

Grave Laid out by: NLF V.C.

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 4-5-01

E-16314

E-16314

(95)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VALETTA	F.	McROY	12/31/1905	03/30/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CHARLOTTE CAMPBELL - CONSERVATOR 5415 HAMILTON STREET, #11 SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Victoria A. Mitchell	04/04/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/04/2001 TC MITCHELL	2106127 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-5-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E 16314

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 3, 2001

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains of VALETTA F. MERRY

via T.S. VAULT / D.I.P. (Type of Rock Crypt) Funeral date/time THURS. APR. 5 2:30pm

Church, Chapel, Grave site MERKLEY-MITCHELL Mortuary

All Funeral care 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 Charlotte Campbell

Lot 43 Grave 7 Row Section 1 Unit 11

Grave space & Care Fund PRE-NEED LOT & TRUST D 2478/E-12126 0

Additional opener and care fund

Opening/Closing & Setup 0

Rock Container T.S. VAULT / D.I.P. 0

Handling Fees 0

Flower vases – Marker setting fee

Resurfacing and sting fee 0

Sales taxes 0

Total Due 0

Paid receipt number

Balance due 0

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

I hereby authorize the interment in full, hold under Bond.

Signature X Charlotte Campbell

Address X 4415 Hamilton #11

City X San Diego, CA 92116

Telephone X 619-295-3031

Invoice #

Acct #

Work Order # E 16314

Mark the Plan

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ME 00-2237

Date 4-3-01

4-5 THUR 2:00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN / JANE DOE PA 20011234

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time ~~FRI 4-6 9:00~~

Church, Chapel, Graveside DELIVERY ONLY ; HUMPHRIES DAN Mortuary.

All Funeral cars 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 2T Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup PAID	165.00
Burial Container	50.00
Handling Fees 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	

ROMA STRUNACH

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 # 346290

Acct. # 000952

4-6-01 SMC

Work Order # E 16315

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16315

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANE/JOHN	-	DOE	Unknown	12/03/2000	Unk.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Roma Stronach-Public Deputy Administrator 5201-A Ruffin Road San Diego CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	▶ Judith King	04/04/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/05/2001 J.E. King	2106201 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 4-5-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Arrived 8:35 AM

Deliver Betw 8:00 AM + 9:00 AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA #20011232 ME 00-00746

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time TUES 4-10 8:00 AM - 9:00 AM

Church, Chapel, Graveside DELIVERY ONLY MERKLEY Mitchell Scott Mortuary.

All Funeral cars 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 3T Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID 4-30-01

ROMA STRONACH

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 16316

Invoice # 346359

Acct. # 000952

SMC 4/10/01

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16316

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	04/09/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BORREGO SPRINGS	SAN DIEGO	ROMA STRONACH -PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	04/05/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/05/2001 C.I.MITCHELL	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED: 4-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-01

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

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 211 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1789.25
Paid receipt number R-53532	1789.25
Balance due	0

PAID
APR 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X Robert A. Duff
Signature
X 4994 Porter Hill Rd
Address
X La Mesa CA 91941
City Zip Code
X 619 463 5355
Telephone

Work Order # E 16317

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-01

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

in a LINER (Type of Burial Container) Funeral, date, time TUES 4-10 1:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

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

Lot 1017 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... PRE-NEED D-1444	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address (See Attached)

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16318

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16318

MT HOPE CEMETERY E16318

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			LINDSEY			
1014 Bishop	1015 BASAE	1016 JONES	1017 X	1018 DOUGHERTY	1019 JORDAN	1020 open
			PIONTEK			

Interment space for: Nellie Jones

Interment Date: Tues 9-10 Time: 1:00

Lot: 1017 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: Norm + Vicente

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: [signature] Date: ____

F16318

(78)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
3 Nellie	-	Jones	09/16/1922	04/03/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Concord	Contra Costa	Jennifer Jones (Daughter) 546 Mt. Dell Drive Clayton, CA 94517

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bryant & Moore Chapel 1385 Galindo Street Concord, CA 94520	FD873	▶ [signature]	04/04/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	04/04/2001	1368 PC

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
826 Main Street Martinez, CA 94553	3851 Rosecrans Street P.O. BOX 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-16318

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-01

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

NELLIE JONES

LINER

Charge Charge Inscription

Interment Date TUES 4-10 1:00

RAGSDALE

Mortuary

All funds can must arrive before the date of regular interment or the interment will be rejected and filed in unassigned

150.00

X Jennifer Jones

Lot 1017 Grave ____ Plot ____ Section ____ Dimensions 10

Grave space & Care Fund	PRE-NEED D-1444	0
Additional service and care fund		
Opening Closing & Setup		0
Burial Container		0
Marching Fees		0
Flower vases – Marker setting fee		
Recording and trend fee		0
Sales taxes		0
	Total Due	0

Paid in full

Charge Order Cash Check X Daughter

Charge Order

I hereby certify I am the X Daughter of the above named deceased and that is your authority to make a disposal of the remains of the above named deceased and I have the right to make the authorization and I agree to pay the charges for the interment and the rules and regulations of this authorization and any charges.

I hereby authorize this interment to be held under deed

X Jennifer Jones

X [illegible] 549

X [illegible] 94317

Y [illegible] 1436

Signature of Authorized Person

Form Order # E 16318

Trustee #

Acct. #

Title of Deed

This information is available to the public and may be used for any purpose.

Authorized Signature

Roma Stronach
Public Guardian

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 4, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL E. JOHNSON PA#20011211 ME# 00-02214

in a LINER (Type of Burial Container) Funeral, date, time ~~Wed. April 6~~ Thurs. April 5 9:30am

Church, Chapel, Graveside Delivery Only ; 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 5 Grave 2B Row Section Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$386.00
Paid receipt number	
Balance due	

PAID 4-30-01

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

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

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

Invoice # 346212 4/5/01

Acct. # 000952

Work Order # E 16319

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

DMC

E-16319 (53)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	E.	JOHNSON	04/13/1947	11/27/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	BAYVIEW CREMATION & BURIAL 7510 CLAIREMONT MESA BLVD. #109 SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶ MB	04/03/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/02/2001 M. SHIROMA	2106068 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-5-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011236 ME# 01-208

in a Liner (Type of Burial Container) Funeral, date, time FRI. APRIL 6 8:00am

Church, Chapel, Graveside **DELIVERY ONLY**; FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 5 Grave 3B Row - Section - Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID 4-30-01

Roma S.

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 16320

Invoice # 346291 4-6-01

Acct. # 000952 DUE

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16330

UNK

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	unknown	01/26/2001	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	04/04/2001

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/04/2001 C.Maggard	2106158

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222,San Diego,CA92816-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-6-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20011233 ME#00-01692

in a Double Depth (Type of Burial Container) Funeral, date, time Fri Apr. 13, 11:00am

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 5 Grave 4T Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup PA 1D	165.00
Burial Container	50.00
Handling Fees 6-8-01	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

ROMA S.

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 # 346504 4-16-01 Dale

Acct. # 000952

Work Order # E 16321

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16321 (unknown)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	Found 09/09/2000	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Wellen	04/12/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/12/2001 Debbie Wellen	▶ Barry R. Pierce MD MR

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego CA 92102	11B. DATE BURIED 4-13-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jenson	
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 16321

County of San Diego

BRIAN D. BLACKBOURNE, M.D.
MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1270
TEL: (858) 694-2895 FAX (858) 495-5956

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

March 10, 2003

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

Attn: Cemetery Records

PA 2001-1233
RECEIVED
4/3/2001

Re: John/ Doe (Medical Examiner Case #00-1692)

Ladies and Gentlemen:

This letter is to inform you of the identification of a John Doe, Medical Examiner case number 00-1692. The date of death of John Doe was 09-09-00. He was positively identified on 11-15-02 through DNA etc.

The decedent's identity has been established as: George Jackson III. His next of kin is Sonia Wells who may be reached at 32 Trentmill Lane #L Pikesville MD 21208. Please update your records to reflect this identification.

Thank you for your assistance in this matter.

Sincerely,

Calvin L. Vine
Supervising Medical Examiner Investigator

cc: Medical Examiner John/Jane Doe Investigator
Medical Examiner Case File

MT. HOPE CEMETERY

INTERMENT ORDER

PRE-NEED LOTS ONLY

City of San Diego

Date April 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lots for Jabbar Family

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 107 Grave 2+4 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... 795.00 x 2	1,590.00
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	1,590.00
Paid receipt number #R-	-398.00
Balance due	1,192.00

PAID
SEP 16 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

BALANCE DUE 0

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

Hana JaBBOR
Nieme JaBBar

X Hana Jabbar and Nieme Jabbar
Signature

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

→ Hana Jabbar
→ Nieme Jabbar
Signature of recorded holder of deed

5012 Date St.
Address

San Diego, CA 92102
City Zip Code

(619) 266-2341
Telephone

Work Order # E 16322

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16322

JABBAR, HANA & NIEME 5012 DATE St., San Diego, CA 92102 619- 266- 2341

			DEBIT	CREDIT	BALANCE
4-5-2001 Opened Pre-Need Lots Account. Two (2) Graves.					
Lot 107; Gr. 2 & 4; Sec. 2 ; Div. 11			1,590.00		1,590.00
4-5-2001 Down Payment. Receipt # R-53543		20% 318 80% 1272		398.00	1,192.00
5-21-01	R-53711			50.00	1142.00
6-8-01	R-53799			50.00	1092.00
7-16-01	R-53925			50.00	1042.00
8-13-01	R-54025			50.00	992.00
9-11-01	R-54124	PAID		50.00	942.00
12-05-01	R-54420	(2-payments) Jan Oct/Nov		100.00	842.00
12-[illegible]-01	R-54506	(2-payments Sep Dec)		100.00	742.00
3-12-02	R-54762	Feb & March		100.00	642.00
5-13-02	R-54975	April MT. HOPE CEMETARY CITY OF SAN DIEGO, CA		100.00	542.00
6-20-02	R-55125	June		50.00	492.00
7-[illegible]-02	R-552019	July		50.00	442.00
8/15/02	R 55319	Aug.		50.00	392.00
10-22-02	R-55536			50.00	342.00
12/12/02	R 55721	Dec		100.00	242.00
1-31-03	R-55870	Feb 03		150.00	92.00

JABBAR, HANA & NIEME PRE-NEED LOTS

92.00

8-21 03 Mailed delinquent notice
9-14 03 R 56681

100 — — 8.00

credit towards trust

Pre-Need LOT & TRUST

R. B. LARSEN
D.O.B. 11/25/1920

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 6, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOT & Trust for ROBERT B. LARSEN

In a LINER (Type of Burial Container) 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 18 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	
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,664.25
Paid receipt number R-53609	1664.25
Balance due	-0-

PAID
APR 24 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

Greg Brown PA

I hereby certify I am the GREG BROWN/PUBLIC ADMIN. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Public Administrator

Greg Brown

X _____ Signature

Address

City Zip Code

Telephone

(See Attached)

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

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E16323

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Greg Brown / Deputy Public Guardian
Office Ph # (858) 694-3508
fax Ph # (858) 495-5127

E-16323

MT. HOPE CEMETERY

INTERMENT ORDER

Date APRIL 5, 2001

[illegible] BRE-NEED [illegible] ROBERT [illegible] LARSEN

[illegible] LINER [illegible]

Church, Chapel, Grounds [illegible] Mulberry

[illegible]

[illegible]

Lot 18 Grave 10 [illegible] Section [illegible] Description 12

[illegible] $[illegible]

[illegible] PAID

[illegible] 190.00

[illegible] 145.00

[illegible] MT. HOPE [illegible]

[illegible] CITY OF SAN DIEGO, CA [illegible]

[illegible] 10.[illegible]

[illegible] 1,[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] E16323

[illegible]

E-16373

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHIRLEY LOGANS-GARVIN

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Thur 4-12 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 3625 Grave _____ Row _____ Section _____ Division/Block 10

PAID

APR 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	148.75
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	2017.50
Paid receipt number R-53556	2017.50
Balance due	0

MORTUARY to BRING CHECK

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.

ELLIS LOGANS

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

_____
Signature of recorded holder of deed

X _____
Signature

X 14524 DONNEDALE ST.
Address

X LA PUENTE CA 91746
City Zip Code

X (626) 962-5489
Telephone

Work Order # E 16324

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16324

MT HOPE CEMETERY E 16329

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Top Seal Vault

Frank Robinson, Jr	No Marker	Katie Gardner	no marker	Henry Rene Van Arsen	Sophie Martin Stewart	open No Marker
			3625	3626	3627	3628
No Marker	No Marker	No Marker	Shirley L. X Garvin	open No marker	open no marker	Edward Louis Tiemann, Jr

Interment space for: Shirley Logans-Garvin

Interment Date: Thur. April 12th Time: 11:00 am (church)

Lot: 3625 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF Vic

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 4-10-01

E 16324 (63)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Shirley	Ann	Logans-Garvin	05/02/1937	04/06/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Eddie Logans, Brother 153 San Jacinto Dr. San Diego, CA 92114

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Debra Wells	04/09/2001

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/12/2001	2106599 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-16324

THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

TO: RAGS DALE

PHONE/FAX#

FROM: SUE

DATE: 4-9-01

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

$

PLEASE BRING CHECK FOR 2017.50. PLEASE VERIFY DATE AND TIME. PLEASE NOTE MARKER SETTING FEE AND GALV VASE.

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

DIVERSITY
BRINGS US ALL TOGETHER

100% recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dates in left

Date 4-9-01

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

in a _____ Funeral, date, time WED 5-9 10:00
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 302 Grave _____ Row _____ Section 4 Division/Block 8

PAID

APR 09 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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 gdw W.O. 1151	23.75
Recording and filing fee	45.00
Sales taxes	
Total Due	473.75
Paid receipt number R-53553	473.75
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.

X Mary L. Thomas
Signature

X 5065 La Paz Dr.
Address

X San Diego 92113
City Zip Code

X 619 264-5538
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16325

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16325

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Asher left on

			ERDY			
299 OPEN	300 SHAW	301 OPEN	302 X	303 OPEN	304 OPEN	305 OPEN
			SOBEK			

Interment space for: Willie Hamilton

Interment Date: Wed 5-9 Time: 10:00

Lot: 302 Grave: ____ Row: ____ Sect: 4 Div: 8

Grave Laid out by: NF Vic

Agrees with Legal Card: ☐ Yes ☐ No Stay on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-8-01

E-16305 (A7)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 23237

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willie	-	Hamilton, Jr.	04/14/1953	04/01/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Beverly A. Hamilton, Wife 5065 La Paz Dr. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	04/12/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/13/2001	[signature] MR

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-9-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 4-17-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 10, 2001

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

in a Bell Liner (Type of Burial Container) Funeral, date, time SAT April 14 10:00am

Church / 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 194 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund Sat Overtime	600.00
Opening/Closing & Se	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee L-Galv. Flower vase	23.75
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	2,288.00
Paid receipt number 53555	2,288.00
Balance due	0

PAID
APR 10 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X Terry L. Clark
Signature

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

Terry L. Clark
Signature of recorded holder of deed

→ 1585 EBERS ST.
Address

San DIEGO, CA 92107
City Zip Code

(619) 523-8105
Telephone

Invoice #

Work Order # E 16326

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16326

MT HOPE CEMETERY E-16326

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	639 Tree	1	2	3	4	5
		open	X	open	open	open
		7.	8	9	10	11
		Jason Iman Roberts	open	Millie Ophelia Shaw	open	open

Interment space for: Geraldine Elizabeth Sills

Interment Date: Sat. Time: _____

Lot: 194 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-163326 (86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GERALDINE	ELIZABETH	SILLS	11/03/1914	04/11/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107	FD9816	Victoria D. Mitchell	04/13/2001

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/13/2001 V.I.MITCHELL	2106699

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 4-14-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

extra chard

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-01

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

in a liner (Type of Burial Container) Funeral, date, time Thur 4-12 12:00

Church, Chapel, Graveside : Eytlan Mortuary.

All Funeral cars 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 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker/Setting fees	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number R-53558	1664.25
Balance due	0

PAID
APR 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X Nice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Angelina Valdez
Signature
X 2724 Fairmont Ave
Address
X San Diego CA 92105
City Zip Code
X 619-563-6348
Telephone

Invoice # _____

Work Order # E 16327

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16327

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 open	2 open	3 BIRDEN	4 WILLIAMS	5	6 MESHACK
	7 NAVA	8 open	133 X 9	10 open	11 open	12 open
			AGUI			

Interment space for: Maria Madeiros

Interment Date: Thur 4-12 Time: 12:00

Lot: 133 Grave: 9 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Stay on Grave

Blind Check & Verified By: ____ Date: ____

E16327

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	ELENA	MADUENO	10/02/1943	04/09/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANGELICA VALDEZ - NIECE 2724 FAIRMONT AVENUE SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET STREET, SAN DIEGO, CA 92102	FD-1658	F. Juarez	04/11/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/11/2001 F.JUAREZ	2106534

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92012	11B. DATE BURIED 4-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F.	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-01

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

in a LINER (Type of Burial Container) Funeral, date, time FRI 4-13 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 98 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number R-53567	1564.25
Balance due	0

PAID
APR 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 1012 Bollenbacher St
Address

X SAN DIEGO CA 92114
City Zip Code

X 619-264-7013
Telephone

Work Order # E 16328

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 16328

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 BELL	4	5 PARKER	6 WILLIAMS			
9 open	10 open	11 PERRY	98 X 12	TREE		
			open			

Interment space for: ETHEL PERRY

Interment Date: FRI 4-13 Time: 11:00

Lot: 98 Grave: 12 Row: ____ Sect: 2 Div: 11

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag in Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E 16308

(69)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ETHEL	ARDELL	PERRY	03/13/1932	04/07/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CHERYL WHITE-GRANDDAUGHTER 1012 BOLLENBACHER STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	▶ Claudette Pires	04/09/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/09/2001 C. RUSS	2106399 ▶ 2106399

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85322 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-01

JOE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~John~~ DOE PA 20011235 ME 01-040

in a Double Death (Type of Burial Container) Funeral, date, time Thur 4-12 11:30

Church, Chapel, Graveside _____ ; LD 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 5 Grave 4B Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID 6-8-01

Remad. P.A.

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 16329

Invoice # 346463

Acct. # 000952

DMC 4-12-01

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16329

UNKNOWN

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOE	-	DOE	UNKNOWN	01/05/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	ROMA B. STRONACH - DPA 5201- RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	04/10/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117 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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/12/2001 J. JOHNSON	[signature]

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

E-16329

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOE	-	DOW	UNKNOWN	[illegible]001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	ROMA B. STRONACH - DPA 5201- RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	04/10/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/12/2001 J. JOHNSON	[signature]

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

PRE-NEED
LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVERETT & SUSAN SHACKELTON

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

1882 AND

Lot 1883 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	2 at 995.00	1990.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	
Burial Container		
Handling Fees	MAR 12 2003	
Flower vases – Marker setting fee		
Recording and filing fee	MT. HOPE CEMETERY CITY OF SAN DIEGO, CA	
Sales taxes		
Total Due		1990.00
Paid receipt number	R-53559	498.00
Balance due		1492.00

Paid in full on 3-12-03 R-56026

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

Susan Shackelton
Signature

9813 Jeremy St
Address

Santee Ca 92071
City Zip Code

619 449-2389
Telephone

Work Order # E 16330

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55832

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 1-17-03, 20

From: S Shelton Address: On Record

Sixty two Dollars ($ 62.00)

in part Payment of Pre-need Lots

Lot 1882 1883 Grave Row Section ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 190.00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check 5916

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

PAID

JAN 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY S Shelton

CREDIT	67007	62	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55804

Date: 1-8-03, 20

From: Susan Shackelton Address: On Record

Sixty Two Dollars ($ 62.00)

in part Payment of Pre-need Lots

Lot 1887 1883 Grave Row Section ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 252.00

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

CREDIT	67007	62 00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

5910

ISSUED BY S Shackelton

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

53775

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 5th, 20 01

From: Sue & Everett Shackelton Address: 9813 Jeremy St., Santee, CA 92071

One- Hundred Twenty - Four and NO/100 Dollars ($ 124.00 xxx)

In - part Payment of Pre - Need Lots

Lot 1882 & 1883 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 1,368.00

Coupon #1 & #2

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 5304

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 S Culverso

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	124	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	124	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53970

Date: Aug 1st, 2001

From: Everetta Susan Shackelton Address: 9813 Jeremy St., Santee, CA 92071

One-Hundred Twenty-Four and 00/100 Dollars ($ 124.00)

In part Payment of Pre-Need Lots

Lot 1882 & 1883 Grave — Row — Section — Division 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 1,244.00

personal Check

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

AC-212 (Rev. 5-94) # 5387

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

PAID

AUG 01 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	124	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	124	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54275

Date: 10-31, 20 01

From: Sue Shelton Address: On Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-Need Lot

Lot 1882 1883 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 1182.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5432

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

ISSUED BY Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54401

Date: November 30, 2001

From: Everett & Susan Shackelton Address: on record

Sixty-Two and 00/ Dollars ($ 62.00)

In part Payment of Pre-need lots

payment coupon # 6

Lot 1882 and 1883 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-16330

BALANCE DUE $1120.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5464

AC-212 (Rev. 5-94)

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

PAID

NOV 30 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	62 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	62 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E-16330

54464

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12/21, 2001

From Shackelton, Sue Address: on record

Sixty Two Dollars ($ 62 00)

In full Payment of Pre-need lots

Receipt No. 54464 Coupon # 7

Lot 1882 & 1883 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 16330

BALANCE DUE $1058.00

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

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

ISSUED BY 5492 Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	62.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 5-94)

E 16330

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54592

Date: Jan. 30th, 20 02

From: Susan/Everett Shackelford Address: on record

Sixty-Two and 00 Dollars ($ 62.00)

In part Payment of Pre-need lots
Coupon number 8

Lot 1882 & 1883 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $ 996.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5520

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

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	62 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	62 00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54694

Date: 2-28-07, 20

From: Sue Shelton Address: On Record

Sixty two Dollars ($ 62.00)

In part Payment of Pre-Need Lots

Lot 1882 1883 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 934.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5552

AC-212 (Rev. 5-94)

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	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

54771

Date: 3-18-02, 20

From: Shelton Address: On Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-Need Lots

Lot 1882 & 1883 Grave Row Section ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 872.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5611

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54901

Date: 4-25-02, 20

From: S Shelton Address: On Record

Sixty two Dollars ($ 62.00)

In part Payment of Pre-Need Lots

Lot 1882 1883 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 16330

BALANCE DUE 810.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5652

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55030

Date: 5-29-02, 20

From: S Shelton Address: On Record

Sixty two Dollars ($ 62.00)

In part Payment of Pre-need lots

Lot 1882 1883 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 748.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5684

AC-212 (Rev. 5-94)

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

PAID
MAY 29 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	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

№ 55185

Date: 7-8-02, 20

From: S Shelton Address: On Record

Sixty two Dollars ($ 62.00)

In part Payment of Pre-Need Lot

Lot 1887 1883 Grave Row Section ~~Division~~ Block 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE 686.00

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

5719

AC-212 (Rev. 5-94)

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

PAID

JUL 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO CA

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

E-16330

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 55272

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-5-03, 20

From: S Shackelton Address: On Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-Need Lots

Lot 1882 1883 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16330

BALANCE DUE

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

5736

AC-212 (Rev. 5-94)

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

ISSUED BY S Shackelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	62 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	62 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 55344

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-28-02, 20 ____

From: S Shichellon Address: On Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-need Lots

Lot 1882 1883 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E-16330

BALANCE DUE 562.00

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

5762

AC-212 (Rev. 5-94)

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

ISSUED BY S Shichellon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 ~~9922~~ 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

E 16330

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55448

Date: 9-30-02, 20

From: S Shelton Address: On Record

Sixty two Dollars ($ 62.00)

In part Payment of Pre need lot

Lot 1882 1883 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 16330

BALANCE DUE 500.00

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

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

ISSUED BY Shelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust 77186	63033 ~~9922~~		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

№ 55569

Date: 11-4-02, 20 ____

From: Sue Shichelton Address: O'n Record

Sixty Two Dollars ($ 62.00)

In part Payment of Pre-need Lots

Lot 1882 1883 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E-16330

BALANCE DUE 438.00

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

5835

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

ISSUED BY S Shichelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 ~~9022~~ 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55643

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11-22-02, 20 ____

From: Sue Shuchelton Address: On Record

Sixty two Dollars ($ 62.00)

in part Payment of Pre-need Lots

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E- 16330

BALANCE DUE 376.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

5852

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

ISSUED BY Shuchelton

CREDIT	67007	22	00
20% Sales Care	77184		
80% Sales	100	40	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55703

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec 9, 20 02

From: Sue Shackelton Address: 9813 Jeremy st

Sixty two Dollars & 00/100 Dollars ($ 62.00)

in part Payment of preneed Lot

Lot 1882 & 1883 Grave Row Section Division Block D

Invoice No. E-16330

Acct. No.

W.O. E16330

BALANCE DUE $ 314.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 5879

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

PAID

DEC 19 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007	62 00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-16330

SHACKELTON, EVERETT & SUSAN 9813 Jeremy St., Santee, 92071 449-2390 52

			DEBIT	CREDIT	BALANCE
04-11-01	Opened Pre-need Lot	398 20%			
	Lot 1882 & 1883, Division 10	1592 80%	1990.00		1990.00
04-[illegible]-01	Receipt 53559			498.00	1492.00
06-[illegible]-01	Coupon 1 & 2	R-53775		-124.00	1368.00
08-01-01	Coup 3 & 4	R-53970		-124.00	1,244.00
10-31-01	R-54275	5		62.00	1182.00
11-30-01	R-54401	Coupon #6		-62.00	1120.00
12-21-01	R-54462	Coupon #7		-62.00	1058.00
01-30-02	R-54592	Coupon #8		-62.00	996.00
2-28-02	R-54694	9		62.00	934.00
3-18-02	R-54771	10		62.00	872.00
4-25-02	R-54901	11		62.00	810.00
5-29-02	R-55030	12		62.00	748.00
7-8-02	R-55185	13		62.00	686.00
8-5-02	R-55272	14		62.00	624.00
8-28-02	R-55344	15		62.00	562.00
9-[illegible]-02	R-55448	16		62.00	500.00
11-4-02	R-55569	17		62.00	438.00
11-22-02	R-55643	18		62.00	376.00
12-09-02	R-55703	19		62.00	314.00

SHACKELTON, EVERETT & SUSAN

20%

			Debit	Credit	Balance
					314.00
1-8-03	R-55804	coupon #20		62.00	252.00
1-17-03	R-55832	#21		62.00	190.00
2-5-03	R-55892	#22		62.00	128.00
3-12-03	R-56026	#23		128.00	0

03-12-03P02:20 PAID

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 11, 2001

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

of FLORENCE M. WOOD

In a BELL LINER (Type of Burial Container) Funeral, date, time TUES 4-17 2:00

Church, Chapel, Graveside ; DOUGLASS /CONRAD Mortuary.

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

will be applied and billed to undersigned. X

"Veteran's Section"

Lot 103 Grave 10 Row - Section 1 Division/Block 11

Grave space & Care Fund (Pre-Need Lot D-7481)	Ø
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 53578	769.25
Balance due	Ø

PAID
APR 16 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary (Conrad) To Bring Check.

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. KAREN KONOLD

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

Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

(See Attached signature)

Work Order # E 16331

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16331

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 - D.I.P.**
*****Into Grave of James Arthur Wood**

—	Louis Garcia	—	—	—	Tree	
7	8	9	10	11	12	
open	Ruth Catherine Smith	open	X	open	Craig Kongle	

Interment space for: **FLORENCE R. WOOD**

Interment Date: _____ Time: _____

Lot: **103** Grave: **10** Row: **-** Sect: **1** Div: **11**

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 4-17-01

E-16331

E-16331 (91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FLORENCE	MAY	WOOD	12/23/1909	04/11/2001	F

5A. CITY OF DEATH: AMHERST

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: MA

8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
KAY JOHNSON - DAUGHTER
1037 MONTEREY VISTA WAY
ENCINITAS, CA 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
CONRAD LEMON GROVE MORTUARY
7387 BROADWAY - LEMON GROVE, CA 91945-1533

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: M Mittlehauser

8B. DATE SIGNED: 04/13/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: M. MITTLEHAUSER 04/13/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2106752

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: -

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Karen F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-16331

INTERMENT ORDER

"Veterans's Section"

E 16331

2 of 4

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12-01

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

in a T.S. VAULT Funeral, date, time MON 4-16 1:00

Type of Burial Container

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. X [signature]

Lot 111 Grave 10 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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 R-53571	1768.75
Balance due	0

PAID
APR 12 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr

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 Lisa Kirenshaw
Signature

X 6698 CHARLENE AVE
Address

X SAN DIEGO 92114-1615
City Zip Code

X 619-229-2169
Telephone

Work Order # E 16332

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16332

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	open 3	THORNTON 4	open 5	open 6	
open 7	8 Nicholson	9 Nicholson	111 X 10	11 open	12 open	
			open			

Interment space for: Dorie Hughes

Interment Date: Mon 4-18 Time: 1:00

Lot: 111 Grave: 10 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NLT V.C.

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth E. Date: 4-13

E 16332 (70)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dovie	Jerrell	Hughes	05/03/1930	04/09/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Lisa Karen Cremshaw, Daughter 6698 Charlene Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	04/11/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/16/2001	2106768 ▶ [signature]

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San DXego, CA 92102	11B. DATE BURIED 4-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12-01

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

of DOVIE HUGHES

in a T.S. VAULT Funeral, date, time MON 4-18 1:00
Type of Burial Container

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. X

Lot 111 Grave 10 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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	
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 16332

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 16, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOT FOR: MARY E. BENSON

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 126 Grave 4 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 53580	200.00
Balance due	695.00

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. MARY E. BENSON

Mary E. Benson
Signature

P. O. Box 16
Address

JACUMBA, CA 91934
City Zip Code

619- 766-4380
Telephone

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

Mary E. Benson
Signature of recorded holder of deed

Work Order # E 16333

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3717 N. Fairmont St #146 E-16333

BENSON, MARY E. ~~P. O. BOX 16, JACUMBA, CA 91934~~ (619) 766-4380

Davenport Iowa 52806 (563) 391-3879

		DEBIT	CREDIT	BALANCE
04-16-01	Opened Pre-Need Lot Acct.			
	Lot 126 Gr. 4 Sec. 2 Div. 12	8 95.00		8 95.00
04-16-01	Down Payment: Receipt: R-53580		2 00.00	6 95.00
3-18 03	mailed delinquent letter			
4-21 03	sent to collections			
	to send in game			
7-10 03	R56470 coupon 1 & 2		60 -	635 00
	7-15-03 Forward all payments to Bonnie Ehli at 606C Can not remove her from collections. Fx 533 3840			
1-6-04	Bonnie from City Treasure needed to know how much money, if any, Can Mary get refunded. I said amount minus 20%			
744-3170 Nancy				

1/13/04 DP 3821161 to refund 208.00

BENSON, MARY E. PRE-NEED LOT

1ST BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 16,2001

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

in a DBL. CRYPT (Type of Burial Container) Funeral, date, time WEDS. APRIL 18 12:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

Lot 8 Grave 6 Row - Section MASONIC Division/Block T

PAID

APR 16 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Grave space & Care Fund	$1,495.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee (41.50) (1) Monmt. Trion & Marker Set Fee 194.40 (Double, Depth Upright)	235.90
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,879.40
Paid receipt number 53581	2,879.40
Balance due	Ø

I hereby certify I am the X [signature] (Family 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. Z. KEBEDEE

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

LETEMEDHIN STHAYE
Signature of recorded holder of deed

X [signature]
Signature

→ 4145 - 36Th ST.-Apt. 7
Address

→ San Diego, CA 92104
City Zip Code

→ (619) 624-0498
Telephone

Invoice #

Work Order # E 16334

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Ex'd to Ragsdale Mort. £16334

MT HOPE CEMETERY 16334

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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**

	George Meredith Crum	open	X	KERYATEW SETOTAW	ELIZA SINEY	

Interment space for: KEGNE MENGISTU

Interment Date: WED. APR. 18th Time: 12:00 Chapel/Graves

Lot: 8 Grave: 6 Row: - Sect: MAS Div: T

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Grave opened 4/17/01

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16334

E-16334

(73)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kegne	T.	Mengistu	06/01/1927	04/14/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Letemedhin Sthaye, Wife 4145 36th St. #7 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ Yohaite Tinsley	04/18/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/18/2001	2106970 ▶ T. Tinsley

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt, Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILBERT F. & JOYCE C. HEITMAN

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 150 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup 2 at 375	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	125.00
Recording and filing fee 2 at 45	90.00
Sales taxes	28.50
Total Due	2588.50
Paid receipt number VISA	2588.50
Balance due	0

PAID
APR 16 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

X Wilbert F Heitman
Signature
X Joyce C. Heitman
Address
X 49 SANDPIPER STRAND
City Zip Code
X CORONADO CA 92118
Telephone 619 424 9252

Work Order # E 16335

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Into Grave X-Deep of: Louis B. Scarborough

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 16, 2001

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

in a BELL LINER (Type of Burial Container) Funeral, date, time FRI. APRIL 20 1:00PM

Church Chapel Graveside ; RAGSDALE Mortuary.

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

Lot 94 Grave 1 Row – Section 14 Division/Block 7

Grave space & Care Fund ..... Pre-Need Lot C-0910 X-DEEP	Ø
Additional spaces and care fund	
Opening/Closing & Setup	$375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee ..... *Marker on Grave now.	
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	769.25
Paid receipt number	
Balance due	

Mortuary to bring Check.

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

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

X _____ Signature of recorded holder of deed

X _____ Signature

X _____ Address (See Attached)

X _____ City Zip Code

X ( ) Telephone

Invoice # _____

Work Order # E 16336

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16336

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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/ D.I.P. X-DEEP B.**
****INTO GRAVE OF: LOUIS SCARBOROUGH**

			Alberta Yancy	Essie E. Smith		
	3	2	1			
	Laura McClinton	~~open~~	Louis B X	Charlie Johnson	—	

Interment space for: **EUGENE SCARBOROUGH**

Interment Date: FRI. APRIL 20th Time: 1:00PM

Lot: 94 Grave: 1 Row: - Sect: 14 Div: 7

Grave Laid out by: NF Vic

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ricardo C Date: 4-19-01

Located: Canyon Rd. Side @ Vista Dr.

16336 (82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EUGENE	–	SCARBOROUGH	02/15/1919	04/13/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALICE SMITH, SISTER 7094 MINERVA DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD.; SAN DIEGO, CA 92102	FD-1329	Nanette Finsley	04/18/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/18/2001 N Finsley	2107017

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST.; SAN DIEGO, CA 92102	11B. DATE BURIED 4-20-01	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.

E16336

Into Grave X-Deep of: Louis B. Scarborough

INTERMENT ORDER

Date APRIL 16, 2001

EUGENE SCARBOROUGH

BELL LINER — FRI. APRIL 20 1:00PM

RAVENDALE

Pre-Need Lot C-0010 X-DEEP

Monthly to bring Check

Funeral Director

5030 Federal Blvd.
San Diego CA 92102
(619) 263-3141

E 16336

1ST Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/01

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

in a Double Depth (Type of Burial Container) Funeral, date, time Tues 4-24 12:30

Church, Chapel, Graveside ; Humphrey Mortuary.

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

will be applied and billed to undersigned. _____

Lot 191 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2043.50
Paid receipt number VISA	511.00
VISA Balance due	1,532.50

PAID

APR 23 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X COUSIN 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.

Tony R. Contreras

X Tony R Contreras
Signature

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

Olivia Contreras
Signature of recorded holder of deed

X 1604 Woodrow Ave
Address

X Lemon Grove 91964
City Zip Code

X (619) 463-8646
Telephone

Work Order # E 16337

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16337

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		STREET	X 1	2	3	4 RECENT BURIAL
			7	8	9 RECENT BURIAL	10 SINEGAL

Interment space for: ADRIANA CORREA

Interment Date: TUES 4-24 Time: 12:30

Lot: 191 Grave: 1 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF VIC

Agrees with Legal Card: ☑ Yes ☐ No FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/24/01

E-16337 (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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ADRIANA	-	CORREA	03/05/1956	04/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tony Contreras --Cousin 2399 Ulric Street San Diego CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964	▶ Judith E King	04/23/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/23/2001	2107277 J.E. King ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 4-24-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 17, 2001

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI. APRIL 20 10:00am

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 AE.

Lot 21 Grave 5 Row – Section 2 Division/Block 12

Grave space & Care Fund ..... PRE-NEED LOT E-6505	Ø
Additional spaces and care fund	
Opening/Closing & Setup	$375.00
Burial Container ..... Top Seal Vault	250.00
Handling Fees	185.00
Flower vases – Marker setting fee ..... (12 x 24) Flat Granite Set Fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	998.75
Paid receipt number VISA	998.75
Balance due	Ø

PAID APR 17 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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

X Sandra Edmondson
Signature

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

X Sandra Edmondson
Signature of recorded holder of deed

→ 3978 Ocean View Blvd.
Address

→ San Diego, CA 92113
City Zip Code

619-264-7931
Telephone

Work Order # E 16338

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16338

MT HOPE CEMETERY E-16338

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Edith H. Davis	John + Nadia McIntyre			
	Agnes Ruby May Calhoun	Ollie V. Osborne, Sr.	X	Clifton Cunningham Jr.	William Henry Thompson	

Interment space for: JOANN L. OSBORNE

Interment Date: FRI. APR. 20, 2001 Time: 10:00am

Lot: 21 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: _____

E-16338 (87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOANN	–	OSBORNE	01/26/1914	04/14/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SANDRA EDMONDSON, DAUGHTER 3978 OCEANVIEW BLVD. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD-1329	▶ Marietta Tinsley	04/18/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/18/2001	2007019 ▶ T. Tinsley

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Transfer Property

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-01

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

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 49 Grave 1 & 3 Row _____ Section 2 Division/~~Block~~ 4

Grave space & Care Fund ..... —

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... —

Burial Container ..... FROM: —

Handling Fees ..... T.A. NELSON —

Flower vases – Marker setting fee ..... —

Recording and filing fee ..... —

Sales taxes ..... —

additional documents filed in letter box

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 See attached

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 16339

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16339

April 12, 2001

Mrs. Harold C. (Jeanette) Nelson
2012 Willis Rd.
El Cajon, CA 92020
619 442-6053

Mt. Hope Cemetery
Business Office

To Whom It May Concern:

I am a widow, and believe that I am the beneficial owner of two plots in Mt. Hope Cemetery. The property would be passed to me by Probate Code Sec. 13100, according to Judy Evans, Supervising Deputy, County Public Administrator. The plots would be passed to me because of the following events:

A. Originally, three plots were purchased by my late husband's grandfather, Thomas Alexander Nelson, in the late 19th Century. His wife, Anna Pratt Nelson, was buried in one of the plots in 1897. Thomas Nelson, a Civil War Veteran, then moved into a veteran's home where he resided until his death in 1907. He was buried in a veteran's cemetery, and left no will.
B. Thomas Nelson had a son, Walter Nelson who was probably unaware of the plots, because he was living in Oregon. Walter Nelson died on September 27, 1946. His small estate was ultimately was divided between his only children, Harold C. Nelson (deceased April 8, 1997) and Elton Glenn Nelson (still living).
C. I am the beneficiary of Harold's estate, and also have a quitclaim deed to the plots from Elton Nelson, the only other person who would have a direct claim on the property.

As indicated above, Ms. Evans said that the property would revert to me per Probate Code 13100. If you have any questions about that code, please call Ms. Evans at (858) 694-3500. Additionally, if you need any personal information about the above named individuals or any supplemental information about the family, place contact me at (619) 442-6053. A response at your earliest convenience is greatly appreciated.

Very truly yours,

Mrs Harold C (Jeanette) Nelson

Mrs. Harold C. (Jeanette) Nelson

MOUNT HOPE CEMETERY

MOUNT HOPE CEMETERY

E-16399

_____ 19____

The undersigned hereby requests and authorizes the interment of the remains of

_____ in Lot 49 Gr 1 Row _____ Sec. 2

Block
Division 4 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Gerald C. Nelson — Grandson 2012 Willis Rd El Cajon CA 92020

Alton L. Nelson — Grandson 7813 Old Chester Rd Bethesda MD 20034

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Fred J. Garlock
Witness

Witness

MOUNT HOPE CEMETERY

_____ 19____ E1639

The undersigned hereby requests and authorizes the interment of the remains of

_____ in Lot 49 Gr 3 Row _____ Sec. 2

Block
Division 4 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Grandson
2012 Willis Rd, El Cajon CA 92020

Grandson
7813 Old Chester Rd, Bethesda MD 20814

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

into GRAVE of CLARA RAMIREZ upper MIDDLE

Date 4-18-01

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI 4-20 10:00

Church, Chapel, Graveside WITNESS NO CHAIRS : 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 55 Grave 2 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ..... PRE-NEED C-8783	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
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

(See Attached)

Work Order # E 16340

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E16340

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		KRISHN AMOORTIN 1	55 2 X RAMIREZ	open 3	COLLVER 4	KING 5
		open 7	ALBERTSON 8	open 9	ZOLLIC OFFER 10	open 11

Interment space for: GLENN RAMIREZ

Interment Date: FRI 4-20 Time: 10:00

Lot: 55 Grave: 2 Row: ____ Sect: 16 Div: 7

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16340 (51)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

23184-03

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GLENN	DERRICK	RAMIREZ	09/25/1949	04/02/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SONITRA HUTCHINSON-DAUGHTER 16411 BRIGHTON AVE. GARDENA, CA 90247

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	▶ [signature]	04/06/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	J. BENYARD	▶ 2106283

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC 601-D CRANE ST LAKE ELSINORE, CALIFORNIA 92530	12B. DATE CREMATED 4-7-2001	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

E16340

APR 18 01 WED 09:15 ID:MT HOPE CEMETERY #771 P02

MT. HOPE CEMETERY

INTO GRAVE of CLARA RAMIREZ

INTERMENT ORDER

City of San Diego

Date 4-18-01

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

in a ASH VAULT Funeral date time FRI 4-20 10:00

Church, Chapel, Grave Site WITNESS CA BURIAL Mortuary

All Funerals [illegible]

[illegible]

Lot 55 Grave 2 Row Section 16 Division/Block 7

Grave space & Care Fund PRE-NEED C-8783 -0-

[illegible]

Opening/Closing & Dolly 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

Balance due

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

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

X Sonitra Hutchinson
Signature

X 16411 Brighton Ave
Address

X Gardena CA 90247
City

X (312) 771-0522
Phone

Signature of last lot holder in deed

Work Order # E 16340

Section #

Acct #

REA-104 (7-98)

This information is available in alternative formats upon request.

[illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-01

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

in a Double-Ashes (Type of Burial Container) Funeral, date, time WED 4-25 1:00

Church, Chapel, Graveside ; MERKLEY-Mitchell Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned.

Lot 233 Grave 7 Row Section 2 Division/Block 12

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

Additional spaces and care fund E-8008

Opening/Closing & Setup 375.00

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes .....

Total Due 420.00

Paid receipt number 53591 420.00

Balance due Ø

PAID

APR 18 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the Delora J Reising (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 receded holder of deed

X Delora J Reising
Signature

X 7 Palma Valley
Address

X Coto De Caza 92679
City Zip Code

X 949-589-4825
Telephone

Work Order # E 16341

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E16341

MT HOPE CEMETERY E-16341

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	PARKER 2	3	4
			233 X 7	8	9	10
			open			

Interment space for: ALice WiLLiAMS

Interment Date: _____ Time: _____

Lot: 233 Grave: 7 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: _____

ashes to be placed in DOUBLE Depth crypt

E16341 (74)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICE	MAE	WILLIAMS	05/14/1926	04/17/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DEBRA J. REISING - DAUGHTER 7 PALMA VALLEY COTO DE CAZA, CA 92679

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FOURTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victoria A. Mitchell	04/19/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/19/2001	2107089 V.I.MITCHELL

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin E. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 4-24-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-01

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time MON 4-23 11:00

Church, Chapel, Graveside ; LENIS COLONIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 62 Grave 5 Row _____ Section MAS Division/Block 5

Grave space & Care Fund ..... PRE-NEED D-2060	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	998.75
Paid receipt number R-53602	998.75
Balance due	0

PAID

APR 2 0 2001

MT. HOPE CEMETARY

CITY OF SAN DIEGO, C.

I hereby certify I am the X ~~Mother~~ 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

S.D. phone # 296-1887

X Joan McWhorter
Signature

X 92 Cardinal Rd.
Address

X Rosanky, TX 78953
City Zip Code

X (830) 540-4742
Telephone

Work Order # E 16342

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 16342

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			EDWARDS			
		WYNNE	62 X 5	4 DAHLSTEN	3	2
			FLINT			

Interment space for: ETTA HOFFMANN

Interment Date: MON 4-23 Time: 11:00

Lot: 62 Grave: 5 Row: ____ Sect: MAS Div: S

Grave Laid out by: NF VIC

Agrees with Legal Card: ☑ Yes ☐ No

FLAG ON GRAVE ?

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/23/01

E-16342 (86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETTA	K	HOHMANN	08/08/1914	04/17/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOAN H. McWHORTER - DAUGHTER 92 CARDINAL RD ROSANKY, TX 78953

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Paulette Valentin	04/18/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/19/2001 P Valentine	2107029 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 4-23-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Kemper	
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 APRIL 19, 2001

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

in a BELL LINER (Type of Burial Container) Funeral, date, time Sat April 21 1:00pm

Church, Chapel, Graveside ; CONRAD Mortuary.

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

will be applied and billed to undersigned. X F.S.W.

Lot 95 Grave 6 Row - Section 1 Division/Block 12

Grave space & Care Fund PRE-NEED LOT E-8741	Ø
Additional spaces and care fund Sat Overtime	600.00
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 53600	1,369.25
Balance due	Ø

PAID

APR 20 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

X Frank Scott Wilson
Signature

X 1700 S. BAY ST.
Address

X FOLEY ALABAMA 36535
City Zip Code

X 334 943 4774
Telephone

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

Frank Scott Wilson
Signature of recorded holder of deed

Invoice #

Work Order # E 16343

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Conrad FAX 460-8747

E-16343

MT HOPE CEMETERY E 16343

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		
	Sam Sneed	Frank H. Wilson	X	open		
8	9					
Alice Brewer Cotton	Ruth B. Thomas	open	open	open		

Interment space for: JIMMIE WILSON

Interment Date: Sat. April 21, 2001 Time: 1:00 pm

Lot: 95 Grave: 5 Row: - Sect: 1 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: _____

E-16343

E-16343 (83)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JIMMIE	GERTRUDE ELLEN	WILSON	08/06/1917	04/18/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	ERIC S. WILSON - GRANDSON 10370 DON PICO ROAD SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ M Muttlehauser	04/20/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	M. MITTLEHAUSER 04/20/2001	2107216 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-24-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-01

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

in a LINER (Type of Burial Container) Funeral, date, time TUES 4-24 2:00

Church, Chapel, Graveside ; McWANE Mortuary.

All Funeral cars 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 1 Row _____ Section IOOF ~~Division~~/Block 13

Grave space & Care Fund ..... Pre-Need	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container ..... PAID	190.00
Handling Fees ..... APR 24 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-53608	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 recorded holder of deed

X _____ Signature

X See Address

X attached City ... Zip Code

X Te...

In...

Ac...

Work Order # E 16344

marker is 12 x 24 granite

Ron 909 658-9497

Tax 909 658-5288

REA-104 (7-96)

This information is a ... est.

Printed on recycle...

MT HOPE CEMETERY E 16344

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			KILMAN			
4 RANDALL	3 open	2 FELD	1 X	open		
			SEANCON			

Interment space for: DOROTHY DOUGLAS

Interment Date: _____ Time: _____

Lot: 5 Grave: 1 Row: _____ Sect: IOOF Div: BLK 13

Grave Laid out by: NF UiC

Agrees with Legal Card: ☐ Yes ☐ No *Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/24/01

E-16344

(87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dorothy	Casserly	Douglas	03/18/1914	04/19/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Ron Grant, Son 9230 Wister Drive La Mesa, CA 91941-4138

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McWane Family Funeral Home 350 N. San Jacinto St.	FD998	▶ Dianna Lan	04/20/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/24/2001	▶FAX AUTH.# 246164 / [illegible]

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside County Health Dept. P.O. Box 7600, Riverside, CA 92513	San Diego County Health Dept. P.O. Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego 92101	11B. DATE BURIED 4-24-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-01

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

in a LINER (Type of Burial Container) Funeral, date, time TUES 4-24 2:00

Church, Chapel, (Graveside) : McWANE Mortuary.

All Funeral cars 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 1 Row _____ Section IOOF Division/Block 13

Grave space & Care Fund ..... Pre-Need	~~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 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 recorder/ holder of deed

X Morton R Douglas (Signature)

X 1705 San Lorenzo Dr. (Address)

X Hemet, CA. 92545 (City, Zip Code)

X 909 766 1902 (Telephone)

Work Order # E 16344

Invoice # _____

Acct. # _____

RSA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-01

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time MON 4-23 12:00

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 191 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	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 R-53597	104.50
R-53605 Balance due	1664.25

PAID APR 27 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

X Miguel G Mandujano
Signature

X 1271 BROADWAY #31
Address

X Chula Vista CA. 91911
City Zip Code

X (619) 425-2312
Telephone

Invoice # _____

Work Order # E 16345

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16345

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	191 X 4	5 Tree	6	
7	8	9 Recent Burial	10 SINEGAL	11		

Interment space for: FRANCISCA MANDUJANO

Interment Date: MON 4-23 Time: 12:00

Lot: 191 Grave: 4 Row: ____ Sect: 2 Div: R

Grave Laid out by: UF U.C

Agrees with Legal Card: ☑ Yes ☐ No *Dry on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/23/01

E-16345

(80)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FRANCISCA	F.	MANDUJANO	08/21/1920	04/18/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MIGUEL MANDUJANO-HUSBAND 1271 BROADWAY #31 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY CA 91950	FD-1689	▶ Claudette Russ	04/20/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	C. RUSS	▶ 2107240

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY HE. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-23-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 19, 2001

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

in a Bell Liner (Type of Burial Container) Funeral, date, time Tue. Apr. 24 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 SS

Lot 185 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Bell 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 VISA	1,664.25
Balance due	0

PAID
APR 19 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

X Sheila R. Smith
Signature

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

X
Signature of recorded holder of deed

X P.O. Box 740798
Address

X San Diego, CA 92174-0798
City Zip Code

X (619) 440-1345
Telephone

Work Order # E 16346

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16346

MT HOPE CEMETERY E-16346

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
	David Martinez	open	X	open	open	open

Interment space for: Earnestine L. Davis

Interment Date: Tue. Apr. 24 Time: 1:00 pm

Lot: 185 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: NF Dic

Agrees with Legal Card: ☑ Yes ☐ No

Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/24/01

E-16346

(62)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Earnestine	Lee	Davis	02/03/1939	04/18/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Diana Davis, Daughter 1055 S. MollisonmAve., #25 EL Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort. 5050 Federal Blvd.; San Diego, CA 92102	FD-1329	▶ Matt Tinsley	04/23/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/23/2001	2107283 ▶ [illegible]

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4/24/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-01

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

in a liner (Type of Burial Container) Funeral, date, time MON 4-23 2:00

Church, Chapel, Graveside _____ : Bayview Mortuary.

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

will be applied and billed to undersigned. _____

Lot 247 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number R-53598	1664.25
Balance due	0

PAID
APR 19 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Maria Cazarez

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

_____
Signature of recorded holder of deed

X _____ Signature
X 629 E. 3rd St Address
X National City CA. 91950 City Zip Code
X (619) 434-4997 Telephone

Work Order # E 16347

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16347

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			247 X 5			
	ALL OPEN					

Interment space for: JOSE GUADALUPE

Interment Date: MON 4-23 Time: 2:00

Lot: 247 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: ____

E16347

E-16347 (61)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	R.	GUADALUPE	01/23/1940	04/18/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARIA I. CAZAREZ - DAUGHTER 629 E. 3RD STREET NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶	04/20/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/20/2001 M. SHIROMA	2107154 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-23-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 20, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot & Trust for: John Harris

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 175 Grave 3 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Bell Liner	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
	1,664.25
Paid receipt number 53603	1,000.00
Balance due	664.25

PAID

JUL 05 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Refund to Trust

R-53882 – 664.25

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. Lelia Mae Joiner-Harris

X Mrs Lelia Mae J.-Harris
Signature

122 Las Flores Terrace
Address

San Diego, CA 92114
City Zip Code

(619) 262-2226
Telephone

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

X Mrs Lelia Mae J.-Harris
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16348

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16348

JOINER-HARRIS, LELIA MAE (Pre-Need For: JOHN HARRIS) 122 LAS FLORES TERR., S.D. 92114
619-262-2226

		DEBIT	CREDIT	BALANCE
04-20-2001	Opened Pre-Need Lot & Trust for: husband John Harris.			
	Lot 175 Gr 3 Sec. 2 Div. 12	8 95.00		
	Trust Includes: Opening/Closing; Liner; Tax on Liner; Handling Fee; Recording Fee.	7 69.25		1,664.25
04-20-2001	Down payment. Receipt # R-53603		1,0 00.00	664.25
5-4-01	Coupon 1 To 6		168.00	496.25
6-6-01	coupon 7 to 12		-168.00	328.25
7-5-01	Coupon 13 to 24		328.25	Ø

Rent to Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAIME A. NAJAR PA 20011103 ME

in a Double Depth (Type of Burial Container) Funeral, date, time THUR 4-26 01-00480 11:00

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 6 Grave 1B Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund PA ID	
Opening/Closing & Setup	165.00
Burial Container 6-8-01	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	386.00
Total Due	
Paid receipt number	
Balance due	

Darrell Price

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 16349

Invoice # 346951

Acct. # 000952

DMC 05-01-01

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16349

(28)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAIME	ANTONIO	NAJAR	12/17/1972	03/05/2001	M.

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: DARNELL PRICE-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1658

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

8B. DATE SIGNED: 04/18/2001

04-18-2001

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

PERMIT

01-00480

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $ 7.00

9B. DATE PERMIT ISSUED: NANCY LOPEZ 04/19/2001 ▶

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Gary R. Larson

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 4-26-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Larson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Pre-Need
Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 23, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA MCKEOWN **PRE-NEED LOT & TRUST**

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

Church, Chapel, Graveside _____ ; MAYER Mortuary.

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

Lot 90 Grave 2 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
Total Due	1,664.25
Paid receipt number 53619	1,664.25
Balance due	0

PAID
APR 27 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Greg Brown / PA

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 16350

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E16350

MT HOPE CEMETERY E-16350

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. PA Case To: Be PAID By County PA
GREG BROWN

		1	2	3	4	5
		Lillian Louise McRobert	E16350 X	Kenneth Wayne Hawkins	~~[illegible]~~	Fay Williams
		7	8	9	10	11
		~~Gregory~~ Dean Holmes (no marker)	open	open	open	open

Interment space for: ELLA Mc Keown

Interment Date: _____ Time: _____

Lot: 90 Grave: 2 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-16350

E 16350

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 23, 2001

The authority contained and interested [illegible] is hereby authorized to inter the remains of

ELLA MCKEOWN **PAS-BLID LOT A 18[illegible]**

For BELL LINER (Passed Aside Title)

Type of Case Grantee

Church, Chapel, Crematory MAYER Mortuary

As Personal Care [illegible] $ 150.00

[illegible] X

Lot 90 Grave 2 Row — Section 1 Division 12

Grave Space & Care Fund	1895.00
Additional [illegible]	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
[illegible]	
[illegible]	45.00
[illegible]	16.75
Total Due	[illegible]
Paid [illegible] 53619	1,669.25
Balance Due	0

PAID

APR 27 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO CA

Greg Benson/PA

I hereby certify that the X [signature] of the above named deceased [illegible] I certify that [illegible] Hope Cemetery [illegible] any liability on account of [illegible]

I hereby [illegible] the [illegible] to be a [illegible] deed.

X [signature]

X [signature]

X [signature]

X [signature]

Mortuary #

Acct #

Work Order # E 16350

[illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-01

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

in a LINER (Type of Burial Container) Funeral, date, time Mon. APR. 30 10:00AM

Church, Chapel, Graveside "DELIVERY Only" : 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 502 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	PRE-NEED A-8408	~~0~~
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	APR 27 2001	145.00
Flower vases – Marker setting fee		—
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		14.25
	Total Due	769.25
	Paid receipt number 53618	769.25
	Balance due	~~0~~

GREG BROWN
P.A.

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

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

_____
Signature of recorded holder of deed

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

(See Attached)

Work Order # E16351

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16351

E-16351 (105)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELSIE	MAE	BERG	03/30/1895	04/06/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	GREGORY BROWN-PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Garrett Bennett	04/20/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	[illegible]	▶ George R. Alexander

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E 16351

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-01

A.K.A.
O BERG

Yes, I am hereby authorized and instructed, subject to your terms and regulations, to inter the remains of ELSIE BERG

Sex LINER Funeral date time Mon Apr 30 10:00 AM

Church, Chapel, Interview "Delivery Only" CA BURIAL

All Funeral work must show before 1 PM or 2 PM or with Day or on Sat or charge of $ 150.00

will be applied and billed in underlying X

Lot 502 Grave Sec Section 1 Compartment 8

Grave space & Bldg Fund PRE-NEED A-8408 0

Additional spaces and new fund

Opening/Closing & Setup 375.00

Bedle Centerline 190.00

Handling Fees 145.00

Flower Holder & Corner Setting Fee

Recording and Filing fee 45.00

Water Meter 14.25

GREG BROWN
P.A.

Total Fees 769.25

Paid receipt number 53618 769.25

Balance due 0

I hereby certify I am the X [signature] of the above-named deceased and that is your authority to inter the remains of the deceased above-named. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery Agreement from any liability on account of said authorization and interment.

I hereby authorize the bearer and to be held under bond.

X [signature]
X [signature]
X [signature]
X [signature]

Interment Order Number

Number # [illegible]

Mine Order # E 16351

Date #

RSA Cost Price

Fees recommended to be entered in alternative formats upon request.

Signature of Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-01

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

of JOSEPH McADAMS THUR 5-3 10:00

in a LINER (Type of Burial Container) Funeral, date, time ~~WED 5-2 1:00~~

Church, Chapel, Graveside DELIVERY ONLY ; MERKLEY MITCHELL SCOTT Mortuary.

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

will be applied and billed to undersigned. _____

Lot 59 Grave 3 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
Total Due	1664.25
Paid receipt number #53620	1664.25
Balance due	Ø

PAID APR 27 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Greg Brown P.A.

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16352

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-25-01
passed for signature
and check to
Greg Brown
1:00 delivery
only

MT HOPE CEMETERY E16352

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 JONES	2 open	3 X 59	4 open	5 BOPAH	6 open
	7 open	8 open	9 open	10 open	11 open	12 open

Interment space for: JOSEPH McADAMS

Interment Date: WED 5-2 Time: 11:00

Lot: 59 Grave: 3 Row: ____ Sect: 1 Div: 12

Grave Laid out by: NF V.C

Agrees with Legal Card: ☐ Yes ☐ No

Stay on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-1-01

E-16352

E-16355 (80)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOSEPH	-	McADAMS	01/24/1921	04/18/2001	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER OF FUNERAL DIRECTOR IF APPLICABLE
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-719

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	04/25/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		7.00	04/25/2001 TC MITCHELL	2107452 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-16352

THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

TO: GREG BROWN

PHONE/FAX# 858 495-5127

FROM: SUE

DATE: 4-25-01

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

PLEASE SIGN INTERMENT ORDER AND GET A check to US FOR $1664.25. THANK YOU.

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

DIVERSITY BRINGS US ALL TOGETHER

printed on recycled paper

E16352

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-01

You are hereby authorized and instructed subject to your terms and conditions to receive the remains of JOSEPH McADAMS [illegible]

in a LINER Funeral date [illegible]

Church, Chapel, Lake Vista DELIVERY ONLY MERKLEY M. [illegible] SCOTT

All Fees to be paid in advance before 3:30 p.m. of regular work day of proposed charge of $ _____

Will be applied and calculate undersigned _____

Lot 59 Grave 3 Plot _____ Section 1 Division Number 12

Grave space & Care Fund	895.00
Additional Spaces and care fund	
Opening/Closing & Setup	375.00
Initial Container	190.00
Handling Fees	145.00
Fee of [illegible]	
Recording and Filing Fee	45.00
Sales Tax	14.25
Total Due	1664.25
Paid [illegible] #53620	1664.25
Balance Due	Ø

PAID APR 27 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO

Greg Brown P.A.

I hereby certify that the [illegible] of the same [illegible] and this is [illegible] to [illegible] that I have the right to make this authorization and I agree to [illegible] any [illegible] of said authorization and [illegible]

I hereby authorize the interment [illegible] held under deed.

X [illegible]

X [illegible]

X [illegible]

X [illegible]

Invoice # _____

Auth # _____

Work Order # E 16352

Please [illegible]

This information is available in accordance with [illegible]

Ash Plot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COLIN W. FLEMING (X)

in a ASH VAULT (Funeral, date, time) Thur May 3 9:00Am
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 5 Grave 4 Row - Section 2 Division/Block 12

Grave space & Care Fund	$300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee (12 x 24 Flat Granite) Set Fee	125.00
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	694.13
Paid receipt number	694.13
Balance due	Ø

PAID
MAY 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

(See Attached)

Work Order # E 16353

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16353

"John"
Fax'd to Mayer Mat

MT HOPE CEMETERY E16353

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: Place Left Side

Vault: Left side, ASH PLOT OFF Horton Ave.

1	2	3	4	5		
Waldo T. Gayden, Jr	Waldo T. Gayden, Sr	Hazel Nichols	X	MING Khampin Burn		

Interment space for: COLIN W. FLEMING (X)

Interment Date: Thur May 3 Time: 9:00 AM

Lot: 5 Grave: 4 Row: - Sect: 2 Div: 12

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-3-01

E-16353 A.Y.D.

E-16353

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3343 (80) 04-22-2001

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Colin	William	Fleming	02/20/1921	04/22/2001	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	04/25/2001

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.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		7.00	04/25/2001	▶ John Mayer 2107417

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PCI 601D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 4-27-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

ATTN: GREG BROWN FAX BACK 619 281-7587

Ash Plot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COLIN W. FLEMING (X)

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

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 5 Grave 4 Row - Section 2 Division/Block 12

Grave space & Care Fund	$300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee (24 x 24 Flat Granite) Set Fee	125.00
Recording and filing fee	45.00
Sales taxes	~~4.13~~
Total Due	694.13
Paid receipt number 53637	694.13
Balance due	0

PAID MAY 03 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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 John Mayer

X Address 2859 Adams Ave.

X City San Diego, CA 92116 Zip Code

X Telephone 619 281-7055

Work Order # E 16353

Invoice #

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

APR-25-'01 WED 12:55 ID:MT HOPE CEMETERY TEL NO: #402 P01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE, PA # 2001356

In a Double Depth (Type of Burial Container) Funeral, date, time TUES 5/1/01 2:00

~~Church, Chapel, Graveside~~ DELIVERY ; Community Mortuary.

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

will be applied and billed to undersigned. _____

Lot 6 Grave 2B Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID 6-8-01

Public Assistant is Nancy Hobbs

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

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

_____
Signature of recorded holder of deed

Signature See attached

Address

City Zip Code

Telephone

Invoice # 347172 Dmc 5/2/01

Acct. # 000952

Work Order # E 16354

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E16354 (UNKNOWN)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND 2000

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	07/18/2000	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Community Mortuary 855 Broadway Chula Vista Ca 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682	▶ [signature]	[illegible]

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/26/2001	2107569 D.Heldenbrand ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

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) 694-2895 FAX: (858) 694-8975

March 7, 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 #00-1337)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 00-1337. The date of death of John Doe was 07/18/2000. He was positively identified on 02/21/2008 through a fingerprint comparison.

The decedent's identity has been established as: Harold Eugene Grennell with date of birth of 08/30/1944. His next of kin was determined to be his adult daughter Kimberly Green 330 Heather Lane Powell OH 43065. 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 APRIL 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY FRANCES THELAN (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. APRIL 28th, 3:00PM

Church, Chapel, Graveside Graveside ; FAMILY Mortuary.

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

Lot 28 Grave 3 Row – Section MAS Division/Block P

Grave space & Care Fund PRE-NEED LOT C-3514	Ø
Additional spaces and care fund Saturday Overtime/Ash Burial	$210.00
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	479.13
Paid receipt number VISA	479.13
Balance due	Ø

PAID
APR 28 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the NEPHEW / 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. DAVID THELAN

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 16355

REA-104 (7-96)

This information is available in alternative formats upon request.

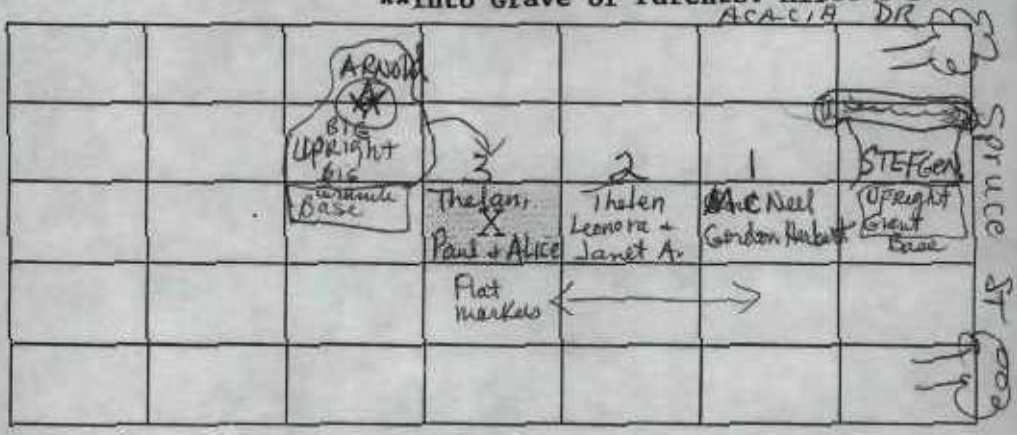
Printed on recycled paper

E16355

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:** **3RD ASH BURIAL** **PLACE: CENTER RIGHT**
****Into Grave of Parents: Alice & Paul**



Interment space for: MARY FRANCES THELAN

Interment Date: SAT. APRIL 28, 2001 Time: 3:00 PM

Lot: 28 Grave: 3 Row: - Sect: MAS Div: P

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16355

E-16355 (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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	FRANCES	THELEN	02/19/1911	02/15/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LYNCHBURG	VIRGINIA	DAVID THELEN-NEPHEW 4955 E. RIDGEWOOD DR. BLOOMINGTON, IN 47401

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUTIERREZ & WEBER MORTUARY 611 W. CESAR E. CHAVEZ AVE., LOS ANGELES, CA. 90012	FD 1256	▶ Maula Gutierrez	04/26/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/26/2001	▶ Mark Lamanuzzi

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO HEALTH DEP.
P.O. BOX 85222, SAN DIEGO, CA. 92186

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 Market St., San Diego, CA. 92102	11B. DATE BURIED 4-28-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 27, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY FRANCES THELAN (X)

In a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. APRIL 28th, 3:00PM

Church, Chapel, Graveside Graveside ; FAMILY Mortuary.

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

Lot 28 Grave 3 Row – Section MAS Division/Block P

Grave space & Care Fund ..... PRE-NEED LOT C-3514	Ø
Additional spaces and care fund ..Saturday Overtime/Ash Burial	$210.00
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	479.13
Paid receipt number VISA	479.13
Balance due	Ø

PAID
APR 28 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the NEPHEW / 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. DAVID THELAN

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

Signature of recorded holder of deed

X Signature

X 4955 E. Ridgewood Address

X Bloomington, IN 47401 City Zip Code

X 812-339-0628 Telephone

Work Order # E 16355

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ID 3/18/2008
Valentin Salinas-Cuevas

Date 4-26-01

Pin 148151

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20011355 ME 00-953

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time MON 4/30/01 12:00

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 6 Grave IT Row — Section — Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

PAID 6-8-01

Darrell Price P.A.

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

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

_____
Signature of recorded holder of deed

Signature See attached

Address

City Zip Code

Telephone

Invoice # 346952

Acct. # 000952

Paid 05-01-01

Work Order # E 16356

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

16356

UNKNOWN

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	05/21/2000	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	DARNELL PRICE-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-1658	▶ Nancy Lopez	04/30/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT
00-00953
AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	NANCY LOPEZ 04/30/2001	▶ George R. Larrea MD

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

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) 694-2895 FAX: (858) 495-5956

March 18, 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 #00-00953)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 00-00953. The date of death of John Doe was 05/21/2000. He was positively identified on 02/19/2008 through a fingerprint comparison.

The decedent's identity has been established as: Valentin Salinas-Cuevas with date of birth of 02/15/1959. His next of kin was not determined however since he was a Mexican citizen, the Mexican Consulate has been made aware of his identification. 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

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number 20011355

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 26, 2001

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

in a DBL. CRYPT (Type of Burial Container) Funeral, date, time Sat. April 28th 2:00pm

Church, Chapel, Graveside ; AZTLAN Mortuary.

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

Lot 1573 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	$995.00
Additional spaces and care fund Saturday Overtime	600.00
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker cutting fee (1) TRION VASE + 12"x24" Flat Granite 46.88 + 125.00	171.88
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,915.38
Paid receipt number VISA	2,915.38
Balance due	Ø

PAID APR 26 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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

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

[signature]
Signature of recorded holder of deed

X [signature]
Signature

X 9175 LARIAT CT.
Address

X FAIR OAKS, CA. 95628
City Zip Code

X (916) 987-8535
Telephone

Work Order # E 16357

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16357

MT HOPE CEMETERY E-16357

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: 1st BURIAL / DBL CRYPT**

*****SATURDAY APRIL 28th OVERTIME**

	1571	1572	1573	1574		
	FREDA. Bell Reeves		X E-16357	Harry A. Webster		

Interment space for: **ANTONIO MARINO DIAZ**

Interment Date: Sat. April 28th, 2001 Time: 1:00 pm

Lot: 1573 Grave: - Row: - Sect: - Div: 10

Grave Laid out by: Norm + Vicente

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: Ka Date:

E-16357

E-16357

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTONIO	MARINO	DIAZ	03/16/1925	04/25/2001	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ISABEL DIAZ-WIFE 3818 VAN DYKE AVE. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-1658

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

8B. DATE SIGNED: 04/27/200

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	NANACY LOPEZ 4-28-01	▶ G FLORES, MD

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-28-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-16357

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANTONIO	MARINO	DIAZ	03/16/1925	04/25/2001	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ISABEL DIAZ-WIFE 3818 VAN DYKE AVE. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-16588	▶ [illegible]	04/27/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	MARCY LOPEZ 4-28-01	▶ G FLORES, MD

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-28-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 April 26, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOT & TRUST FOR: ANTHONY DIAZ

in a Top Seal Vault (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 1572 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	$995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	1,868.75
Paid receipt number VISA	467.75
Balance due	1,401.00

PAID
APR 08 2013
MT HOPE CEMETARY
CITY OF SAN DIEGO, C.

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. STEPHEN F. DIAZ

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

_____
Signature of recorded holder of deed

X [signature]
Signature
X 9175 LARIAT CT.
Address
X FAIR OAKS, CA 95628
City Zip Code
X (916) 987-8535
Telephone

Work Order # E 16358

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56119

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 8, 20 03

From: S. Diaz Address: 9175 Lariat ct Fair Oaks Ca 95628

Sixty Seven dollars & 00/100 — Dollars ($ 67.00)

in Full Payment of pre need lot & trust

Lot 1572 Grave 1 Row _____ Section _____ Division ~~Block~~ 10

Invoice No. E 16358

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

7981

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

PAID

APR 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	67	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	67	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55968

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 4, 2003

From: S. Diaz Address: 9175 Lariat ct. Fair Oaks CA 95628

Fifty Eight dollars 00/100 Dollars ($ 58.00)

in part Payment of Pre need lot & trust

Lot 1572 Grave 1 Row Section Division Block 10

Invoice No. E16358

Acct. No.

W.O.

BALANCE DUE 67.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

7945

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

PAID

MAR 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Ruth Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	58	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55872

Date: Feb. 3, 20 03

From: Stephen Diaz Address: 9175 Lariat ct. Fair Oaks CA 95628

Fifty Eight Dollars & 00/100 Dollars ($ 58.00)

in part Payment of Pre need Lot & trust

Lot 1572 Grave 1 Row Section Division Block 10

Invoice No. E-16358

Acct. No.

W.O.

BALANCE DUE 125.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

7918

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

FEB 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	58	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55772

Date: Jan. 2, 2003

From: Stephen F. Diaz Address: on record

FIFTY-EIGHT Dollars ($ 58.00)

in part Payment of Pre-need lot/trust for Mr. Anthony Diaz

Lot 1572 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE $183.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 7876

NOT VALID FOR PURPOSES 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	58	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-16358

55680

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-3-02, 20 ____

From: Stephen Diaz Address: On Record

Fifty Eight Dollars ($ 58.00)

in part Payment of Pre-need Lot & Trust

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E - 16358

BALANCE DUE 241.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 7826

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

ISSUED BY S Shackleton

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	58	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA E-16358

№ 55485

MOUNT HOPE CEMETERY
(619) 527-3400

Date: _____ 20__

From: Stephen Diaz Address: 9175 Lariat St Fair Oaks 95628

Fifty eight Dollars ($ 58.00)

In part Payment of Pre-need lot - trust.

Lot 1573 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E- 16358

BALANCE DUE 357.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7748

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

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust 77186	63033 ~~9022~~	58 00
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55374

Date: 9-5, 2002

From: S. F. DiAz Address: On record

Fifty-Eight Dollars ($ 58.00)

In part Payment of Pre-need lot & trust

Coupon #17

Lot 1572 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE $415.00

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

AC-212 (Rev. 5-94)

7710

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

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186 ~~8692~~	58.00
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55271

Date: Aug. , 20 02

From: Stephen F. Diaz Address: on record

Fifty - Eight Dollars ($ 58.00)

In part Payment of

Pre-need Lot + Trust Account Coupon #16

Lot 1572 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E- 16358

BALANCE DUE $473.00

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

7672

AC-212 (Rev. 5-94)

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

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	58.00
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E 16358

№ 55178

MOUNT HOPE CEMETERY
(619) 527-3400

Date: _____, 20 ____

From: Stephen Diaz Address: on record

Fifty-Eight and 00 Dollars ($ 58.00)

In part Payment of pre-need lot/trust account

Coupon #15

Lot 1572 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-16358

BALANCE DUE $531.00

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

AC-212 (Rev. 5-94)

7636

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

ISSUED BY Paulette C.

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	58 00
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

E-16358

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 55071

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6-5-02, 20

From: Stephen Diaz Address: On Record

Fifty Eight Dollars ($ 58.00)

In part Payment of Pre-Need Lot - Trust

Lot 1573 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 589.00

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

7504

AC-212 (Rev. 5-94)

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

ISSUED BY J Hamilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	58	00
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

E-16358

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 54945

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-6-02, 20

From: Stephen Diaz Address: On Record

Fifty eight Dollars ($ 58.00)

In part Payment of Pre-Need Lot & Trust

Lot 1572 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 647.00

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

7543

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

ISSUED BY S Sheckellin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	58	00
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 5-94)

E163 58

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

54828

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4-3-02, 20

From: Stephen Diaz Address: 9175 Lariat Ct Fair Oaks 95628

Fifty Eight Dollars ($ 58.00)

In part Payment of Pre-Need Lot & Trust

Lot 1572 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 16358

BALANCE DUE 705.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7486

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

ISSUED BY S Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	58	00
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

E 16358

54722

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 3-6-02, 20

From: Stephen Diaz Address: 9175 Locust St Fair Oaks 95628

fifty eight Dollars ($ 58.00)

In part Payment of Pre-need lot & trust

Lot 1573 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 763.00

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

AC-212 (Rev. 5-94) 7443

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

ISSUED BY J Shelton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	58	00
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54626

Date: Feb 5, 20 02

From: Stephen Diaz Address: on record

Fifty-Eight 0 Dollars ($ 58.00)

In full Payment of Preneed Lot & Trust
coupon #10

Lot 1572 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E.16358

BALANCE DUE $827.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY Paulette Crawford

CREDIT		
20% Sales Care	67007 / 77184	5 00
80% Sales of Lots	100 / 77184	
Opening/ Closing	100 / 77181	
Burial Containers	100 / 77182	
Handling Fee	100 / 77185	
Recording & Misc. Fees	100 / 77183	
Pre-Need Trust	63033 / 9022	53 00
Sales Tax	60101 / 78390	
TOTAL PAID	$	58 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54520

Date: 1-8, 20 02

From: Stephen Diaz Address: On Record

Fifty Eight Dollars ($ 58.00)

In part Payment of Pre-Lot & Trust

Lot 1572 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-16358

BALANCE DUE 879.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 7346

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

ISSUED BY S Shelton

CREDIT 20% Sales Care	67007 77184	58	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	52	00
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E-16358

54424

Date: Dec 6, 20 01

From: Stephen E. Diaz Address: On record

Fifty-Eight and 00/100 Dollars ($ 58.00)

In part Payment of Prepaid Lot + Trust

Coupon No. 8

Lot 1572 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE $937.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☒

7255

AC-212 (Rev. 5-94)

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

PAID

DEC 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	67007 77184	58.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

E16358

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54312

Date: 11-8, 2001

From: Stephen Diaz Address: 9175 Lariat Ct Fair Oaks 95628

Fifty eight Dollars ($ 58.00)

In part Payment of Pre-Need Lot + Trust

Lot 1573 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 995.00

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

CREDIT 20% Sales Care	67007 77184	58 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	58 00

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

7213

ISSUED BY J Shelton

AC-212 (Rev. 5-94)

E-16358

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54218

Date: 10-9, 2001

From: Stephen Diaz Address: On Record

Dollars ($)

In part Payment of Pre-Need Lot & Trust
Anthony Diaz

Lot 1573 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 1053.00

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

CREDIT	67007	19	00
20% Sales Cars	77184		
80% Sales of Lots	100 77184	39	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

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

7183

ISSUED BY J Shelton

AC-212 (Rev. 5-94)

E-16358

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

54099

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-5, 2001

From: Stephen Diaz Address: 9175 Lariat Ct. Fair Oaks Ca 95628

Fifty Eight Dollars ($ 58.00)

In part Payment of Pre-Need Lot & Trust

Lot 1572 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-16358

BALANCE DUE 1111.00

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

7142

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

ISSUED BY J Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53658

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 8th, 20 01

From: Stephen Diaz Address: 9175 Lariat Ct., Fair Oaks, CA 95628

Fifty - Eight and NO/100 Dollars ($ 58.00 XXX)

In - part Payment of Pre-Need Lot & TRUST

Lot 1572 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. \ \ \

Acct. No.

W.O. E-16358

BALANCE DUE 1,343.00

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

AC-212 (Rev. 5-94)

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

PAID

MAY 08 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	58 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53786

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 6, 2001

From: Stephen F. Diaz Address: 9175 Laniet Ct. Fair Oaks, CA 95628

Fifty-Eight and NO/100 Dollars ($ 58.00 XXX)

In-part Payment of Pre-Need Lot & Trust

Lot 1572 Grave — Row — Section — Division/~~Block~~ 10

Invoice No. / / / /

Acct. No.

W.O. E-16358

BALANCE DUE 1,285.00

Coupon #2

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 6970

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

PAID

JUN 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53899

Date: July 10th, 20 01

From: Stephen F. Diaz Address: 9175 Lariat Ct., Fair Oaks, CA 95628

Fifty-Eight and 00/100 Dollars ($ 58.00 XXX)

In - part Payment of Pre-Need Lot + Trust for: Anthony Diaz

Lot 1572 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 1,227.00 XXX

Coupon #3

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

AC-212 (Rev. 5-94) CK# 7066

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

PAID

JUL 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53985

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/3/01, 2001

From: Stephen Diaz Address: 9175 Lariat Ct., Fair Oaks, CA 95628

Fifty-Eight and NO/100 Dollars ($ 58.00 XXX)

In-part Payment of Pre-Need Lot & Trust

Lot 1572 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16358

BALANCE DUE 1,169.00

Coupon #4

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

AC-212 (Rev. 5-94) #7102

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

PAID

AUG 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

E-16358

DIAZ, STEPHEN F. 9175 LARIAT CT., FAIR OAKS, CA 95628 (916) 987-8535

			DEBIT	CREDIT	BALANCE
04-26-01	Opened Pre-Need Lot & Trust for Brother: Mr. Anthony Diaz.	199			
	Lot: 1572 Div. 10	796	9 95.00		
	Trust: Includes (1) Opening/Closing; T.S. Vault; Handling Fee; Tax on Vault; Recording Fee).		8 73.75		1,868.75
04-26-01	Down payment Paid by VISA card.			4 67.75	1,401.00
05-08-01	Coupon #1	R-53658		- 58.00	1,343.00
06-06-01	Coupon #2	R-53786		- 58.00	1,285.00
7-10-01	Coupon 3	R-53899		- 58.00	1,227.00
8-03-01	Coupon 4	R-53985		- 58.00	1,169.00
9-5-01	R- 54099	#5		58.00	1111.00
10-9-01	R- 54218	#6		58.00	1053.00
11-8-01	R- 54312	#7		58.00	995.00
12-06-01	R- 54424	#8		- 58.00	937.00
1-[illegible]-02	R- 54520	9		58.00	879.00
2-3-02	R- 54626	#10		-58.00	821.00
3-6-02	R-54722	#11			763.00

PAID

APR 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

(Remainder to trust)

OVER

DIAZ, STEPHEN F. (For: Anthony Diaz) Pre-Need Lot & Trust E-16358

Diaz, Stephen F.

Rem to trust

E - 16358

				Debit	Credit	Balance
						763.00
4-3-02	R-54828	Coupon	12		58.00	705.00
5-6-02	R-54945		13		58.00	647.00
6-5-02	R-55071		14		58.00	589.00
7-5-02	R-55178		15		58.00	531.00
8-2-02	R-55271		16		58.00	473.00
9-5-02	R-55374	"	17		58.00	415.00
10-7-02	R-55485		18		58.00	357.00
11-04-02	R-55576	"	19		58.00	299.00
12-3-02	R-55680		20		58.00	241.00
1-2-03	R-55772	"	21		58.00	183.00
2-3-03	R 55872		22		58.00	125.00
3-4-03	R 55968		23		58.00	67.00
4-8-03	R56119		24		67.00	

E - 16358 DIAZ Stephen F.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA#2001355

in a Double Depth (Type of Burial Container) Funeral, date, time MON 4/30/01 12:00

Church, Chapel, Graveside Delivery : AZIAN Mortuary.

All Funeral cars 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 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	

PA DARNELL PRICE (858) 694-3500

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 16359

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 27, 2001

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

of ZAHRAT ALRYAD MUSTAFA GHANDOUR

in a SLAB (Type of Burial Container) Funeral, date, time Fri. April 27 1:30PM

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 117 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	$450.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.00
Total Due	501.00
Paid receipt number 53614	501.00
Balance due	

PAID
APR 27 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

Signature

9680 GRACELAND WAY
Address

SAN DIEGO, CA. 92129
City Zip Code

619-208-4246
Telephone

Invoice # _____

Work Order # E 16360

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16360

(67)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ZAHRAT AL RYAD	MUSTAFA	GHANDOUR	02/15/1934	04/27/2001	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
ABDULFATTAH A.R. DEEB: HUSBAND
9630 GRACELAND WAY
SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE
SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-843

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Victoria Meza

8B. DATE SIGNED: 04/27/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: VICTORIA MEZA 04/27/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2107610 ▶

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

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 4-27-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kevin F Jenna	
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 April 27, 2001

Pin # 222099

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOTS FOR: GARLAND PERRY & FAMILY

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 123 Grave 10 & 11 Row - Section 2 Division/Block 12

Grave space & Care Fund (2) Lots $895.00/EA (895.00)	$1,790.00
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	1,790.00
Paid receipt number 53617	450.00
Balance due	1,340.00

PAID
DEC 15 2005
MOUNT HOPE CEMETERY

Balance

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.

GARLAND W. PERRY

X Garland Perry
Signature

X 1901 Duke Dr.
Address

X Bakersfield, CA 93305
City Zip Code

X (661) 873-9313
Telephone

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

Garland Perry
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16361

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

222099 3825 Purdue Dr. 93306 E-16361

PERRY, GARLAND W. ~~1901 DUKE DRIVE~~, BAKERSFIELD, CA ~~93305~~ 661-873-9313

Contract Expires April 2003 (Two yr Contract)

			Credit ~~DEBIT~~	Debit ~~CREDIT~~	BALANCE
04-27-2001	Opened Pre-Need Lot Account.				
	Lot 123 Gr. 10 & 11, Sec. 2, Div. 12 Each Grave $895.00 each.	246 358 80% 1432	1,790.00		1,790
04-27-2001	Receipt # R-53617	(25% Down Payment)		450.00	1,340.00
6-12-01	R-53807	1 & 2 may 2001, june 01		112.00	1228.00
5-12 03	called to continue				
5-20 03	R56264	3 July 2001		56.00	1172.00
6-24 03	56462	4 aug 2001		56.00	1116.00
10-30 03	Mailed delinquent notice				
11-18 03	56912	5 Sept 2001		56.00	1060.00
~~3-10-04~~	~~57306~~ JAN PAID	6 R-57099 Oct 2001		56.00	1004.00
3-10-04	57306	7 Nov 2001		56.00	948.00
4-23 04	57475 DEC 15 2005	8 Dec 2001		56.00	892.00
6/18/04	57664	9 Jan 2002		56.00	836.00
8-5 04	57868	10 Feb 2002		56.00	780.00
9-21 04	58039 MOUNT HOPE CEMETERY	11 Mar 2002		56.00	7[illegible]
12-16 04	58325	12 April 2002		56.00	668
1-10-05	58396	13 May 2002		56.00	612

PERRY, GARLAND WAYNE PRE-NEED LOTS E-16361 — OVER —

		Forward Bal.			612 -
5-6-05	R-58820	Coupon 14 & 15	June 02, July 02	112 -	500 -
[illegible]-05	R-58940	Coupon 16	aug 2002	56 -	444 -
8-[illegible]-05	R-59081	" 17	Sept 2002	56 -	388 -
9/19/05	R-59197	" 18	oct 2002	56 -	332 -
11-17-05	R-59409	19	Nov 2002	56 -	276 -
12-15-05	R-59497	pd in full		276 -	0
		Balance 0			

Rem: To 8[illegible]% TRUST

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59197

MOUNT HOPE CEMETERY
(619) 527-3400

Date: September 19, 20 05

From: Garland Perry Address: on record

Fifty-Six and 00 Dollars ($ 56.—)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE $ 332—

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04) 1051

This information is available in alternative formats upon request.

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

PAID

SEP 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	26—
80% Sales	100	30—
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	$	56—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59081

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-15, 20 05

From: Garland W. Perry Address: on record

Fifty-Six and 00 Dollars ($ 56.-)

in part Payment of Pre-need lot account

Div 12 Sec 2 Blk/Row Lot 123 Grave 10&11

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE $388.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1045

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

PAID

AUG 15 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	56.-
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	$	56.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58940

Date: 6/10, 20 05

From: Garland Perry Address: on record

Fifty-Six Dollars ($ 56 —)

in part Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE $444 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1023

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

PAID

JUN 10 2005

ISSUED BY D. Crawford MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	56 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58820

Date: 5 - 6 , 2005

From: G. Perry Address: on record

one Hundred twelve Dollars ($ 112 —)

in full Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE $ 500.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

3121

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

MAY 0 6 2005

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	112 —
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	$	112 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58396

Date: Jan 10, 20 05

From: Harland Perry Address: 3825 Purdue Dr.

fifty-six 00/100 Dollars ($ 56 -)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No. ____

W.O. ____

BALANCE DUE 612 -

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2958

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

JAN 10 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	56	-
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	$	56	-

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58325

12-16-04 07:55 PAID

Date: _____, 20 ____

From: Harland Perry Address: 3825 Purdue Dr. Bakersfield CA. 93306

fifty-six 00/100 Dollars ($ 56 -)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No. E

W.O. ____

BALANCE DUE 668 -

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2995

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

PAID

DEC 16 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	-
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	$	56	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E16361

MOUNT HOPE CEMETERY
(619) 527-3400

58035

Date: Sept 21, 20 04

From: Garland Perry Address: 3825 Purdue dr. Bakersfield 93306

Dollars ($ 50.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 123 Grave 10 + 11

Invoice No. E16361

Acct. No.

W.O.

BALANCE DUE 724.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 3844

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THE SPACE

PAID

SEP 21 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
60% Sales	100	50	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57868

Date: Aug 5 20 04

From: Garland Perry Address: 3825 Purdue Dr. Bakersfield 93306

Dollars ($ 56.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 123 Grave 10/11

Invoice No. E16361

Acct. No.

W.O.

BALANCE DUE 780.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2819

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BY ISSUING OFFICE

PAID

AUG 05 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57664

Date: June 18, 20 04

From: ~~Wand~~ Garland W. Perry Address: on record

Fifty-Six and 00 Dollars ($ 56.00)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row _____ Lot 123 Grave 10 & 11

Invoice No. E-16361

Acct. No. _____

W.O. _____

BALANCE DUE $836.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2793

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

PAID

JUN 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	56.00
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	$	56.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57475

Date: April 23, 20 04

From: Garland Perry Address: 3825 Purdue Dr. Bakersfield 93306

Dollars ($ 50.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 123 Grave 10 & 11

Invoice No. E 16361

Acct. No.

W.O.

BALANCE DUE 892.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

2635

AC 212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

APR 2 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Ken Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	50	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57306

Date: 3/10, 2004

From: Garland Perry Address: on record

Fifty-Six and 00 Dollars ($56.00)

in Part Payment of

Lot 123 Grave 10 & 11 Row Section 2 Division Block 12

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE $ 948.00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X 2608

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

PAID

MAR 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	56.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57099

Date: Jan. 15, 20 04

From: Garland Perry Address: 3825 Purdue Dr Bakersfield 93306

Dollars ($ 50.00)

in part Payment of pre-need

Lot 123 Grave 10411 Row Section 2 Division Block 12

Invoice No. E16361

Acct. No.

W.O.

BALANCE DUE 100.00

Pre-Need Lot ✓ At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check ✓

2581

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

PAID

JAN 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hotz

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	50 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50 00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56912

Date: Nov. 18, 20 03

From: Garland Perry Address: 3825 Purdue Dr. Bakersfield 93306

Sixty Six Dollars ($ 56.00)

in full Payment of pre-need

Lot 123 Grave 10 11 Row Section 2 Division ~~Block~~ 12

Invoice No. E 16361

Acct. No.

W.O.

BALANCE DUE 1060.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

2537

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

PAID

NOV 18 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hess

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56402

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 24, 20 03

From: Garland Perry Address: 3825 Purdue Dr. Bakersfield 93306

Fifty Six dollars & 00/100 Dollars ($ 56.00)

in part Payment of pre need lot

Lot 123 Grave 10 & 11 Row ____ Section 2 Division Block 12

Invoice No. E 16361

Acct. No. ____

W.O. ____

BALANCE DUE 1116.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

2419

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

PAID

JUN 24 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	—
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	$	56	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56264

Date: May 20, 20 03

From: Garland Perry Address: 3825 Purdue dr. Bakersfield 93306

Fifty Six dollars & 00/100 Dollars ($ 56.00)

in part Payment of pre need lots

Lot 123 Grave 10 & 11 Row Section 2 Division ~~Block~~ 12

Invoice No. E 16361

Acct. No.

W.O.

BALANCE DUE 1172.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

2347

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

MAY 20 2003

MT. HOPE CEMETARY
~~CITY OF~~ SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	—
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	$	56	—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA E-16361

53807

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6-12, 2001

From: Garland Perry Address: 1901 Duke Dr Bakersfield 93305

One Hundred Twelve Dollars ($ 112.00)

In part Payment of Pre-Need Lot

Lot 123 Grave 10 & 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16361

BALANCE DUE 1228.00

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

AC-212 (Rev. 5-94) 1667

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

R-59409

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-17, 2005

From: G. W. Ferry Address: on record

Fifty-Six and 00 Dollars ($ 56-)

in part Payment of Pre-need lot.

Lot 123 Grave 10+11 Row Section 2 Division Block 12

Invoice No. E-163161

Acct. No.

W.O.

BALANCE DUE $276.-

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check X

1071

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

PAID

NOV 17 2005

MOUNT HOPE CEMETERY

ISSUED BY P. 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	56-
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56-

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

E-16361

R-59497

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12-15-05, 20 05

From: Garland W Perry Address: 3825 Purdue ST Bakersfield

Two hundred & seventy-six 00/100 Dollars ($ 276.00)

in Full Payment of Pre-need LOTS 10 & 11

Lot 123 Grave 10 & 11 Row Section 2 Division Block 12

Invoice No. E-16361

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ! ! At Need ! ! On Acct ! !

Pre-need Trust ! ! Cash ! ! Check ! !

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

DEC 15 2005

MOUNT HOPE CEM...

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	276	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	276	00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

GARLAND W PERRY
EDDYE R PERRY
(661) 873-9313
3825 PURDUE ST
BAKERSFIELD, CA 93306

1229

12-13-2005
Date

90-7172/3222 966
040025991270

Pay to the Order of Mt Hope Cemetery $ 276 00

Two Hundred Seventy-Six and No/100 Dollars

citibank
CITIBANK (WEST), FSB BR. #966
2525 OSWELL ST
BAKERSFIELD, CA 93306

E-16361

For DIV-12 SECT. 2 LOT 123 GRAVE 11 & 12

Garland Perry

10 & 12

© HARLAND 2002

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-30-01

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

in a _____ (Type of Burial Container) Funeral, date, time TUES 5-1 12:00

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. _____

MUSLIM

Lot 91A Grave _____ Row _____ Section _____ Division/Block _____

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	45.06
Sales taxes	
Total Due	270.00
Paid receipt number R-53622	270.00
Balance due	-0-

PAID

APR 30 2001

MT. HOPE CEMETARY

CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

Hisham Ilaian
Signature

7733 Parkville Lane Rd
Address

San Diego 92129
City Zip Code

(858) 578-7466
Telephone

Work Order # E 16362

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-16362

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MURAD	HISHAM	ILAIAN	01/29/2001	04/28/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HISHAM ILAIAN - FATHER 7733 PARK VILLAGE ROAD SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	Sharon Lawless	05/01/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/01/2001	SHARON LAWLESS 2107722

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-1-01	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 April 30, 2001

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

in a DBL. CRYPT (Type of Burial Container) Funeral, date, time Thur. May 3 2:00 pm

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 C. M

Lot 65 Grave 9 Row — Section 3 Division/Block 12

Grave space & Care Fund ..... Pre-Need Lot & E-15636	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container ..... DBL Crypt Pre-Need Paid E-15636	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	420.00
Paid receipt number 53623	420.00
Balance due	Ø

PAID
APR 30 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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. CALVIN C. McGee

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

X Calvin McGee
Signature of recorded holder of deed

+ Calvin McGee
Signature

+ 3632 45TH ST. APT #4
Address

+ SAN DIEGO CA. 92105
City Zip Code

X (619) 501-1552
Telephone

Work Order # E 16363

Invoice #

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16363

MT HOPE CEMETERY E-16363

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 *Photo Grave of: Jesse Thomas 2nd Burial

	7	8	9	10	11	12
	Recent Burial DUBZ, Helina Langston, Annie	Phillip R. Murphy	DBL Crypt X in already	open	OLA B. Faucett	James Walter White
			Rocha Sergio	Alma M Gillins	Thomas O'Dell Davis	Thomas [illegible]

Interment space for: LISA ANN COLEMAN

Interment Date: _____ Time: _____

Lot: 65 Grave: 9 Row: — Sect: 3 Div: 12

Grave Laid out by: MF Vic

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16363 *Note: DBL Crypt already in Ground.

E-16363

29

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lisa	Ann	Coleman	09/13/1971	04/29/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Calvin McGee, Brother 3632 45th St. Apt. 4 San Diego, CA 92105

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

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Kathie Williams	05/01/2001

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/01/2001 K Williams	2107788 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

1ST Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 2001

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

in a DBL. Crypt (Type of Burial Container) Funeral, date, time Fri May 4 10:00am

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 1666 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre-Need LOT D-1823	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ..... DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	1,148.50
Total receipt number VISA	1,148.50
Balance due	Ø

PAID MAY 01 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO CA

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

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

X Lula Annette Johnson-Blake

Signature of recorded holder of deed

Annette Johnson-Blake

X Lula Annette Johnson-Blake

Signature

X 3333 Ipa St.

Address

X San Diego, CA 92105

City Zip Code

X (619) 501-7697

Telephone

Work Order # E 16364

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E16364

MT HOPE CEMETERY E-16364

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

Pauly DR 1ST - BURIAL

Lincoln DR

	1664 Pearl Jacobson	1665 Carl Johnson (Husband)	1666 X (wife)	1667 Shaun Aula Tree Hunter-Morgan		

Interment space for: ELSIE W. JOHNSON

Interment Date: _____ Time: _____

Lot: 1666 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF VIC

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16364 (86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Elsie	W.	Johnson	05/23/1914	05/01/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Annette Johnson-Blake, Daughter 3333 Spa St. San Diego, CA 92105

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

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Debbie Williams	05/03/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/04/2001	2108007 D. Williams

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 01, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot for: JULIANA G. CAYANAN

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 487 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pre-Need Lot Only	$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 53629	249.00
Balance due	746.00

PAID MAR - 6 2001 MOUNT HOPE CEMETERY

Sent to Collections 1/8/04

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. CORAZON C. ALONZO

X Corazon C. Alonzo
Signature

X 10707 Tamacha Blvd. #31
Address

X Spring Valley Ca. 91978
City Zip Code

X (619) 670-6410
Telephone

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

X C. Alonzo "Cora"
Signature of recorded holder of deed

Invoice # 439392

Work Order # E 16365

Acct. # 129968

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16365

ALONZO, CORAZON C. 10707 Jamacha Blvd., Spc.# 31, Spring Valley, CA 91978 619-670-6410

		DEBIT	CREDIT	BALANCE
05-01-2001	Opened Pre-Need Lot Account for: Mother: Mrs. Juliana Cayanan 199 796			
	Lot: 487 Div. 10	995.00		995.00
05-01-2001	Down Payment: 25% Receipt# R-53629		- 249.00	746.00
05-31-01	Coup #1		- 31.00	715.00
6-27-01	R 53849		31.00	684.00
8-3-01	R-53989 (no Coupon submitted)		31.00	653.00
9-4-01	R-54094		31.00	622.00
10-5-01	R-54213		31.00	591.00
11-2-01	R-54289		31.00	560.00
11-28-01	R-54384		31.00	529.00
1-8-02	R-54518		31.00	498.00
2-7-02	R-54637		31.00	467.00
3-[illegible]-02	R-54746		31.00	436.00
4-[illegible]-02	R-54866		31.00	405.00
5-3-02	R-54943		31.00	374.00
7-9-02	R-55193		62.00	312.00
9-13-02	R-55412		31.00	281.00
11-[illegible]-02	R-55567		62.00	219.00

ALONZO, CORAZON C. **PRE-NEED LOT FOR: Juliana Cayanan** **E-16365**

E16365 E-16365

ALONZO, CORAZON

		Debit	Credit	Balance
	Balance Forwarded			219.00
8/20/03	mailed delinquent notice			
3/16/07	Paid @ Treasurer's office		219	Ø

E-16365

January 08, 2003

John,

Hi! I have another account I need to put into collections. There has been no payment for over a year and after mailing the Delinquent Account notice in August did not hear from them until November when they stated they would start payments again in December and they have not made an effort to pay to date.
Here is all the information we have, if you need anything else let me know.

Thanks,
Pam Hetzel
Mt Hope Cemetery
X7-3400 MS72

16635

E16365

THE CITY OF SAN DIEGO

August 19, 2003

Ms. Corazon Alonzo
10707 Jamacha Blvd #31
Spring Valley, CA 91978

Reference: E-16365

Dear Ms. Alonzo,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was September 13, 2002 leaving a balance of $219.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-16365, date issued May 01, 2001 cemetery location Division 10, Lot 487, Grave 1.

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

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-16365

Treasurer Collections
www.sandiego.gov
(619)744 3100

/05/2007 1:36PM 01 ITY OF SAN DIEGO-COLLECTIONS DI ACCOUNT UPDATE-NEW
000000#2958 YJS

#3351684
TREASURER $219.00

ITEMS 10
***TOTAL $219.00
CASH $220.00
CHANGE $1.00

MOUNT HOPE CEMETARY
CORAZON C.
AMACHA BLVD SP 31
VALLEY
ST CA ZIP 91978-1800
INT 0
DOB: * 12-10-1935
SSN: 225-25-1688
DR/L A5064198

	--OWING--	-RECEIVED-
AGN/AMT	219.00	0.00
INT	0.00	0.00
CANCELLED	0.00	
ATTORNEY	0.00	0.00
COURT	0.00	0.00
MISC	0.00	0.00
TOTAL*****	219.00	0.00
NET*******		219.00

6STATUS SUS COMM
PPLAN $

PKT(n,+,-)
3CLIENT REF 439392
FWD CLIENT
4ASSIGNED 08-29-06 5SPC FLD1
LAST CHG 04-27-06 OLD TCS
LAST PAY SPC FLD3
1ST DELQ 04-27-06 SPC FLD4
CL LC/LP 04-27-06 SPC FLD5
INTR EFF 08-29-06 CREDIT RPT 10-30-06;97;219.00;

PAID
MAR 05 2007

484- Marino C. Alonzo - family
485- Corazon Alonzo
486 Corazon Alonzo - Ruggero - Ed - Le
487 Corazon Alonzo - Juliana - no more in stead
- Evelina Salinas A -

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA#20011351 ME#00-2118

in a _____ Type of Burial Container Funeral, date, time Thur. MAY 3, 9:00AM

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 6 Grave 2T Row - Section - Division/Block 13

Grave space & Care Fund	125.00
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	

PA 1 P

6-8-01

Ellen Beauparlant PA

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

Mayer Mortuary

X (See Attached)
Signature

X 2859 Adams Ave.
Address

X San Diego, CA 92116
City Zip Code

X (619) 281-7055
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 347178

Acct. # 000952

Work Order # E 16366

DWC 5/2/01

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16366

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	11/10/2000	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	▶ Bob Mayer	05/02/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	05/02/2001 John Mayer	2107813 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 5-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lemmon	
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 16366

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 2001

You are hereby authorized and instructed to inter the remains of NORA DOE PARTICULARS [illegible]

in the [illegible] Funeral Date Tues. May 3, [illegible]

Church, Chapel, Chevalier "[illegible]" MAYER Minister

All Funeral Care must arrive before [illegible] and pay [illegible] charge of $ [illegible]

[illegible]

Lot 6 Grave [illegible] Row [illegible] Section [illegible] Section/Block [illegible]

Grave Space & Case Fund	[illegible]
[illegible]	
Opening/Closing & Extra	[illegible]
Burial Contractor	[illegible]
Installing Fees	[illegible]
Flower Vases - Mental Setting Fee	
Recording and Sing Fee	
Sales Taxes	[illegible]
Total Due	[illegible]

Permission Number

Date

Selection Date

I hereby certify I am the [illegible] of the above [illegible] and that [illegible] I have the right to make this [illegible] and I agree to hold the Mount Hope Cemetery [illegible] and liability on account of [illegible]

Mount Hope Cemetery

Hereby authorize the interment of [illegible] under deed

X [illegible]

X [illegible] Antonio Ave

X [illegible] Diego CA [illegible]

X (619) 281-7055

Work Order # E 16366

Number #

Acct. #

[illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-01

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

in a _____ (Type of Burial Container) Funeral, date, time WED 5-2 2:00

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Lot 118 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	450.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.00
Total Due	501.00
Paid receipt number R-53634	501.00
Balance due	-0-

PAID

MAY 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

AFSHIN SAMIMI

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

_____
Signature of recorded holder of deed

X _____
Signature

X 25211 STOCKPORT ST.
Address

X APT 236 LAGUNA HILLS 92653
City Zip Code

X 949 212 0110
Telephone

Invoice # _____

Work Order # E 16367

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16367

(69)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HESHMAT	-	SAMIMI	05/27/1931	04/28/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AFSHIN SAMIMI - NEPHEW 25211 STOCKPORT STREET, #236 LAGUNA HILLS, CA 92653

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Sharon Lawless	05/02/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/02/2001	SHARON LAWLESS 2107814 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-2-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-01

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

in a LINER (Type of Burial Container) Funeral, date, time FRI 5-4 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 [illegible]

Lot 139 Grave 2 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number 53642	1564.25
Balance due	Ø

PAID
MAY 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

X Johnnie M Stevenson
Signature

X 4755 Beech St
Address

X
City Zip Code

X San Diego, Ca 92102
Telephone

Invoice # 6191262-2682

Work Order # E 16368

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16368

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1 open	139 2 X	3 open	4 open	5 NEMCIK
		7 open	8 WILLIAMS	open	open	open

Interment space for: UZELL STEVENSON

Interment Date: FRI 5-4 1:00 Time: _____

Lot: 139 Grave: 2 Row: ____ Sect: 3 Div: 12

Grave Laid out by: NF VIC

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 5-4-01

E-16368

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Uzell	Clinard	Stevenson	12/15/1928	04/29/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Johnnie M. Stevenson, Wife 4755 Beech St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	05/04/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/04/2001	2108004 ▶ D. Williams

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

DOUBLE DEPTH
2nd - Burial

City of San Diego

Date May 2, 2001

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

of KENSHI TACHIKI

in a DBL CRYPT - 2nd burial (Type of Burial Container) Funeral, date, time Sat 5-5 11:00

Church, Chapel, Graveside : COMMUNITY 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 1 Grave 3 Row - Section 11 Division/Block 7

Grave space & Care Fund PRE-NEED E-5545 / E14670	Ø
Additional spaces and care fund SATURDAY OVERTIME	600.00
Opening/Closing & Setup	$375.00
Burial Container DBL CRYPT already in place.	Ø
Handling Fees	Ø
Flower vases – Marker setting fee (Marker Already In Place)	Ø
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	$1020.00
Paid receipt number R-53639	1020.00
Balance due	Ø

PAID
MAY 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Daughter

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. Diane M. H. Hutchison

X [signature]
Signature

X 2410 Hill Rose Pl
Address

X Oxnard, Ca 93030
City Zip Code

X (805) 983-3933
Telephone

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

Signature of recorded holder of deed

Work Order # E 16369

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16369

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 (already in-place) ** 2ND BURIAL **

	VISTA DR				Lincoln Dr
	1	2	3	1	2
	MATSU KUSAKA	Open	Tachiki Kenshi E-16369	Kisaburo HIRANO	SHIMA HYONOSUKE
		LOT 1			LOT 2

Interment space for: Kenshi Tachiki

Interment Date: _____ Time: _____

Lot: 1 Grave: 3 Row: — Sect: 11 Div: 7

Grave Laid out by: [signature]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: [signature] Date: 5-4-2

E-16369

E 16369

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KENSHI	-	TACHIKI	05/18/1914	05/01/2001	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OXNARD	VENTURA	KENNETH H. TACHIKI- SON 12006 STANWOOD DR. LOS ANGELES, CA 90066

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY 855 BROADWAY, CHULA VISTA, CA 91911	FD-1682	▶ A Castaneda	05/03/2001

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/03/2001	▶ Robert M. Levin M.D.

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
3147 LOMA VISTA RD., VENTURA, CA 93003	3851 ROSECRANS ST., SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

E 163369

(86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(DO NOT WRITE IN THIS AREA)

1. NAME OF DECEDENT (FIRST, MIDDLE, LAST) OR NAME FERRI	2. AGE (YRS) TACRIN	3. SEX (M, F, U) M
4. DATE OF DEATH UNKNOWN	5. PLACE OF DEATH (COUNTY OR OTHER JURISDICTION) FERRI	6. NAME AND ADDRESS OF FUNERAL DIRECTOR OR OTHER AUTHORITY FERRITTA & TACRIN- THE LOCK STANDARD OF LOS ANGELES, CA 90065
7. NAME AND ADDRESS OF CEMETERY, CRYPT, NICHE OR OTHER PLACE OF DISPOSITION COMMUNITY MORTUARY [illegible] ST, CHULA VISTA, CA 91911		

COMPLETED BY SHERIFF	[illegible]	[illegible]
PERMIT AUTHORIZATION OF DEAD BY SHERIFF [illegible]	[illegible] 06/03/2001	[illegible]
[illegible]	1247 [illegible] VISTA AVE., VISTA [illegible]	1401 [illegible] ST., SAN DIEGO, CA 92101

[illegible]		FOR COUNTY'S USE ONLY [illegible]
[illegible]		

BURIAL	(A) NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY [illegible] MARKET, SAN DIEGO, CA 92102	(B) DATE BURIED (C) SIGNATURE OF OFFICIAL IN CHARGE OF BURIAL
CREMATION	(A) NAME AND ADDRESS OF CALIFORNIA CREMATORY	(B) DATE CREMATED (C) SIGNATURE OF OFFICIAL IN CHARGE OF CREMATION
[illegible]	(A) NAME AND ADDRESS OF [illegible]	(B) DATE [illegible] (C) SIGNATURE AND TITLE OF PERSON IN CHARGE OF FACILITY
[illegible]	(A) NAME AND ADDRESS OF [illegible]	(B) DATE [illegible] (C) SIGNATURE AND TITLE OF PERSON IN CHARGE OF [illegible]
[illegible]	(A) [illegible]	(B) [illegible] (C) [illegible]

COPY 1 OF THIS PERMIT ACCOMPANIES THE REMAINS TO THE FINAL PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION OF REMAINS IS REQUIRED TO FILL IN THE INFORMATION ON THE PERMIT WITHIN 10 DAYS OF DISPOSITION (IN THE INSTANCE OF THE CREMATION, IN WHICH CREMATION INCLUDES ON THE PERMIT, INCLUDES THE PERSON WHOM THE CREMATED REMAINS WERE SCATTERED, IN SEA, THE LOCAL REGISTRAR UNIT OF ENTRY AND ORIGINAL, THE PERMIT TO THE LOCAL REGISTRAR WITHIN ONE YEAR FROM DATE OF DEATH.

COPY 1 STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS [illegible]

Oscar Silverson
[illegible] 2-3340

[illegible]
Park [illegible]
[illegible]

CA Burial
2200 Highland Ave
Office

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 3, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OTIS DOUGLAS WHITE, JR.

in a T. Seal Vault (Type of Burial Container) Funeral, date, time Fri May 11 12:00pm

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 R. P. W.

Lot 195 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 T.S. Vault	250.00
Handling Fees PAID	185.00
Flower vases – Marker setting fee	—
Recording and filing fee MAY 08 2001	45.00
Sales taxes	18.75
Total Due	1,768.75
Paid receipt number R-53661	1768.75
Balance due	0

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

RITA P. WHITE

X Rita P. White
Signature

X 7560 BROOKHAVEN Rd.
Address

X San DIEGO, CA 92114
City Zip Code

X (619) 479-6812
Telephone

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

X Rita P. White
Signature of recorded holder of deed

Work Order # E 16370

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16370

MT HOPE CEMETERY E-16370

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

195 2	195 3	195 4	195 5	195 6	196 1	196 2
Willie Evelyn LITTLE	open	open	OTIS, Jr. X	open	Sharon + Kenneth Brown	Kienna Brown-Mitchell
(no marker)						

Interment space for: OTIS Douglas White, Jr.

Interment Date: Fri May 11 Time: 1:00 pm

Lot: 195 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: NORMAN & VICENTE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on GRAVE

Blind Check & Verified By: DARRELL Date: 5-9-01

E-16370

E 16370

39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OTIS	DOUGLAS	WHITE, JR.	06/15/1961	04/30/2001	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RITA WHITE-MOTHER 7560 BROOKHAVEN RD. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ Jeanette Bennyard	05/03/2001

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 7200 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/03/2001 J. BENYARD	▶ George R. Stevens

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-11-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kay Snedec	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Ashes - CENTER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Lampert

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs 7/26/01 2:00

Church, Chapel, Graveside; Tami's Pine Valley Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 1476 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-Need C-7642	Ø
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 R-53761	269.13
Balance due	Ø

PAID

MAY 31 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Signature (See Attached)
X Address
X City Zip Code
X ( ) Telephone

Invoice # _____

Work Order # E 16371

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-16371

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: Place ~~CENTER~~ TOP RIGHT****

		OVERSIZE URN VAULT				
1973 KENNEDY	1974 ANDERSON	1975 LAMPERT	1976 X LAMPERT	1977 GUSEWICH		

Interment space for: PAULINE LAMPERT

Interment Date: THUR. JULY 26, 2001 Time: 2:00 PM ~~BUSINESS ONLY~~ GRAVESIDE

Lot: 1476 Grave: - Row: - Sect: - Div: 10

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-26-0

E-16371

E-16371

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PAULINE	EVA	LAMPERT	09/13/1913	02/01/2001	F

5A. CITY OF DEATH: BAKER CITY

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: OREGON

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
SHERRY DOWNING - GRANDDAUGHTER
2895 17TH STREET
BAKER CITY, OR 97814

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
GREENWOOD MORTUARY I-805 &
IMPERIAL AVENUE, SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-843

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Sharon Lawless

8B. DATE SIGNED: 06/06/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: SHARON LAWLESS 06/06/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2109853 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA: —

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED: 7-26-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 16371 527-3403 fax #

MT. HOPE CEMETERY

INTERMENT ORDER

Cheyenne Dwyer

Date 5-3-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Lampert

in a Asl Vault Funeral date, time Thurs 7/26/01 2:00

Church, Chapel, Grounds "Witness only" Tami's Pine Valley 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 accompanies. X

Lot 1476 Grave — Row — Section — Dimensions 10

Green space & Care Fund Pre-Need C-7642 E

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

Balance due

I hereby certify I am the X Granddaughter of the above named decedent and this is your authority to make the interment of the above decedent. I certify and represent that I have the right to make this authorization and I agree to MT. Hope Cemetery harmless from any liability on account of said authorization and expense.

I hereby authorize the interment to be held under deed

X Sherry Downing
X PO Box 915
X Halfway, OR. 97834
X (541) 742-5263

Phone #

Work Order # E 16371

Phone #

Acct. #

Note: Use (Fax)

This information is available in alternative formats upon request.

Lami Waldron
Lami's Pine Valley
Funeral Home

The urn is 12 in tall –

2 of 4

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY McKNIGHT

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 23 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN	
Burial Container	
Handling Fees FULL 8-30-01	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R- 53643	324.00
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

X Mary L McKnight
Signature
X 3978 Ocean View Blvd
Address
X San Diego Ca 92113
City Zip Code
X 619-264-7937
Telephone

Work Order # E 16372

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16372

Mt. Hope Cemetery
Prepayment Plan Record

Mary McKnight
3978 Ocean View Blvd.
San Diego, CA 92113
619 264-7931
E-16372

Preneed for:

Lot 23, Grave 5, Sec 2, Div 12

Payment NO.	1
Payment Due Date	June-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

E16372

Mt. Hope Cemetery
Prepayment Plan Record

Mary McKnight
3978 Ocean View Blvd.
San Diego, CA 92113
619 264-7931
E-16372

Preneed for:

Lot 23, Grave 5, Sec 2, Div 12

Payment NO.	2
Payment Due Date	July-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

E-16372

Mt. Hope Cemetery
Prepayment Plan Record

Mary McKnight
3978 Ocean View Blvd.
San Diego, CA 92113
619 264-7931
E-16372

Preneed for:

Lot 23, Grave 5, Sec 2, Div 12

Payment NO.	3
Payment Due Date	August-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

E-16372

McKNIGHT, MARY 3978 Ocean View Blvd San Diego 92113 264-7931

		DEBIT	CREDIT	BALANCE
05-03-01	Opened Pre-need Lot			
	Lot 23, Grave 5, Sec 2 Div 12	895.00		895.00
05-03-01	Receipt 53643		224.00	67[illegible]
6-1-01	R-53768 coupon #1		28.00	643.00
6-27-01	R-53852 2 & 3		56.00	587.00
8-30-01	R-54085		587.00	0
8-30-01	R-54086 paid in full			

McKNIGHT, MARY E-16372

FAX (541) 742-~~39~~ 43 41. 5-3-01

Spoke with Rose
at ~~[illegible]~~ Pine Valley Tami's Funeral Home
Mortuary in Oregon
(541) 742-4340.

· She is representing
: grandaughter of
Pauline Lampert - (Tammy Gr Dau)

Family will bring
ashes - need to know
- what time
- size of urn
- ~~[illegible]~~
- How paying

Gave rose cost of 269.13

Ashes could go
into 1475 with
Jessie Lampert and
have 1476 for
another person in
the family. Owner
of lot can decide.

E-16372

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53852

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6-27, 20 01

From: Mary McKnight Address: 3978 Ocean View Blvd San Diego 92113

Fifty Six Dollars ($ 56.00)

In part Payment of Pre-Need Lot

Lot 23 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16372

BALANCE DUE 587.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Shuckleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	56	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 5-94)

E-16372

53768

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6-1, 2001

From: Mary McKnight Address: 4336 Iowa St #3 San Diego 92104

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 23 Grave 5 Row Section 2 Division ~~Block~~ 17

Invoice No.

Acct. No.

W.O. E-16372

BALANCE DUE 643.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1168

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 4, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Derrian Ray Still

in a (NOT REQUIRED) Type of Burial Container Funeral, date, time Mon. May 7 10:00AM

Church, Chapel, Graveside ; Calif. Funeral Affairs 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 1806 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 53645	270.00
Balance due	0

PAID
MAY 04 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Tammy Still

X Tammy Still
Signature

I hereby authorize the interment in lot I hold under deed.

X Tammy Still
Signature of recorded holder of deed

→ 5414 Olive St. Unit B
Address

→ San Diego 92105
City Zip Code

→ (619) 262-5510
Telephone

Work Order # E 16373

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16373

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Horton Ave.

VISTA DR.

1802	1803	Alexander Palmer 1809	1805	1806	1807	
Cynthia Bidales (no marker)	Daniel Jones (no marker)	Laticia Hawkins (no marker)	open	E-16373 Derrian X Still	open	

Interment space for: Derrian Ray Still

Interment Date: Mon. May 7 Time: 10:00 am

Lot: 1806 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: [signature]

Agrees with Legal Card: ☑ Yes ☐ No

Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collier Date: 5/7/01

E-16373 8-Chairs / Graveside

E-16373

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Derrian	Ray	Still	04/26/2001	04/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	SanDiego	Danny Ray Still - Father 5414 Olive Street Unit B San Diego CMa92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Funeral Alternatives 990 Highland Dr 104A Solana Beach Ca 92075	FD1692	▶ Lynda King	05/04/2001

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/04/2001 2108019 Lynda King	▶ Barry R Dorsey MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records San Diego County P.O. Box 85222 San Diego Ca 92186	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED	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.

Per Dan Humphrey: Cremated & Shipped up Northern Calif.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 4, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LENA E. WALDEN

in a Dbl. Crypt: 2nd Burial (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside "Delivery Only" ; HUMPHREY 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 998 Grave – Row – Section – Division/Block 10

Grave space & Care Fund ..... PRE-NEED C-8382 & E-7375	Ø
Additional spaces and care fund	
Opening/Closing & Setup	$375.00
Burial Container ..... PRE-NEED E-7375 (Dbl. Crypt)	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	----
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	$420.00
Paid receipt number	
Balance due	

6-14-01

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 16374

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16374

Cremated & Shipped to Northern Calif. per Dan Humphrey

MT HOPE CEMETERY

E-16374

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 INTO GRAVE OF: HAROLD JULIUS WALDEN**

VOIDED 6/14/01

995	996	997	998	999	1000	1001
—	—	—	Walden, X Harold + Lena	—	Saladin Henry + Nancy	Bartell Otis Warren

Interment space for: **LENA E. WALDEN**

Interment Date: _____ Time: _____

Lot: **998** 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: _____

E-16374

D.I.P.
1ST BURIAL WAS
FRANK FRATER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LILLIAN FRATER

in a BELL Liner (Type of Burial Container) Funeral, date, time Thur. May 10 10:00 AM

Church, Chapel, Graveside : CONRAD Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X MF

Lot 753 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund PRE-NEED E-4515	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container 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 R-53665	769.25
Balance due	0

PAID
MAY 1 9 2001
MT. HOPE CEMETAR
CITY OF SAN DIEGO

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. Marilyn FRATER

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Marilyn A. Frater
Signature
X 4345 Acacia Ave.
Address
X La MESA, CA 91941
City, Zip Code
X (619) 463-7640
Telephone

Work Order # E 16375

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16375

MT HOPE CEMETERY E-16375

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			SCHAEFER			
750 NEELY	751 WILKINS	752 WEIRSTEIN	753 X	754 TOOTHAKER	755 OPON	756 NEWMAN
			EPMiston			

Interment space for: LILLIAN FRATER

Interment Date: Thur 5-10 Time: 10:00

Lot: 753 Grave: ____ Row: ____ Sect: 1 Div: 8

Grave Laid out by: NORMAN & VICENTE

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 5-8-01

E-16375

E-16375

(84)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LILLIAN	ANN	FRATER	01/24/1917	05/04/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARILYN A. FRATER - DAUGHTER 4345 ACACIA AVENUE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ [signature]	05/08/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	M. MITTLHAUSER 05/09/2001	2108310 ▶

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEWIS HOLLIS

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time THUR 5-10 10:00

Church, Chapel, Graveside : LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 117 Grave 8 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... PRE-NEED E-6719	Ø
Additional spaces and care fund	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	
Paid receipt number _____	
Balance due	Ø

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature SEE

X _____ Address ATTACHED

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16376

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16376

E-16376 (80)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEWIS	CARLTON	HOLLIS	05/20/1920	05/05/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	POLLY JO HOLLIS - WIFE 6354 ESTRELLA AVE SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Pauletta Valentin	05/08/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/09/2001	2108303 P Valentine ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED	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 E-16376

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. 1ST BURIAL

		PERRY 1	OPEN 2	PALMER 3	KING 4	JOHNSON 5
		OPEN 7	117 X 8	OPEN 9	OPEN 10	YARBROUGH 11
			OPEN			

Interment space for: LEWIS HOLLIS

Interment Date: THUR 5-10 Time: 10:00

Lot: 117 Grave: 8 Row: ____ Sect: 1 Div: 11

Grave Laid out by: NF VIG

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-8-01

E-16376

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEWIS ROLLIS

the DOUBLE DEPTH Graveside Date, date time Th-5-10-01 at 10 AM.

Church, Chapel, Graveside LEWIS CRANIAL Mortuary Graveside

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Lot 117 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	PRE-NEED E-6719	0
Additional space 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	
	Paid receipt number	
	Balance due	0

I hereby certify I am the X Wife or the whole - family decedent and this is your authority to make disposition of remains as shown in order. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability or actions of said authorization and vice versa.

I hereby authorize the interment in lot I hold under deed.

X Rolly J. Rollis
Signature

X 6354 Strauss V
Address

X SD 92120
City Zip Code

X 619-582-6105
Telephone

Signature of interest holder or deed

Invoice # _____

Work Order # E 16376

Acct. # _____

This information is available in alternative formats upon request.

Grave of RUTH Nailon
RIGHT SIDE center

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BOBBIE J. NAILON

in a ash vault (Type of Burial Container) Funeral, date, time FRI 5-18 2:30

Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 604 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund (Pre-Need E-4343)	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	23.75
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	292.88
Paid receipt number #53681	292.88
Balance due	0

PAID
MAY 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X R. Nailon
Signature

I hereby authorize the interment in lot I hold under deed.

X 1304 Hilger St.
Address

X San Diego CA 92114
City Zip Code

Signature of recorded holder of deed

Call if any Problems → X 619 527-8205 CA or 300-0932
Telephone

work 525-3821 619

Invoice #

Work Order # E 16377

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16377

MT HOPE CEMETERY E16377

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Right side center

			ROBERTS			
601 MILLS	602 MILLS	603 NAILON	604 X	605 HANSEN	606 PENBERTHY	607 CORNWELL
			RIEDEL			

Interment space for: Bobbie Nailon

Interment Date: _____ Time: _____

Lot: 604 Grave: _____ Row: _____ Sect: 1 Div: 8

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16377 (53) 23625-C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BOBBIE	JOE	NAILON	12/03/1947	05/05/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAYMONT NAILON-SON 1304 HILGER STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Raymont Nailon	05/09/200

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7104 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/09/2001 J.BENYARD	2108268

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 5-11-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROXIE DUFF

in a LINER (Type of Burial Container) Funeral, date, time THOR 5-10 2:30

Church, Chapel, Graveside ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

Lot 211 Grave 12 Row Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-16317	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

MARKER SETTING FEE PAID 4-3-01 R-~~16317~~ 55532

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address See attached

X City Zip Code

X Telephone

Invoice #

Work Order # E 16378

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16378

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 3	4	5 EDWARDS	6			
9	10	11	211 12 X			

Interment space for: ROXIE DUFF

Interment Date: THUR 5-10 Time: 2:30

Lot: 211 Grave: 12 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No *Dug on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16378

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Roxie	-	Duff	02/25/1912	05/07/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Robert A. Duff, Son 4997 Porter Hill Rd. La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD 1083	▶ [illegible]	05/08/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	05/08/2001 C. Maggard	2108219 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222, San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 4470 Hilltop Dr., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-16378

E-16378

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROXIE DUFF

in a LINER (Name of Burial Container) Funeral date, time THUR 5-10 2:30

Church, Chapel, Parkside (circled) FEATHERING'LL Mortuary

All funeral cars must arrive before 2:30 p.m. on regular work day or an extra charge of $ 150.00 and be applied and billed to undersigned

Lot 211 Grave 12 Floor Section 2 Division Space 12

Grave space & Care Fund	PRE-NEED E-16317	0
Additional spaces and care fund		
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases - Marker setting fee		0
Recording and filing fee		0
Sales taxes		0

Total Due

Paid receipt number

Balance due

I hereby certify I am the X Son of the above named decedent and that is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization 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 deed.

Signature of requested trustee or lessee

X [signature]
Signature

X 4934 Pottenhill Rd
Address

X Lakeside CA 92021
City

X 619 963 5355
Telephone

Invoice #

Work Order # E 16378

Acct. #

REA-MH-01-98

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAKE DAVIS

in a LINER (Type of Burial Container) Funeral, date, time FRI 5-11 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 63 Grave 11 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
Total Due	1669.25
Paid receipt number 53668	1664.25
Balance due	0

PAID
MAY 10 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 229185 hold under deed.

Signature of recorded holder of deed

X Vera Davis
Signature
X 601 Telegraph Cyn
Address
X Chula Vista 91910
City Zip Code
X 619-421-4605
Telephone

Work Order # E 16379

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16319

MT HOPE CEMETERY E-16379

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 SAVELLA	10	63 X 11	12		

Interment space for: LAKE DAVIS

Interment Date: FRI 5-11 Time: 11:00

Lot: 63 Grave: 11 Row: ____ Sect: 1 Div: 13

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16379 (65)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LAKE	-	DAVIS SR.	09/12/1935	05/08/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	VERA J.DAVIS-WIFE 601 TELEGRAPH CANYON RD., #355 CHULA VISTA CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY CA, 91950	FD-1689	▶ Claudette Russ	05/10/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/10/2001 C.RUSS	2108355 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-11-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fong	
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 May 8, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS JEAN LUKE

In a Dbl. Crypt: 1st Burial (Type of Burial Container) Funeral, date, time Fri. May 11 10:00am

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 M L

Lot 31 Grave 8 Row - Section 2 Division/Block 12

Grave space & Care Fund	$995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Dbl. Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	-----
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	$2,143.50
Paid receipt number 53659	2,143.50
Balance due	0

PAID
MAY 08 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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. Marion M. Luke

I hereby authorize the interment in lot I hold under deed.

Marion M. Luke
Signature of recorded holder of deed

X Marion M. Luke
Signature
7657 Skyline Dr.
Address
S. D. Calif 92114
City Zip Code
479-6394
Telephone

Work Order # E 16380

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Farid to Ragsdale

E 16380

E-16380

(68)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lois	Jean	Luke	08/13/1932	05/07/2001	F

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
Marion Luke, Husband
7657 Skyline Dr.
San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
Anderson-Ragsdale Mort.; 5050 Federal Blvd.
San Diego, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit: Debbie Williams

8B. DATE SIGNED: 05/08/2001

* ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 05/11/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2108387

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA:
Vital Records, P.O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	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.

Ashes Not Grave of: Nina Marshall

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 8, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIAN ARLENE RENDERNICK (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time

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 $ 150.00 will be applied and billed to undersigned. X

Lot 112 Grave 6 Row – Section 2 Division/Block 12

Grave space & Care Fund Pre-Need D6395 & D6831	Ø
Additional spaces and care fund	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	———
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	———
Balance due	Ø

VOID 6-22-01

S. Diego Cremation Society 299-8839

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Mary Rendernick

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 16381

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16381

6-11-01 925A
Family has permit & ashes. *Need to sign interment order E-16381

Denise

6-11-01 925 AM
Ms. Arcelli @ S.D. Cremation Service to contact family to call Mt Hope for graveside service.
299-8839 Denise

Faxed to Daughter: Mary Rendenick
E-16381

Family Requests: 4-Chair Set-Up

MT HOPE CEMETERY

E16381

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: Place Upper Right

**Into Grave Of: Nina Marshall

NOTE: * Also: Marker with Name Already on Grave *

3	4	5	6			
Elaine Jeadin (no marker)	•Joyce Marie Hayden	Vacant	•Marian X Rendernick			
9	10	11	12			
open	•Catalina R. Villegas	open	Tree			

Interment space for: MARIAN ARLENE RENDERNICK (X)

Interment Date: _____ Time: _____

Lot: 112 Grave: 6 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-16381

COPYRIGHT 1949--No. A-110266
BY R. L. TAYLOR

E-16381

LEGAL DESCRIPTION

LOT 112 SECTION 2 DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT		E
1	MOORE, GARY	Simpson, Sharmaine	02-11-99	$895.	-1
2	MOORE, HUEY PEAISON	Moore, Dorothy	08-17-99	$895.	08-
3	IBADIN, ELAINE CONCHITTA	TRENAE, HENRY	10-09-2000	$895.00	10-1
4	HAYDEN, JOYCE MARIE	Hayden, Herbert	01-31-00	$895	02-0
5	open				
6	E-16381 Marian Arlene Rendernick (X) MARSHALL, Nina	RENDERNICK, Marian A.	11/5/1975	200.00	3/3
7	open				
8	open				
9	Vacant	ARCE, Larry R.	7/28/1982	$400.	
10	VILLEGAS, Catalina	ARCE, R. Humbert	12/17/1975	200.00	12/
11	open	ARCE, Albert	10-22-91		
12	Tree				

TAYLOR SYSTEM OF CEMETERY RECORDING
(INFRINGEMENT WILL BE VIGOROUSLY PROSECUTED)

1	2 Huey Moore	3 Elaine Ibadin	4 Joyce Marie Hayden	5 open	6 Nina Marshall Marian Rendernick
7	8	9	10 Catalina R. Villegas	11	12 Tree

No Graveside Date; Decided 4-Chair Set up

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RICHARD ROBERTS

in a _____ (Type of Burial Container) Funeral, date, time FRI 5-11 11:30

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. _____

VETERANS AREA

Lot _____ Grave _____ Row _____ Section _____ 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	50.00
Paid receipt number 53677	
Balance due	

PAID
MAY 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MOCK SET-UP 50.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address See attached

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 16382

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16382

E-16382

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-01

This is a hereby authorized and directed subject to your rules and regulations. Please interment and

of RICHARD ROBERTS

in a _____ Funeral date and time FRI 5-11 11:30

Church, Chapel, Graveside _____ RAGSDALE _____ Mortuary

All Monuments must arrive before 3:30 pm. Irregular and dirty or incomplete charge will _____

will be reported and subject to undersigned

VETERANS AREA

Lot _____ Space _____ Row _____ Section _____ Division 11

Government & Care Fund _____

Additional services and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Funeral notes – Manner setting fee _____

Recording and filing fee MOCK SET-UP 50.00

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

I hereby (certify) and the _____ of the above named deceased and that I have authority to make this action of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of your authorization and attorney.

I hereby authorize the interment of my / the under deed

[signature]

Signature

5050 Federal Blvd

Address

San Diego, Ca 92783

City Phone

Phone

Mortuary

Invoice #

Work order # E 16382

Ref. #

Date of Issue

This information is available in alternative formats and is required.

Authorized Signature

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 10, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEFINA MORALES-NUNO

in a LINER (Type of Burial Container) Funeral, date, time SAT. MAY 12 11:00

Church, Chapel, Graveside WITNESS CLOSING ; 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

Lot 44 Grave 4 Row - Section 16 Division/Block 7

Grave space & Care Fund PRE-NEED D-4363	Ø
Additional spaces and care fund SAT. OVERTIME CHARGE	$600.00
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	$1,369.25
Paid receipt number 53686	1,369.25
Balance due	Ø

PAID
MAY 12 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the NIECE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

CONSUELO HOOKS

X Consuelo Hooks
Signature

I hereby authorize the interment in lot I hold under deed.

Consuelo Hooks Niece
Signature of recorded holder of deed

X 6440 E. Heaton
Address

X Fresno Ca 93727
City Zip Code

X (559) 456-2831
Telephone

Work Order # E 16383

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16383

ACCOMMODATION ACCOUNT FOR
CYPRESS VIEW BONHAM BROS M&M
PH 619-264-3168
3953 IMPERIAL AVE AT 40TH
SAN DIEGO, CA 92113

3835 0269

64-79/611

DATE MAY 11, 2001

PAY TO THE ORDER OF MOUNT HOPE CEMETERY $ 1369.25

ONE THOUSAND THREE HUNDRED SIXTY-NINE AND 25/100 ---------- DOLLARS

SUNTRUST

SunTrust Bank, Northwest Georgia, N.A.
Rome, Georgia

NOT VALID OVER $1,000.00

FOR INTERMENT FEES: JOSIFINA NUNO #200101346

⑈0383502690⑈ ⑆061100790⑆ 8800536636⑈

Fax'd Interment Order E-16383

E-16383

E-16383

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEFINA	MORALES	NUNO	04/06/1916	05/06/2001	F

5A. CITY OF DEATH: FRESNO

5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE: FRESNO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CONSUELO HOOKS - NIECE
6440 E HEATON ST
FRESNO, CA 93727

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
EL CAMINO MEM-CYPRESS VIEW CHAPEL
3953 IMPERIAL AVE, SAN DIEGO, CA 92113

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-670

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Paulette Valentin

8B. DATE SIGNED: 05/10/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 05/11/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ George R Florez DC

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
FRESNO COUNTY HEALTH DEPARTMENT
PO BOX 11800, FRESNO, CA 93775

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY HEALTH DEPARTMENT, PO BOX 85222
SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 5/12/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VELMA WILLIAMS

in a LINER (Type of Burial Container) Funeral, date, time Fri 5/18/01 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 N.W.

Lot 117 Grave 8 Row Section 1 (Division) Block 12

Grave space & Care Fund PRE-NEED LOT E-4393	Ø
Additional spaces and care fund	
Opening/Closing & Setup PAID	375.00
Burial Container	190.00
Handling Fees MAY 16 2001	145.00
Flower vases – Marker setting fee MT. HOPE CEMETARY	
Recording and filing fee CITY OF SAN DIEGO, C.	45.00
Sales taxes	14.25
Total Due	769.25
Paid receipt number R-53699	769.25
Balance due	-0-

mortuary to bring check

I hereby certify I am the X Grandaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

N. WILLIAMS

X N. Williams
Signature

X 12763 BORDEAUX CT
Address

X MORENO VALLEY CA 92555
City Zip Code

X 909 243 1142
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16384

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-16384

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 THURSTON	3 WEAVER	4 LEE	5 LEE
		7 WILLIAMS	117 X 8	9	10 DAVIS	11

Interment space for: Velma Williams

Interment Date: 5-18 Fri Time: 11:00

Lot: 117 Grave: 8 Row: ____ Sect: 1 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Stay on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16384 (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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Velma	Jean	Williams	09/29/1910	05/09/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Mable Collins, Daughter-in-law 12963 Bordeaux Ct. Morena Valley, CA 92555

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	05/10/2001

* ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/17/2001	2108762 ▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DBL ASH PLOT
Place: Vault on Left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 10, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL T. JOHNS (X)

In a ASH VAULT (Type of Burial Container) Funeral, date, time THUR 5-17 1:30

Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Myrell Johns

Lot 272 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 ASH VAULT : PLACE LEFT SIDE	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 53669	569.13
Balance due	0

PAID
MAY 10 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the SON *of the above named decedent* and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

MYRELL JOHNS

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Myrell Johns
Signature

4524 WILSON AVE, #8
Address

SAN DIEGO, CA 92116
City Zip Code

(619) 280-8290
Telephone

Invoice #

Work Order # E 16385

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E16385

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: PLACE ASH VAULT: *** LEFT SIDE*****

272 272

						Pauly Dr
Tree "1"	"2"	4 Mary Jean Turner	5 X	6 open		
	Lincoln		DR			

272 272

Interment space for: **MICHAEL T. JOHNS (X)**

Interment Date: _____ Time: _____

Lot: 272 Grave: 5 Row: — Sect: 2 Div: 12

Grave Laid out by: Norm & Vic

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16385

F-16385 (46) 23612-C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Michael	Theodore	Johns	04/28/1954	04/26/2001	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Myrell Johns-son 4524 Wilson Ave. #8 San Diego, California 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115	FD-1357	▶ Jeanette Benyard	05/03/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/03/2001 J. Benyard	2107929 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records-P.O. Box 85222 San Diego, California 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 601-D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 5-11-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK C. MARTIN 214200

in a TOP SEAL (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 73 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED Lot E-16000	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container TS Vault	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	998.75
Paid receipt number #53671	998.75
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Frank C Martin
Signature

X 6659 MANNING ST.
Address

X SAN DIEGO CA 92111
City Zip Code

X (858) 277-1808
Telephone

Work Order # E16386

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct-17-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank C. Martin 214200

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 73 Grave 2 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	$895-
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$895-
Paid receipt number R-52982	$895-
Balance due	0

PAID

OCT 17 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Frank C Martin
Signature
6659 MANNING ST.
Address
SAN DIEGO, CA 92114
City Zip Code
(858) 277-1888
Telephone

Invoice # _____

Work Order # E 16000

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16386

CALIFORNIA
DRIVER LICENSE
Z0799425 CLASS:C
EXPIRES 12-21-95
FRANK CARNIE MARTIN
6659 MANNING ST
SAN DIEGO CA 92111
SEX:M HAIR:BRN EYES:BRN
HT:5-08 WT:170 DOB:12-21-07
Frank C Martin
12/03/91 519 20/ FD/95 0110

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRGINIA MARACIN (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time MON. MAY 14 A.Y.D.

Church, Chapel, Graveside DELIVERY ; 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 [signature]

Lot 478 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund	B-1344	Ø
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	53674	269.13
Balance due		Ø

PAID
MAY 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X JERI O'KEEFE
Jeri O'Keefe
Signature
X 1002 VISTA GRANDE RD
Address
X EL CAJON CA 92019
City Zip Code
X 619 444 5452
Telephone

Work Order # E 16387

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16387

E-16387

(94)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Virginia	Edline	Maracin	06/11/1916	05/01/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Duane P. Maracin, son 737 Balsam DR. El Cajon, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 6322 El Cajon BLvd. San Diego, CA 92115	FD1083

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ [signature]	05/02/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/03/2001 C.Maggard	2107892 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222,San Diego,CA92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego, CA 92102 3751 Market St.	11B. DATE BURIED 5-14-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 5-7-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 11, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOT & BURIAL TRUST FOR: DONALD AREN

in a BELL LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; ? Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned X

✓ Lot 35 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 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 53676	1,664.25
Balance due	Ø

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.

DONALD AREN

I hereby authorize the interment in lot I hold under deed.

X

Signature of recorded holder of deed

X See attached
Signature

X 6599 Alvarado Road
Address

X San Diego, CA 92120
City Zip Code

X (619) 229-4903 (Business Office)
Telephone

Work Order # E16388

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16388

THE CITY OF SAN DIEGO

April 4, 2001

Donald J. Aren #365D
Alvarado Convalescent Rehabilitation Hospital
6599 Alvardo Road
San Diego, CA 92120

Re: Prices at Mt. Hope Cemetery

Dear Mr. Aren:

Per your request this information is regarding the burial cost at Mt. Hope Cemetery.

The least expensive lot is $895.00, opening/closing of the grave $375.00, bell liner, $190.00, handling fee $145.00, recording fee $45.00 and tax on the liner $14.25 for a total cost of $1,664.25.

If wished, the purchase may be made in advance. You can send a check for $1664.25 and I would be glad to pick out the lot for you. We also have a two-year plan. This would require a 25% down payment on the total and the remaining charges spread over two years with no interest or finance charge. With 25% down the amount would be $416.00 and your monthly payments would be $52.00 a month for two years.

If you have any questions please do not hesitate to contact us.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Mt. Hope Cemetery
Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

DIVERSITY

E16388

THE CITY OF SAN DIEGO

April 13, 2001

Donald J. Aren #365
Alvarado Convalescent Rehabilitation Hospital
6599 Alvardo Road
San Diego, CA 92120

Re: Grave Markers

Dear Mr. Aren:

I am sorry that I did not mention the grave markers to you in my letter. You order your marker from a monument company for which I have enclosed cards. We deal with all three companies. The size of the marker will be 12 x 24 x3. The price of the marker is paid to the monument company and our setting fee is $125.00 which is paid to Mt. Hope Cemetery. That is on top of the $1664.25 For a total of $1789.25.

If you have any questions please do not hesitate to contact us.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Mt. Hope Cemetery
Real Estate Assets • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

DIVERSITY

E-16388

INTERMENT ORDER

E16388

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DRAGISA DAMJANOVICH Weds 5/16 10:00 AM

in a LINER (Type of Burial Container) Funeral, date, time ~~Tues 5/15/01 2:00~~

Church, Chapel, Graveside Delivery : 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 145 Grave 12 Row _____ Section 3 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 53694	1664.25
Balance due	0

PAID

MAY 16 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the MORTUARY 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.

Signature

6322 EL CAJON BD
Address

SAN DIEGO CA 92115
City Zip Code

(619) 583-9511
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E16389

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16389

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BRANNON	GAfford	Lipp	SiKES			
			X			

Interment space for: Dragisa Damjanovich

Interment Date: 5/15/01 Time: 2:00

Lot: 145 Grave: 12 Row: ____ Sect: 3 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 16389 (78)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

2001

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dragisa	-	Damjanovich	07/20/1922	05/04/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Cheryl Henderson, PA 1331 Clark Rd. #11 El Centro, CA 92243

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ [signature]	05/15/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/16/2001 C. Maggard	2108642 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

other
right side

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL LAURA RAGSDALE

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thur 5-17 11:00

Church, Chapel, Graveside WITNESS 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. _____

Lot 416 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... PRE-NEED C-2790	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	394.13
Paid receipt number R-53702	394.13
Balance due	Ø

PAID
MAY 17 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

See attached

Invoice # _____

Work Order # E16390

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16390

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

413	414	415	416 X	417	418	419

Interment space for: Hazel Ryndale

Interment Date: _____ Time: _____

Lot: 416 Grave: _____ Row: _____ Sect: 1 Div: 8

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16390 copy (93)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HAZEL	LAURA	RAGSDALE	11/24/1907	05/10/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	ELIZABETH JEANNE STAUF - DAUGHTER 8712 MAGNOLIA AVENUE #119 SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	Sharon Lawless	05/15/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/15/2001	SHARON LAWLESS 2108566

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 5/16/01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL LAURA RAGSDALE

in a ASH VAULT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

Lot 416 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund PRE-NEED C-2790	Ø
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	
Balance due	

I hereby certify I am the X Elizabeth Jeanne Stacy of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Elizabeth Jeanne Stacy (Signature)
X 8712 Magnolia Ave, Sp #119 (Address)
X Santee, Ca. 92071-4546 (City, Zip Code)
X 619-448-8355 (Telephone)

Work Order # E16390

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 11, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE- NEED LOT & TRUST FOR: JEAN A. HANSBORO

in a BELL LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 105 Grave 11 Row - Section 1 Division/Block 11

Grave space & Care Fund	$895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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 53682	1,664.25
Balance due	Ø

PAID

MAY 11 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MICHAEL E. JORDAN

I hereby authorize the interment in lot I hold under deed.

X Michael E. Jordan
Signature of recorded holder of deed

X MICHAEL JORDAN
Signature
1519 SO. 42ND ST.
Address
SAN DIEGO, CA. 92113
City Zip Code
619 (262-0919)
Telephone

Invoice #

Work Order # E 16391

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 14 , 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIANO HUERTA

in a DBL. CRYPT (Type of Burial Container) Funeral, date, time WEDS. MAY 16 9:00AM

Church Chapel Graveside : HUMPHREY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 89 Grave 15 Row - Section 2 Division/~~Block~~ 7

Grave space & Care Fund ..... PRE-LOT & TRUST E-8737 / E-5806 Ø

Additional spaces and care fund ..... ____

Opening/Closing & Setup ..... Ø

Burial Container DBL CRYPT ..... Ø

Handling Fees ..... Ø

Flower vases – Marker setting fee ..... ----

Recording and filing fee ..... Ø

Sales taxes ..... Ø

Total Due ..... Ø

Paid receipt number ____ Ø

Balance due Ø

PAID

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.

MARY LOUISE HUERTA

X Signature: Mary L. Huerta

X Address: 1115 EAST 7TH STREET

X City: NATIONAL CITY Zip Code: CA 91950-2525

X Telephone: (619) 477-3970

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E16392

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. **NOTE: DBL CRYPT. ***FIRST BURIAL *****

Caution: ✱ Water Line Runs Thru Top Half of grave.

	13	14	15	16	17	18
	Jack Brown	Sarah A Mefford	X	Short DO NOT USE	Short Do Not Use	AKA. Levine Wickham, Leslie

Interment space for: **MARIANO HUERTA**

Interment Date: **WED. MAY 16** Time: **9:00 AM**

Lot: **89** Grave: **15** Row: **-** Sect: **2** Div: **7**

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16392

E-16392 (70)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

05-12-2001

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARIANO	PONCE	HUERTA	06/02/1930	05/12/2001	M

5A. CITY OF DEATH: National City

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mary L. Huerta - Wife
1115 East Seventh Street
National City CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Humphrey Chula Vista Mortuary-753 Broadway
Chula Vista CA 91910

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-964

8A. SIGNATURE OF APPLICANT—Funeral director filing permit: Judith King

8B. DATE SIGNED: 05/15/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 05/15/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2108600 J.E. King

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records - P.O. Box 85222
San Diego CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 5-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 14, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATHERINE E. HENRY TUE 5-22 2:00

in a BELL LINER (Type of Burial Container) Funeral, date, time ~~THUR 5 17 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 $ 150.00 will be applied and billed to undersigned. X

Lot 136 Grave 7 Row - - Section 1 Division/Block 12

Grave space & Care Fund	$895.00
Additional spaces and care fund	----
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	----
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,664.25
Paid receipt number 53693	1,664.25
Balance due	0

PAID

MAY 15 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X See attached Address

X _____ City Zip Code

X ( ) _____ Telephone

Invoice # _____

Work Order # E 16393

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1	2	3	4
			ANTAL Loszlofi	John Doe (no marker)	Eugene Lloyd (no marker)	L.C. WISE
			7	8	9	10
			Catherine X Henry	Lollie NICKS (No marker)	open	[redacted] William [redacted] (no marker)

Interment space for: Catherine E. Henry

Interment Date: Thur. May 17 Time: 11:00 am

Lot: 136 Grave: 7 Row: — Sect: 1 Div: 12

Grave Laid out by: N.F Vic

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

FLAG ON GRAVE

Blind Check & Verified By: Ken Collins Date: 5/16/01

E-16393

16393

E-16393

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - NAME NO ERASURES, SHORTCUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT - FIRST NAME	2. MIDDLE	3. LAST NAME	4. DATE OF BIRTH	5. DATE OF DEATH
ESSIE		HEDDY	02/26/1917	05/17/2001

6. CITY OF DEATH	7. COUNTY OF DEATH - CITY OR COUNTY	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF PERSON
EDEN GROVE	SAN DIEGO	KENNY HEDDY - BROTHER 2504 55TH ST. SAN DIEGO, CA 92105
9. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR SAN DIEGO MEMORIAL CHAPEL [illegible] MESSA AVE SAN DIEGO, CA 92104	10. DATE OF DEATH 05/18	Jeffrey D Johnson 05/21/2001

11. FEES TOTAL FEES $2,00	12. DATE OF ISSUANCE 05/18/2001 LOCATION	13. SIGNATURE OF REGISTRAR Gary R Blair Jr

14. DISPOSITION OF REMAINS (CHECK APPROPRIATE ITEM)

- [x] A. BURIAL - INCLUDE CEMETERY
- [ ] B. CREMATION
- [ ] C. REMOVAL OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. CENTRAL VAULT
- [ ] E. NEW DEATH CERTIFICATE
- [ ] F. NEW DEATH CERTIFICATE
- [ ] G. SENT INTO CALIFORNIA
- [ ] H. TRANSIT TO OTHER STATE OR COUNTRY

FOR CORONER'S USE ONLY

- [ ] A. DISPOSITION ENDING TRANSIT LOCATED AT (NAME AND ADDRESS)

15. FINAL	15A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY;3751 MARKET ST. SAN DIEGO, CA 92102	15B. DATE BURIED	15C. SIGNATURE OF PERSON IN CHARGE OF FINAL
16. CREMATION	16A. NAME AND ADDRESS OF CALIFORNIA CREMATORIUM	16B. DATE CREMATED	16C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
17. CLEARING HOUSE	17A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	17B. DATE RECEIVED	17C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
18. CARRIER	18A. NAME AND ADDRESS IN INDICATING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	18B. DATE SHIPPED	18C. NAME AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
19. DISTRIBUTION AT SEA OR OUTSIDE OTHER CALIFORNIA CEMETERY	19A. NAMES NEAREST POINT ON SHORELINE, OR EXACT DESCRIPTION OR POINT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	19B. DATE OF DISPOSITION	19C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

NOTE: IF 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 VITAL RECORDS — VS-11 (REV. 8-87)

E-16393 (5A)

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CATHERINE	ESSIE	HENRY	02/26/1947	05/12/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	KENNY HENRY - BROTHER 2564 55TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92103	FD-1575	Jeffrey B Johnson	05/21/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/18/2001 J. JOHNSON	George R Barnes MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS;P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY;3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-22-01	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.

E16393

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 14, 2001

You are hereby authorized and instructed, subject to specimen and regulations, to order the remains

of CATHERINE B. HENRY

at a BALL LINER Funeral Date Time

Church, Chapel, Scientific S.D. MEMORIAL Mortuary

All Funeral [illegible] Fund [illegible] 2.00 p.m. [illegible] 130.00

will be applied and billed to undersigned X

Lot 136 Grave 1 Row - - Section 1 Division/Block 17

Grave Space & Care Fund	$895.00
Additional spaces and care fund	- - - -
Opening/Closing & Setup	375.00
Burial Container	145.00
Handling Fees	145.00
Flower Vases - Marker setting fee	- - -
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,[illegible]

Mortuary to Bring Check

Balance due

I hereby hereby I am the X Mortuary Rep of the above named deceased and that is your authority to make disposition of the remains of above deceased. I hereby also represent that I have the right to make this authorization and agree to hold the Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in the Fund under deed

X [illegible]

X [illegible]

X [illegible]

X [illegible]

Signature [illegible]

Work Order # E16393

Check #

Acct. #

ACC 154 (3-90)

Your information is available — otherwise formerly upon request

Church Svc

THURS 5/17/01

11AM Grace Missionary Bapt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-14-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INEZ NELSON

in a LINER (Type of Burial Container) Funeral, date, time THUR 5-17 9:00

Church, Chapel, Graveside Delivery ; 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 60 Grave 11 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
Total Due	1664.25
Paid receipt number R-53696	1664.25
Balance due	0

PAID
MAY 1 4 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MARCO DE LA TOBA

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 See attached City Zip Code

X _____ Telephone

Work Order # E16394

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16394

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 CALDWELL	3	4	5	6		
8 BELTRAN	9	10	60 X 11	12		
			BUONO			

Interment space for: INEZ NELSON

Interment Date: Thur 5-17 Time: 9:00

Lot: 60 Grave: 11 Row: ____ Sect: 1 Div: 12

Grave Laid out by: NF Vic

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 5/16/01

E-16394

FX
527-3403

E-16394

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-01

[illegible]

of INEZ NELSON

in LINER

Funeral date, time

Church, Chapel, Graveside MAYER Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ [illegible] will be applied and billed to undersigned

Lot 60 Grave 11 Row ____ Section 1 Division/Section 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
[illegible]	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1659.25

[illegible]

Balance due

I hereby certify I am the X Public Administrator [illegible] of the above named decedent [illegible]

I hereby authorize the placement [illegible]

X [signature]

X Public Administrator

X Public Guardian

[illegible]

X San Diego, California [illegible]

Work Order # E 16394

Invoice #

Acct. #

This information is available in alternative formats upon request.

Thurs 9 AM Delivery

E16394 (74)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Inez	B.	Nelson	03/31/1927	04/30/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marco Delatoba, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ John Mayer	05/15/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	05/16/2001 John Mayer	2108693 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 15, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OTTO SIMS, JR.

in a DBL. CRYPT: 2ND BURIAL (Type of Burial Container) Funeral, date, time MON. MAY 21 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 133 Grave 2 Row - Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-15914	Ø
Additional spaces and care fund	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	-----
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number 52848	Ø
Balance due	Ø

PAID 9-11-2000

Seaman-Poe

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 See attached
Signature

X 1388 WYSTONE DRIVE
Address

X SAN DIEGO, CA 92113
City Zip Code

X (619) 262-4361
Telephone

Work Order # E 16395

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16395

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 /DBL. Crypt

		1 Samuel P. Holtry	2 Elvira T. Sims X Otto Sims	3 Anthony A. Bernosky	4 Nora M. Bernosky	
		7 Elisha & Eulalia Gates	8 Alfred S. Tijerina	9 open	10 McNulty Frances & Katherine B	

Interment space for: OTTO SIMS, JR.

Interment Date: Mon. May 21 Time: 11:00 am, Chapel

Lot: 133 Grave: 2 Row: — Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16395

E-16395

E16395 (61)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Otto	-	Sims, Jr.	02/15/1940	05/11/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sharon Sims, Daughter 1388 Wystone Dr. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Kagsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Wellman	05/15/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/17/2001	2108732 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-21-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-16395

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

[illegible] May 1[illegible], 200[illegible]

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OTTO SIMS, JR.

in a DBL. CRYPT: 2ND BURIAL Funeral date time MON. MAY 21 11:00 AM

Chapel (Chapel) (Graveside) RAOSDALE Mortuary

All Funeral date must arrive before 1:00 p.m. of request after any of an extra charge of $ 150.00

Will be applied and billed to order/signed X Sharon Sims

Lot 133 Grave 2 Row - Section 1 Overflow Block 11

Grave Space & Care Fund PRE-NEED E-15914	0
Adjoining Spaces and Care Fund	
Opening Closing & Setup	
Burial Container	0
Handling Fees	0
Flower Vases - Marker Setting Fee	0
Recording and filing fee	
Sales Taxes	0
	0
Total Due	0
Paid receipt number 52848	0
Balance due	0

PAID 9-11-2000

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 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

X Sharon Sims
Signature

X 1382 WYSTONE DRIVE
Address

X SAN DIEGO, CA 92113
City State Zip

X (619) 262-4361
Tax Phone

Work Order # E 16395

Invoice #

Acct. #

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May15, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GLADYS E. MARX

in a BeLL LINER (Type of Burial Container) Funeral, date, time Weds May 23 10:30 AM

Church, Chapel, Graveside "Witness Only" ; EL CAMINO/ENCINITAS Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 118 Grave 9 Row - Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED LOT D-9539	Ø
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 53703	769.25
Balance due	Ø

PAID
MAY 17 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Conti

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

GARY E. MARX
X [signature] Signature
X 10650 HOLBORN CT. Address
X SANTEE, CA. 92071 City Zip Code
X (619) 596-9707 Telephone

Work Order # E16396

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16396

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
	Vicente UNPINGCO	[illegible]	Rosie L. Long	Freddie Jones	William E. Church	open
	7	8	9	10	11	12
	Katherine Palmer	Paul GartonLaub	X	Owens Johnson	open	Kong Virginia

Interment space for: GLADYS E. MARX

Interment Date: _____ Time: _____

Lot: 118 Grave: 9 Row: - Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: _____ Date: _____

E-16396

E-16396 (80)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GLADYS	EDITH	MARX	09/16/1920	05/16/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ENCINITAS	SAN DIEGO	GARY E. MARX - SON 10650 HOLBORN COURT SANTEE CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - ENCINITAS CHAPEL 340 MELROSE AVE ENCINITAS CA 92024	FD-857	▶ L Castro	05/21/2001

* ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/21/2001 L. CASTRO	2108946 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS..PO BOX 85222 SAN DIEGO CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 5-23-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY L. DUDLEY

in a LINER (Type of Burial Container) Funeral, date, time FRI 5-18 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 56 Grave 10 Row _____ Section 2 Division/Block 13

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number R-53695	1664.25
Balance due	0

PAID
MAY 16 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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.

X James Dudley
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X 4950 Soledad Ave
Address

X San Diego, Ca 92113
City Zip Code

X 619-262-8432
Telephone

Work Order # E 16397

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E16397

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 WRIGHT	2	3 KINAMORE	4	5	6	
7	8 TURNER	9	56 X 10	11	12	
			OGILVIE			

Interment space for: MARY DODLEY

Interment Date: FRI 5-18 Time: 11:00

Lot: 56 Grave: 10 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-16397

(62)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	L.	DUDLEY	06/27/1938	05/14/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES DUDLEY-HUSBAND 4950 SOLOLA AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & MEMIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [illegible]	05/16/2001

* ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/16/2001 J.BENYARD	▶ 2108655

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Bauler

in a liner (Type of Burial Container) Funeral, date, time Fri 5-18 10:00

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 61 Grave 9 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Set	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number VISA	1664.25
Balance due	0

PAID
MAY 16 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Nancy Ann Bauler
Signature
X 6358 Quillan St
Address
X San Diego, CA 92111
City Zip Code
X (858) 2778442
Telephone

Work Order # E 16398

Invoice

Acct. #

military detail will be coming

REA-104 (7-96)

This information is availa

Printed on recycled paper

E-16398

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
6	7 VACHON	8	61 X 9	10	11	12

Interment space for: Dorothy Bauler

Interment Date: Fri 5-18 Time:

Lot: 61 Grave: 9 Row: Sect: 1 Div: 11

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

E-16398 (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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DOROTHY	JOAN	BAULER	12/16/1929	05/14/2001	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NANCY BAULER - DAUGHTER
6358 QUILLAN STREET
SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE
SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-843

8A. SIGNATURE OF APPLICANT—Person taking permit: Sharon Lawless

8B. DATE SIGNED: 05/17/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: SHARON LAWLESS 05/18/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2108790

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED: 5-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kurt F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Crouch Jr

in a ash Vault (Type of Burial Container) Funeral, date, time TUES 5-29 3:00

Church, Chapel, Graveside ____ : Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Lot 2 Grave 7 Row ____ Section 3 Division/~~Block~~ 3

Grave space & Care Fund ..... Pre-Need Deed #51	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup ..... PAID	105.00
Burial Container	55.00
Handling Fees ..... MAY 16 2001	60.00
Flower vases – Marker setting fee	—
Recording and filing fees ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, C	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number R-53700	269.13
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.

X Donald Crouch
Signature

X 9940 Quail Canyon Rd
Address

X El Cajon Ca. 92021
City Zip Code

X 619-443-8665
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Invoice # ____

Work Order # E 16399

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16399

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.

	9	8	2 X 7	3	N. COREY 2	S. COREY 1
	12	11	10	6	5	4

Interment space for: Donald Crouch

Interment Date: TUES 5-29 Time: 3:00

Lot: 2 Grave: 7 Row: ____ Sect: 3 Div: 3

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Fly on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16399

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Donald	Jerome	Crouch	05/28/1924	05/15/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Donald Crouch Jr.,Son 9940 Quail Canyon Road El Cajon,CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Neptune Society 14065 Hwy 8 Bus.El Cajon,CA 92021	FD 1352	▶	5-16-01

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/18/2001 R.Kerrigan	2108881 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 San Diego,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery 3751 Market Street;San Diego,CA 92102	11B. DATE BURIED 5-29-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kane	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lanada Inc. 14065 Hwy 8 Bus.El Cajon,CA 92021	12B. DATE CREMATED 5/20/01	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.

Pre-Need
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 17, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OZELL HARRIS (Pre-Need Lot & Trust)

in a Liner (Type of Burial Container) Funeral, date, time

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 83 Grave 12 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee (1) Grav. vase (1) Marker Set Fee	148.75
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,813.00
Paid receipt number 53701	1,813.00
Balance due	0

PAID
MAY 17 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

ALICE M. LLOYD
X Alice M. Lloyd
Signature

I hereby authorize the interment in lot I hold under deed.

Alice M. Lloyd
Signature of recorded holder of deed

X 7251 Peter Pan Ave.
Address
San Diego, CA 92114
City Zip Code
(619) 262-1250
Telephone

Work Order # E 16400

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTOR SANDERS, JR. PA#20011417 ME#01-00870

in a DBL DEPTH CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside "DELIVERY ONLY" ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 3B Row - Section - Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID

I hereby certify I am the DARNELL PRICE/PUBLIC ADMIN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

DARNELL PRICE, DEPUTY PA

X _____
Signature

5201-A RUFFIN ROAD
Address

SAN DIEGO, CA 92123
City Zip Code

(858) 694-3500
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice

Acct.

Work Order # E16401

5-21-01 E-16401 SEE E-16408

REA-104 (7-96)

This information is avail

Printed on recycled pap

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 Floyd

in a BELL LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Fouche OAKLAND / 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 126 Grave 11 Row Section 3 Division/Block 12

Grave space & Care Fund	Ø
Additional spaces and care fund — Pre-Need	
Opening/Closing & Setup — Lot +	Ø
Burial Container — Trust	Ø
Handling Fees	Ø
Flower vases – Marker setting fee — E-16276	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	Ø

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address — See attached

X City Zip Code

X Telephone

Work Order # E16402

Invoice #

Acct. #

5/31/01 INTERED TRNFR SMC

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16402

MAY-25-01 TUE 07:46 AM CALIF.CREMATION [illegible] 619 206 2674 P.01

[illegible] to [illegible].

[illegible] are not received, please call (619) 527-3[illegible]

[illegible] - DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-16402

Date 3-19-01

[illegible] Fleroid

[illegible] Fourth [illegible]

[illegible] 12:00

[illegible] 11

[illegible]	Pre Need	0
[illegible]	Lot +	0
[illegible]	Trust	0
[illegible]	E-16276	0
[illegible]		0
		0
	Total Due	0
	Payment Received	
	Balance Due	0

[illegible]

[illegible] 5380 El [illegible]

[illegible] San Diego [illegible]

[illegible] 6223/3272

E-16402

[illegible]

E- 16402

(87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ardie	A.	Flenoid	09/03/1913	05/18/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oakland	Alameda	Joni Flenoid-Heyward, Daughter 21 Lemontree Circle, Vacaville CA 95687

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Fouche's Hudson Funeral Home 3665 Telegraph Ave, Oakland CA 94609	FD 443	Loretta Brown	05/24/01

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	05/22/2001	44631

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
1000 Broadway Ste 500 Oakland CA 94607	3851 Rosecrans St. San Diego CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery 3751 Market St, San Diego CA 92102	11B. DATE BURIED: 5-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PA # 2001072

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PHILIPE Mandragon PA#20011072 99-00933

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time Thur May 24 1:00 pm

Church, Chapel, Graveside _____ ; COMMUNITY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 3T Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	386.00
Paid receipt number	
Balance due	

PAID 7-5-01

Darrell Price

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 16403

Invoice # 347980

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16403

(24)

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Philipe	-	Mandragon	02/05/1975	05/16/1999	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Darnell Price - Public Administrator 5201-A Ruffin Road San Diego Ca 92123-1699

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682	▶ [signature]	05/18/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/22/2001 D.Heldenbrand	2109013 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 5-24-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of PRE-NEED TRUST FOR: ARTHUR LEE CLIPPER

in a T.S. VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 71 Grave 2 Row - Section 2 Division/Block 11

Grave space & Care Fund ..... PRE-NEED LOT E-13501	Ø
Additional spaces and care fund	
Opening/Closing & Setup	$375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee ..... 1 LCALV. VASE & 1-MARKER FEE	148.75
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	$1,022.50
Paid receipt number 53706	256.00
Balance due	766.50

PAID

APR 10 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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.

KONNIE R. WOODARD

X Konnie Woodard
Signature

5949 TOOLEY STREET
Address

SAN DIEGO, CA 92114
City Zip Code

(619) 262-9144
Telephone

I hereby authorize the interment in lot I hold under deed.

X Konnie Woodard
Signature of recorded Holder of deed

Invoice #

Work Order # E 16404

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16404

CLIPPER, ARTHUR LEE 5949 TOOLEY ST., SAN DIEGO, CA 92114 619-262-9144

		DEBIT	CREDIT	BALANCE
05-[illegible]-2001	OPENED PRE-NEED TRUST FOR: ARTHUR LEE CLIPPER. DAUGHTER/EXECUTRESS: IS KONNIE R. WOODARD.	1,022.50		1,022.50
	(TRUST: O/CLOSING;T.S.VAULT;TAX ON VAULT; HANDLING FEE; RECORDING FEE; 1-GALV VASE; 1-MARKER SETTING FEE). RECEIPT R-53706 VASE & MARKER taken FROM R-53706 REM TO TRUST		-256.00	766.50
	Lot: 71 Gr. 2 Sec. 2 Div. 11			
6-6-01	Coupon #1-3 R-53787		-96.00	670.50
7-10-01	Coupon 4,5,6 R-53902		-96.00	574.50
8-03-01	Coupon 7,8,9 R-53986		-96.00	478.50
9-02-01	Coupon #10 R-54108 + Coupon # 11,12		96.00	382.50
10-17-01	Coupon # 13,14,15 R-54237		96.00	286.50
11-14-01	R-54325 16 to 18		96.00	190.50
1-9-02	R-54531 19 & 20		64.00	126.50
2-[illegible]-02	R-54627 21 & 22		-64.00	62.50
4-10-02	R-54854 23 & 24		-62.50	0

CLIPPER, ARTHUR LEE / KONNIE WOODARD

E-16404

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54627

Date: Feb 6, 2002

From Arthur Lee Clipper Address: on record

Sixty-Four Dollars ($ 64.00)

In part Payment of Pre-need trust account

Coupons 21 & 22

Lot 71 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-16404

BALANCE DUE $62.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

9304

ISSUED BY Clifford

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

54531

Date: 1-9, 20 02

From: Ronnie Woodard Address: 5949 Tooley St San Diego 92114 - 1332

Sixty Four Dollars ($ 64.00)

In part Payment of Pre-Need Trust
Arthur Chipper

Lot 71 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E - 16404

BALANCE DUE 126.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9249

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	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

54325

Date: 11-14 .2001

From: Ronnie Woodard Address: 5949 Tooley St San Diego

Twenty Six Dollars ($ 96.00)

In part Payment of Pre-Need Trust

Lot 71 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E- 16404

BALANCE DUE 190.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9116

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96	00
Sales Tax	60101 78390		
TOTAL PAID	$	96	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54237

Date: 10-17- , 20 01

From: Konnie WOODARD Address: On Record

Ninety2- Six Dollars ($ 96.00)

In part Payment of Pre-Need Trust
for Arthur L. Clipper

Lot 71 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-16404

BALANCE DUE 286.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9081

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96	00
Sales Tax	60101 78390		
TOTAL PAID	$	96	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54108

Date: 9/6/01, 20

From: Konnie R Woodard Address: 5949 Tooley St San Diego CA 92114-1332

Ninty-Six Dollars X/100 Dollars ($ 96.00)

In Payment of Pre-Need Trust

Clipper Arthur Lee

Lot 71 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-16404

BALANCE DUE 382.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

9060

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Lillie Prince

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96.	00
Sales Tax	60101 78390		
TOTAL PAID	$	96.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53986

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/3/01, 2001

From: Konnie R. Woodard Address: 5949 Tooley St., S.D., CA 92114

Ninety-Six and NO/100 Dollars ($ 96.00 XXX)

In-part Payment of Pre-Need TRUST for: ARTHUR LEE CLIPPER

Lot 71 Grave 2 Row — Section 2 Division 11

Invoice No.

Acct. No.

W.O. E-16404

BALANCE DUE 478.50

Coupon # 7,8,9

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) # 8993

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96	00
Sales Tax	60101 78390		
TOTAL PAID	$	96	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53902

Date: July 10th, 20 01

From: Konnie R. Woodard Address: 5949 Tooley St., San Diego, CA 92114

Ninety-Six and ND/100 Dollars ($ 96.00 XXX)

In - part Payment of Pre-Need Trust for: Arthur Lee Clipper

Lot 71 Grave 2 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-16404

BALANCE DUE 574.50

Coupon 4, 5, 6

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 8955

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96	00
Sales Tax	60101 78390		
TOTAL PAID	$	96	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

OUNT HOPE CEMETERY
(619) 527-3400

53787

Date: June 6th, 20 01

From: Kennie R. Woodard Address: 5949 Tooley St., S.D., CA 92114

Ninety-Six and NO/100 Dollars ($ 96.00)

In - part Payment of Pre-Need Trust for:

Arthur Lee Clipper

Lot 71 Grave 2 Row — Section 2 Division 11

Invoice No. / / / /

Acct. No.

W.O. E-16404

BALANCE DUE 670.50

Coupon #1-#3

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK 8914

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	96	00
Sales Tax	60101 78390		
TOTAL PAID	$	96	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011472 ME-01-566

in a DBL. DEPTH (Type of Burial Container) Funeral, date, time TUE. MAY 22ND 1:00AM

Church, Chapel, Graveside "DELIVERY ONLY" ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave ~~3T~~ 3B Row - Section - Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container PAID 7-5-01	~~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 DEPUTY PUBLIC ADMINISTRATOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

See Attached

Signature of recorded holder of deed

X ROMA STRONACH
Signature

5201-A RUFFIN ROAD
Address

SAN DIEGO, CA 92123
City Zip Code

(858) 495-5127
Telephone

Invoice # 347978

Acct. # 000952

Work Order # E 16405

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax'd to PA Roma Stronach

E 16405

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

C-16405

Date MAY 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011472 ME# 01-566

in a DBL DEPTH (Type of Mausoleum) Funeral date time TUE. MAY 22ND 9:00AM

Church, Chapel, Graveside "DELIVERY ONLY" FRATERNINCILL Mortuary

All Funeral have must arrive before 3:00 p.m. of regular work day or be extra charge of $ ____

will be applied and billed in underwriting ____

Lot 6 Grave 3T Row - Section - Dimensions 13

Grave space & Care Fund	126.00
Additional space and care fund	
Opening/Closing & Sales	165.00
Burial Container	50.00
Handling Fees	
Flower vaccine - 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 DEPUTY PUBLIC ADMINISTRATOR of the above named decedent and that in your authority to make disposition of subject as above instructed. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said author person and interests. ROMA STROBACH

I hereby authorize it is agreed to be a true and correct deed.

X Roma B. Strobach
Signature

5201-A BOEFIN ROAD
Address

Person from Signature of Deed

SAN DIEGO, CA 92123
City Zip

(858) 495-5127
Telephone

Invoice #

Work Order # E 16405

Acct. #

This information is available in alternative formats upon request.

County of San Diego

E-16405

HEALTH AND HUMAN SERVICES AGENCY
ROBERT K. ROSS, M.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(619) 694-3800 FAX (619) 694-3987

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

DATE: 5/21/01

PLEASE DELIVER TO:

Name: Denise Anderson

Agency: Mt. Hope Cemetery

Fax Number: 619-527-3403

FROM:

Name: RBS ROMA B. STRONACH, DEPUTY PUBLIC ADMINISTRATOR

Telephone Number: (858) 495-5617

Fax Number: (858) 694-3987

Subject: John Doe (ME 01-566)

Number of pages (including cover sheet): 2

MESSAGE: PA case # 20011472.
Please reference our case # on your bill
Thanks!

CONFIDENTIALITY NOTICE

The document(s) accompanying this transmission contain(s) confidential information which is or may be legally privileged. It is intended only for the use of the recipient designated above. Any disclosure, copying, distribution of this information or the taking of any action in reliance on the information, except their transmission to the above recipient, is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for the return of the information to us.

E-16405

UNK

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	unknown	03/18/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Onofre	San Diego	Roma Stronach, PA 5201 A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	05/21/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/22/2001 T.Thuesdale	2108980

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222,San Diego,CA92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED 5-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 21 ST, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Erdell

in a DBL CRYPT (Type of Burial Container) Funeral, date, time Tues, May 22 10:00am

Church, Chapel, Graveside : Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Esther Erdell.

Lot 29 Grave — Row 4 Section 3 Division/Block 2

Grave space & Care Fund ..... Pre-Need C-6210 — Ø

Additional spaces and care fund ..... & D-6929

Opening/Closing & Setup ..... Ø

Burial Container ..... Ø

Handling Fees ..... Ø

Flower vases – Marker setting fee ..... —

Recording and filing fee ..... Ø

Sales taxes ..... Ø

Total Due ..... Ø

Paid receipt number

Balance due Ø

PAID

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. ESTHER ERDELL.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Esther Erdell.
Signature

X 3201 APACHE DR.
Address

X SAN DIEGO, CAL. 92117
City Zip Code

X (619) 276-6486
Telephone

Work Order # E 16406

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Fx'd Int. Order E-16406 to Conrad.

E-16406

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	PALCHIKOFF	PALCHIKOFF	GLADKOFF
			MORITA			

Interment space for: GEORGE ERDELL

Interment Date: Tue. May 22 Time: 10:00am Church

Lot: 29 Grave: — Row: 4 Sect: 3 Div: 2

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16406

C-16406 (83)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY. MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GEORGE		[illegible]	11/26/1917	05/19/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ESTHER ERDELL - WIFE 3201 APACHE AVENUE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LENOR GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1535	FD941	▶ [signature]	05/19/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED BELOW. NOTE: THIS PERMIT GIVES NO RIGHT OF REMOVAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/21/2001	H. MITTLEMAN 2108970 ▶

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: CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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-16406

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	-	ERDELL	11/26/1917	05/19/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ESTHER ERDELL - WIFE 3201 APACHE AVENUE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	M Mittelhauser	05/19/200

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/21/2001	M. MITTLEHAUSER 2108970

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt E. Junge	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

JEREMIAH MYRICK
1ST BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY BARRON MYRICK

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time FRI 5-25 1:00

Church, Chapel, Graveside _____ ; FEATHERINGILL FD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 32 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... PRE-NEED E-1034	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container ..... Paid E-13108	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-53727	420.00
Balance due	0

PAID
MAY 25 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 See attached Address
X _____ City Zip Code
X _____ Telephone

Work Order # E 16407

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ATTENTION: ED

E-16407

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY BARRON MYRICK

in a DOUBLE DEPTH Funeral date time FRI 5-25 1:00

Church Chapel Graveside FEATHERINGILL Mortuary

(If Funeral date must arrive before 10:00 a.m. or regular work day of an arrive charge of $ ED

Will be accepted and filled in underlying red

Lot 32 Grave 10 Row Section 2 Outer Vault 12

Grave space & Care Fund	PRE-NEED E-1034	0
Additional Assessment and care fund		—
Opening/Closing & Setup		375.00
Burial Container	PRE-NEED E-12108	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

Delegate Date

I hereby certify I am the X of the above named decedent and that is your authority to make disposition of, and to sell at the above decedent, I hereby and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability or accounting said authorization and interment.

I hereby authorize the interment in accordance with Order Book

X [illegible]
X [illegible]
X Chandler [illegible]
X [illegible]

Mortuary Order # E 16407

Purchase #

Acct. #

Attention: This is authorized to be entered in alternative formats upon request.

MORTUARY to BRING CHECK.

MT HOPE CEMETERY E-16407

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Jim Barron grave 9

1	2 JONES	3 JONES	4 SCHULTING	5 JONES	6	
7	8	9 BARRON	32 X 10	MYRICK 11	12 WALKER	
			↑			
			marker with	3 names		

Interment space for: MARY BARRON

Interment Date: FRI 5-25 Time: 1:00

Lot: 32 Grave: 10 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF RON

Agrees with Legal Card: ☑ Yes ☐ No Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 5/23/01

E-16407

(75)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Barron D.Barron	Myrick	07/29/1925	05/20/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chandler	AZ	Anita Vance, sister 465 W. Gary Dr. Chandler, AZ 85225

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	▶ [signature]	05/22/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/22/2001 T.Truesdale	2109002 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	PO Box 85222,San Diego,CA92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTOR SANDERS JR.

in a LINER (Type of Burial Container) Funeral, date, time FRI 5-25 12:00

Church, Chapel, Graveside ; CA BURIAL JEANETTE Mortuary.

All Funeral cars 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 12 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number	
Balance due	

CANCELLED

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 Victor Sanders
Signature

X 8832 Jamacha Rd #5
Address

X Spring Valley CA 91977
City Zip Code

X (619) 461-2766
Telephone

Invoice # _____

Work Order # E 16408

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

will be in
bid. to pay

5-23
family gathering
together money
E 16408

mortuary to bring
body back and
put at before.
chapel service is
over
E 16408

5-24-01
per Jeanette at
ce Burial. Family
to go cremation.
E 16408

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 22, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA#20011471 ME#01-0689 Tues 5-29 11:30

in a DBL DEPTH (Type of Burial Container) Funeral, date, time ~~Thur. May 24~~ 11:00 am

Church, Chapel, Graveside "DELIVERY ONLY" ; MERKLEY-MITCHERLI Mortuary.

All Funeral cars 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 4B Row - Section - Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	~~50.00~~
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PA 1 P

7-5-01

I hereby certify I am the DEPUTY PUBLIC ADMIN. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. ROMA STRONACH, PA

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

5201-A RUFFIN RD.

Address

SAN DIEGO, CA 92123-1699

City Zip Code

(858) 694-3500 FAX(858)

Telephone

(858) 495-5127

Invoice # 348141

Work Order # E 16409

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Scott Jones
295-2177
Merkley-Mitchell

E- 16409

unknown

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. FOUND DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	04/08/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DESCANSO	SAN DIEGO	ROMA STRONACH-PUBLIC ADMINISTRATORE 5201-A RUFFIN ROAD, SAN DIEGO CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victor Smithell	05/24/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/25/2001	George R Jones MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [XX] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 5-29-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kevin E Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Jackson

in a Liner (Type of Burial Container) Funeral, date, time TUES 5-29 1:30

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Arthur Jackson

Lot 206 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number R-53713	895.00
Balance due	769.25
R-53722	-769.25

PAID

MAY 24 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Arthur Jackson
Signature

X 815-60 th St
Address

X San Diego 92114
City Zip Code

X (619) 262-7329
Telephone

Invoice #

Work Order # E 16410

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16410

E-16410 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
		7	206 X 8	9	10	11

Interment space for: Marie Jackson

Interment Date: _____ Time: _____

Lot: 206 Grave: 8 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Norm + Ron

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

375.
349.25
724
45
769.25

E-16410

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Marie	-	Jackson	06/08/1919	05/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Arthur Jackson, Son 815 60th St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Debbie William	05/23/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/25/2001 D. William	2109271 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5322	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-29-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 22, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TERRANCE L. EVERETTE, JR.

in a BELL LINER (Type of Burial Container) Funeral, date, time FRI 5-25 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 557 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~~ 1764.25
Paid receipt number R-53723	
Balance due	~~0~~

PAID

MAY 24 2001

MT. HOPE CEMETARY

CITY OF SAN DIEGO

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

(See Attached)

Invoice # _____

Work Order # E 16411

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	555	556	557	558	559	
	Artway McCain	McCain Vacant	X	Johnny Ian Taylor	Raymond Peppers	

Interment space for: Terrance L. Everette, Jr.

Interment Date: Fri May 25 Time: 1:30pm

Lot: 557 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: [signature] Date: 5-24-01

E-16411

E-16411

INTERMENT ORDER

E 16411

E-16411

(30)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Terrance	Lamont	Everette, Jr.	01/01/1971	05/21/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SanDiego	San Diego	Linda L. Davis, Mother 6744 Omega Dr. San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal blvd. San Diego, CA 92102	FD1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Debbie Wheller	05/23/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	05/23/2001	2109130

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 86222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Karen E. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADDIE SANDERS

in a LINER (Type of Burial Container) Funeral, date, time FRI 5-25 2:00

Church, Chapel, Graveside ; S D MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 232 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 R-53731	1664.25
Balance due	0

PAID

MAY 24 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 16412

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

E-16412

City of San Diego

Date 5-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADDIE SANDERS

in a LINER Funeral date/time FRI 5-25 2:00

Church, Chapel, Graveside S D MEMORIAL Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Lot 232 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 _____

Balance due _____

I hereby certify I am the Mortuary Rep of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization 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 deed.

Signature of required holder of deed

X Jeffrey B. Johnson
Signature
X 1000 UNIVERSITY AVE
Address
X SAN DIEGO, CA 92103
City Zip Code
X 619-692-3070
Telephone

Work Order # E 16412

Invoice # _____

Acct. # _____

NEA 104 (7-88)

This information is available in alternative formats upon request.

Mortuary to Bring Check

MT HOPE CEMETERY E-16412

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
			232 X 7	8 SNIDGLETON	9	10

Interment space for: ADDIE SANDERS

Interment Date: FRI 5-25 Time: 2:00

Lot: 232 Grave: 7 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-16412

(84)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

02-26-1917

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ADDIE	C.	SANDERS	02/26/1907	05/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRIGGETT N. MITCHELL-GRANDDAUGHTER 80 S. 33RD ST. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Jeff B. Johnson	05/24/2001

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/24/2001 J. JOHNSON	▶ 2109153

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY ;3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Johnson	
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.

per Skipper, E 1 64 11
Family is in Penn.
mortuary is telling
inquiries they don't
have the body.
5-24
Debbie getting
Check here.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INFANT ELBRADEY Thur

in a _____ (Type of Burial Container) Funeral, date, time 5-24 1:30

Church, Chapel, Graveside _____ GREENWOOD Mortuary.

TOM CORNELL

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

MUSLIM

Lot 91 B Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	100.00
Additional spaces and care fund	PAID
Opening/Closing & Setup	125.00
Burial Container	MAY 23 2001
Handling Fees	
Flower vases – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-53719	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

X Ashraf Hassan
Signature

X 7366 Mesa College Dr. #4
Address

X San Diego 92111
City Zip Code

X 858 5712719
Telephone

Invoice # _____

Work Order # E 16413

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16413

1 DAY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALLAA	-	ELBRADEY	05/23/2001	05/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MOHAMED ELBRADEY - FATHER 3967 NOBLE DRIVE APT.#259 SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	Sharon Lawless	05/24/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SHARON LAWLESS 05/24/2001	2109190

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-29-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNA KO

in a _____ Funeral, date, time Fri May 25 11:00am

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 $ 150.00 will be applied and billed to undersigned. X YCK

Lot 1361 Grave — Row — Section 1 Division/Block 9

PAID

MAY 23 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 (1) Trion Vase $46.88 + (1) Temp Marker $31.50	78.38
Recording and filing fee	45.00
Sales taxes	
Total Due	348.38
Paid receipt number VISA	348.38
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.

X Young-Chai Ko
Signature

X 5365 Toscana Way #4110
Address

X San Diego CA 92122
City Zip Code

X 858-457-3840
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16414

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16414

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.

			1286 Dontel Franklin			
1358	1359	1360	1361			
PAYAM BABA			X			

Interment space for: ANNA KO

Interment Date: Fri May 25 Time: _____

Lot: 1361 Grave: — Row: — Sect: 1 Div: 9

Grave Laid out by: DARKEYL

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYL Date: 5-24-01

E-16415

E-16414

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANNA	-	KO	04/08/2001	05/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SSanDiego	San Diego	Haeyoung Jee, mother 5365 Toscana Way #4110 San Diego, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diegg, CA 92115	FD 1083	▶ [illegible]	05/24/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	05/25/2001	2109228 C. Maggard ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222, San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE MAE BROWN

in a LINER (Type of Burial Container) Funeral, date, time WED 5-30 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 2089 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	1764.25
Paid receipt number R-53755	1764.25
Balance due	~~0~~

PAID
MAY 30 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

MORTUARY TO BRING CHECK

X _____ of the above named decedent

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X See attached
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 16415

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

LOT CHANGED FROM
2090 TO 2089

E-16415

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-01

You are hereby authorized and instructed subject to your rules and regulations to cast the remains

of ANNIE MAE BROWN

N.B. LINER Funeral date time WED 5-30 11:00

Church Chapel Graveside RAGSDALE Mortuary

As Funeral cars must arrive before 5:30 p.m. or require work the other accompanying bill

will be deposited and billed to undersigned

Lot 2089 Block Row Section Compartment 10

Grave space & Care Fund	995.00
Additional space 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 fees	1764.25

MORTUARY TO BRING CHECK

Payment Code

Balance due

I hereby certify I am the X Name of the above named Deceased and that to your authority to make disposal of the same as above indicated, I hereby certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of your authorization and interment.

I hereby authorize the interment to be held under Deed

X [signature]
Name

X [illegible]
Address

X San Diego, CA [illegible]
City

X [illegible]
Telephone

Mortuary or Funeral Home Name

Interment #

Mark #

Mark Order # E 16415

Mark Order Date

This is a copy of an exact or a reproduction of the original document.

Mt. Hope Cemetery

MT HOPE CEMETERY E-16415

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1985			
			2090 X	2091 HAWKINS	2092 WATKINS	2093
			2193 DECKER			

Interment space for: Annie Mae Brown

Interment Date: WED 05-30 Time: 11:00

Lot: ~~2090~~ 2089 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16415

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Annie	Mae	Brown	05/05/1922	05/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Bernadine Hawthorne, Niece 5564 Dream St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Debbie Wellem	05/23/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/30/2001	2109372 DWilliams

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim E. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need
Lot - trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE HILL

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 2737 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	15.00
Sales taxes	14.25
Total Due	1764.25
Paid receipt number M/C	1764.25
Balance due	0

PAID
MAY 25 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Mattie L Hill
Signature
X 1133 N Detroit St #1
Address
X Los Angeles CA 90046
City Zip Code
X 323 850.0753
Telephone

Work Order # E 16416

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE E. SMITH

in a LINER (Type of Burial Container) Funeral, date, time WED 5-30 11:00

Church/Chapel/Graveside ; LEGGETT & KING S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 100 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number R-53754	1564.25
Balance due	0

PAID

MORTUARY TO BRING CHECK

X

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

See attached

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E16417

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE E. SMITH

in a LINER (Type of Burial Container) Funeral, date, time WED 5-30 11:00

Church, Chapel, Graveside _____ ; LEGGET & KING S.D. MEMOR. AL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 100 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number	—
Balance due	—

MORTUARY TO BRING CHECK

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Cherita Woods
Signature
X 1402 Meadow Dr.
Address
X National City 91950
City Zip Code
X 619-4752848
Telephone

Work Order # E16417

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16417

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 LIMBRICK	2 LOCKHART	100 X 3	4 SHARP	5 SMITH	6 JENKINS
	7	8 Mitchell	9	10 ROGERS	11 OLAVARRIA	12

Interment space for: Louise Smith

Interment Date: Wed 5-30 Time: 11:00

Lot: 100 Grave: 3 Row: ____ Sect: 2 Div: 11

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

*Fly on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16417

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUISE	ERNESTINE	SMITH	05/04/1929	05/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	CHENITA WOODS- DAUGHTER 1402 MEADOW DR. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEGGETT & KING FUNERAL HOME 1870 ALANTIC AVE. LONG BEACH, CA 90806	FD-1340	Jeffrey A. Johnson	05/25/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/25/2001	George R. Florez MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred M. and Vera Williams) Pre-Need LOT TRUST

In a DBL Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4043 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup 2-O/C Dsings @ 375.00 ea.	750.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee Flat Grave 12 x 36 (1) Triton Vase	171.88
Recording and filing fee	90.00
Sales taxes	28.50
Total Due	2,735.38
25% Paid receipt number VISA	684.38
Balance due	2,051.00

PAID JUN 10 2003 MT. HOPE CEMETERY CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Vera Williams

X Vera Williams
Signature

4921 Westover Place
Address

San Diego, CA 92107
City Zip Code

(619) 264-7795
Telephone

I hereby authorize the interment in lot I hold under deed.

X Vera Williams
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16418

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16418

WILLIAMS, FRED M. & VERA L. 4921 WESTOVER PLACE, SAN DIEGO, CA 92102 619-264-7795

		DEBIT		CREDIT	BALANCE
	199 796				
05-[illegible]-2001	OPENED Pre-Need Lot & Trust. Lot 4043 Div 10	995.00			995.00
	Two (2) Trusts include: 1-Dbl Crypt; 1-Handling Fee; 1-Tax on Crypt; 2-Opening & Closing; 2-Recording Fees)	1,740.38			2,735.38
05-25-2001	Down Payment: PAID by VISA **Coupon Book Mailed: 5-29-01			684.38	2,051.00
07-03-01	Coupon 1 R-53865 80%		✓	-85.00	1,966.00
8-02-01	Coupon 2 R-53977 20%		✓	-85.00	1,881.00
9-14-01	Coupon 3 R-54133		✓	-85.00	1,796.00
10-5-01	Coupon 4 R-54198 PAID		✓	-85.00	1,711.00
11-15-01	R-54337 5 Inv 7		✓	-85.00	1,626.00
12-04-01	R-54415 Coupon #6 JUN 11 2003		✓	-85.00	1,541.00
1-18-02	R-54564 Coupon #7		✓	-85.00	1,456.00
2-[illegible]-02	R-54646 Coupon #8 MT. HOPE CEMETARY		✓	-85.00	1,371.00
3-19-02	R-54782 Coupon #9 CITY OF SAN DIEGO, C		✓	-85.00	1,286.00
4-16-02	R-54874 Coupon # 10		✓	-85.00	1,201.00
5-17-02	R-54990 11		✓	85.00	1,116.00

WILLIAMS, FRED M. & VERA L. PRE_NEED LOT & TRUST E-16418

					DEBIT	CREDIT	BALANCE
					Balance Forwarded		1116.00
		Balance Forwarded					1116.00
6-11-02	Coupon # 12			To trust	✓	85.00	1031.00
7-22-02		13			✓	85.00	946.00
8-12	R-55302	14			✓	85.00	861.00
9-10 02	R-55396	15			✓	85.00	776.00
10-23-02	R-55525	16			✓	85.00	691.00
11-6-02	R-55585	17			✓	85.00	606.00
12-9-02	R-55710	18			✓	85.00	521.00
1-7-03	R-55800	19				85.00	436.00
2-05 03	R55890	20			✓	85.00	351.00
3-07 03	R56001	21			✓	85.00	266.00
4-07 03	R56109	22			✓	85.00	181.00
5-6 03	R56203	23			✓	85.00	96.00
6-10 03	56349	24				96.00	0

PAID
JUN 10 2003
MT HOPE CEMETARY
CITY OF SAN DIEGO, CA

WILLIAMS, FRED M. & VERA L. PRE-NEED LOT & TRUST E-16418

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55710

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-9-02, 20

From: Vera Williams Address: 4921 Westover Pl San Diego 92103

Eighty five Dollars ($ 85.00)

in part Payment of Pre-need Lot & Trust

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2067

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shackellon

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	85	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53865

Date: July 3rd, 20 01

From: Fred & Vera Williams Address: 4921 Westover Place, S.D., CA 92102

Eighty-Five and NO/100 Dollars ($ 85.00)

In-part Payment of Pre-Need Lot & Trust

Lot 4043 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 1,966.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 1731

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 03 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	85	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53977

Date: Aug. 2nd, 20 01

From: Fred & Vera Williams Address: 4921 Westover Pl., S.D., CA 92102

Eighty - Five and NO/100 Dollars ($ 85.00 XXX)

In - part Payment of Pre-Need Lot & Trusts

Lot 4043 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 1,881.00

personal check

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) #1759

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 02 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	85	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54133

Date: 9-14-01, 20

From: Fred M. + Dora L Williams Address:

Eighty-Five Dollars Dollars ($ 85.00)

In part Payment of Pre-Need Lot + Trust

Lot 4043 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 1796.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1781

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lillie Prince

CREDIT 20% Sales Care	67007 77184	85.	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	85.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54198

Date: 10-5, 2001

From: Vera Williams Address: 4921 Westover Pl, S.D. 92102

Eighty-five and 00/100 Dollars ($ 85.00)

In Part Payment of Pre-need lot + trust for Fred + Vera Williams

Lot 4043 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E-16418

BALANCE DUE 1,711.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1788

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Vi Wms

CREDIT 20% Sales Care	67007 77184	56	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54337

Date: 11-15 ;20 01

From: Vera Williams Address: 4921 Westover Pl San Diego

Eighty five Dollars ($ 85.00)

In part Payment of Pre-Need Lot & Trust

Lot 4043 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E- 16410

BALANCE DUE 1626.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1803

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shellin

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 *77185*		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	85	00
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54415

Date: December 04, 2001

From: Vera L. Williams Address: On Record

Eighty-Five and 00 Dollars ($ 85.00)

In part Payment of Pre-need lot & trust

Coupon # 6

Lot 4043 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE $1541.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

1828

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

DEC - 4 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	85.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54564

Date: 1-18, 20 02

From: Fred & Vera Williams Address: on record

Eighty-Five Dollars ($ 85.00)

In Spot Payment of Pre-need for payment on lot Coupon # 7

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE $ 1456.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

1864

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85 00
Sales Tax	60101 78390	
TOTAL PAID	$	85 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54646

Date: February 11, 2002

From: Fred M. & Vera Williams Address: On record

Eighty-Five Dollars ($ 85.00)

In part Payment of Pre-need lot/trust account coupon #8

Lot 4043 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE $ 1371.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1875

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85.00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54782

Date: Mar. 19, 20 02

From: Fred & Vera Willions Address: on record

Eighty-Five Dollars ($ 85.00)

In part Payment of Pre-need Lot & Trust Account
Coupon #9

Lot 4043 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16418

BALANCE DUE $1286.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 1898

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY P Crawford

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85.00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

№ 54874

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4-16, 20 01

From: Fred + Vera Williams Address: on record

Eighty - Five Dollars ($ 85.00)

In Part Payment of Pre-need Lot + Trust account

Coupon #10

Lot 4043 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-16418

BALANCE DUE $ 1201.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

1921

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P. Crawford

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85.00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54999

Date: 5-17-02, 20

From: Vera Williams Address:

Eighty Five Dollars ($ 85.00)

In part Payment of Pre need Lot - Trust

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 1116.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1930

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85 00
Sales Tax	60101 78390	
TOTAL PAID	$	85 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55093

Date: 6-11, 20 02

From: Fred & Vera Williams Address: on record

Eighty - Five and 00 Dollars ($ 85.00)

In part Payment of Pre-need lot & Trust account

coupon # 12

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE $1,031.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 6773

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	85 00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55229

Date: 7-22-07, 20

From: Vera Williams Address: On Record

Eighty Five Dollars ($ 85.00)

In part Payment of Pre-Need Lot a Trust

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 946.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Schulter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	85	00
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

№ 55302

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-12-02, 20 ____

From: Vera Williams Address: On Record

Eighty Five Dollars ($ 85.00)

In part Payment of Pre-need Lot & Trust

Lot 4043 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E- 16418

BALANCE DUE 861.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

1981

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shackellin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	85	00
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 5-94)

.CIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55396

Date: September 10, 2002

From: Fred & Vera Williams Address: on record

Eighty-Five and 00 Dollars ($ 85.00)

In part Payment of Pre-need lot/trust account
Coupon # 15.

Lot 4043 Grave — Row — Section — Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE $776.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2000

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P. Crawford

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust 77186	63033 9022	85.00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

№ 55525

Date: 10-21-02, 20

From: Vera Williams Address: On Record

Eighty Five Dollars ($ 85.00)

In part Payment of Pre-need Lot & trust

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 691.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2023

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Sheffield

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 ~~9022~~ 77186	85	00
Sales Tax	60101 78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55585

Date: Nov. 6th, 20 02

From: Fred + Vera Williams Address: on record

Eighty - Five Dollars ($ 85.00)

In Payment of Pre-need lot/trust account capon payment #17

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E - 16418

BALANCE DUE $ 606.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust 77186	63033 ~~0002~~	85.00
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY Paulette C.

AC-212 (Rev. 5-94) 2049

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55890

Date: Feb. 05, 20 03

From: Mr & Mrs F. Williams Address: 4421 Westover pl SD 92102

Eighty Five & 00/100 Dollars ($ 85.00)

in Part Payment of Pre need lot & trust

Lot 4043 Grave 1 Row Section Division Block 10

Invoice No. E 16418

Acct. No.

W.O.

BALANCE DUE 351.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

3034

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

ISSUED BY Ron Hebel

CREDIT	57007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	85	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56001

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 7, 20 03

From: V. Williams Address: 4921 Westover pl SD 92102

Eight five dollars & 00/100 Dollars ($ 85.00)

in part Payment of pre need lot & trust

Lot 4043 Grave 1 Row Section Division Block 10

Invoice No. E 16418

Acct. No.

W.O.

BALANCE DUE 2166.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2104

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	85 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	85 —

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

56109

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 7 .20 03

From: Vera Williams Address: 4921 Westover pl. SD 92102

Eighty five dollars 00/100 Dollars ($ 85.00)

in Part Payment of pre need lot + trust

Lot 4043 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 16418

Acct. No.

W.O.

BALANCE DUE 181.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2131

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [illegible]

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	85	—
Trust	77186		
Sales Tax	60101		
	78390		
		85	—
TOTAL PAID	$		

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56203

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 6, 2003

From: Una Williams Address: 4921 Westover pl. SD 92102

Eighty five dollars + 00/100 Dollars ($ 85.00)

in Part Payment of pre need lot + trust

Lot 4043 Grave 1 Row Section Division Block 10

Invoice No. E14418

Acct. No.

W.O.

BALANCE DUE 916.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2155

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	85
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	85

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55800

Date: 1-7-03, 20

From: Vera Willaine Address: On Record

Eighty five Dollars ($ 85.00)

in part Payment of Pre-need lot - trust

Lot 4043 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16418

BALANCE DUE 436.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2076

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

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	85	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	85	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56349

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 10, 20 03

From: Vera Williams Address: 4921 Westover pl. SD 92102

Ninety six dollars & 00/100 Dollars ($ 96.00)

in full Payment of pre need lot + trust

Lot 4043 Grave 1 Row Section Division Block 10

Invoice No. E 16418

Acct. No.

W.O.

BALANCE DUE —0—

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check / 2179

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 10 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Kim Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	96	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	96	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

John
1870 Atlantic Ave
Long Beach 90806

888 591-8791
fax 619 437-1479

any problems call
Sd Memorial
E-16417

692-3090

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTOR SANDERS JR

in a ASH VAULT (Type of Burial Container) Funeral, date, time A.Y.D.

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 114 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	569.13
Paid receipt number 53808	569.13
Balance due	—

PAID

JUN 12 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City See attached Zip Code

Telephone

Invoice # _____

Work Order # E 16419

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Please Set Up
Thursday

E-16419

[illegible] HOPE CEMETERY

INTERMENT ORDER

Lot [illegible] Grave [illegible]

Grave Price & Care Fund 350.00

Handling Fees

Sales Tax

Total Due

E 16419

ME#
000-343
Jane Doe
after 9/6/00

E-16419

(22)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3194-02

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VICTOR	LEWIS	SANDERS,JR.	08/20/1978	05/06/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VICTOR LEWIS SANDERS, SR.-FATHER 8832 JAMACHA RD. #5 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION&& BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶	06/25/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	05/31/2001 J.BENYARD	▶ 2109519

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-13-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Richard Crosson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PRACIFIC CREMATORIUM, INC. 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6-4-01	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.

Transfer to 1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From: Mary Barron

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 91 Grave 14 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup — To: Anita Vance	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee — Check 2 - Vance	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-53729	45.00
Balance due	0

PAID MAY 25 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Anita Vance
Signature

X 465 W Gary Dr.
Address

X Chandler, AZ 85225
City Zip Code

X 480-786-3610
Telephone

Work Order # E 16420

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

Mary Barron
Grave of Silas Kirby

45.00 Transfer fee

E-16420

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of _____

_____

_____

I/We ANITA VANCE

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
FRED L. VANCE

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 91 *Grave* 14 *Row* _____ *Section* 2 *Division/~~Block~~* 7

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 25th *day of* MAY ~~19~~ 2001

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

_____

_____

_____

_____

_____

Witnesses

Sue Strickler

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-16420

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA

County of SAN DIEGO

On _____ (Date) before me, ROBERT GUARINO (Name and Title of Officer (e.g., "Jane Doe, Notary Public")),

personally appeared Mary Barron (Name(s) of Signer(s)),

☐ personally known to me – OR – ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

OFFICIAL SEAL
Robert Guarino
NOTARY PUBLIC CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Sept. 2, 1995

WITNESS my hand and official seal.

Robt Guarino
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: General Power of Attorney

Document Date: 8/1/95 Number of Pages: _____

Signer(s) Other Than Named Above: Anita Vance

Capacity(ies) Claimed by Signer(s)

Signer's Name: Mary Barron

☒ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 1994 National Notary Association • 8236 Remmet Ave., P.O. Box 7184 • Canoga Park, CA 91309-7184 Prod. No. 5907 Reorder: Call Toll-Free 1-800-876-6827

E-16420

General Power of Attorney

KNOW ALL MEN BY THESE PRESENTS:

That I, Mary Barron (Grantor(s) Name), hereinafter called "Grantor",

of 4347 McClintock St., San Diego, Ca. 92105 (Full address of Grantor),

have made, constituted and appointed, and by these presents do make, constitute and appoint;

Anita Vance (Appointee's Name), hereinafter called "Appointee",

my Sister (Set forth description of relationship);

of 465 W. Gary Dr., Chandler, AZ 85224 (Full Address of Appointee),

my true and lawful attorney, for me and in my name, place and stead, and for my use and benefit, to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me, and have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise, and to compromise and agree for the same, and acquittance, or other sufficient discharges for the same, for me, and in my name, to make, seal and deliver; to bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditament and accept the seizing and possession of all lands and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditament, upon such terms and conditions, and under such covenants, as S he shall think fit.

Also, to bargain and agree for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, chooses in action and other property in possession or in action, and to make, do, and transact all and every kind of business of whatever nature or kind soever, and also for me and in my name and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecation, bottomries, charter-parties, bills of lading, bills, bonds, notes, stock certificates, drafts and checks, receipts, evidence of debts, releases and satisfaction of mortgages, judgements and other debts, and such other instruments in writing of whatever kind and nature as may be necessary or proper in the premises.

Giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said attorney, or her substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney is not affected by the subsequent disability of the principal.

I hereby agree to accept the appointment as attorney-in-fact, pursuant to the foregoing Power of Attorney.

Anita Vance
Appointee's Signature Anita Vance

In Witness Whereof, I/We have hereunto set my hand/our hands this 1 day of August, 19 95

x Mary D. Barron
Signature of Grantor Mary Barron
Mary Barron
(Print or type name here)

Mary D. Barron
Signature of Grantor Mary Barron
Mary Barron
(Print or type name here)

STATE OF Arizona)
COUNTY OF Maricopa)

On this 25th day of August, 19 95 personally appeared before me, a Notary Public.

Anita Vance
Mary Barron

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that they executed the instrument.

Witness my hand and official seal

Ann Faris
NOTARY PUBLIC

MY COMMISSION EXPIRES 3/9/98 (Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNA TOFIGI

in a LINER (Type of Burial Container) Funeral, date, time WED 5-30 2:30

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 151 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
Total Due	1664.25
Paid receipt number R-53749	1664.25
Balance due	0

PAID
MAY 29 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

mortuary to bring check

I hereby certify I am the Svetlana Tofigi daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X _____ Signature

X 25 Alderson ave Address

X Plainville ct. 06062 City Zip Code

X (860) 747-2413 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Work Order # E 16421

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16421

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 CARRON	151 X 4	5	6	
7	8	9	10	11	12 VALDEZ	

Interment space for: ANNA TOFIGI

Interment Date: WED 5-30 Time: 2:30

Lot: 151 Grave: 4 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NORMERON

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-30-01

E- 16421

75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANNA	-	TOGGI (TOFIGI)	04/16/1926	05/26/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAFIK TOFIGI-SON 25 ALDERSON AVE. PLAINVILLE, CT 06062

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO,CA 92104	FD-1575	▶ [signature]	05/29/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/29/2001 J. JOHNSON	▶ 2109342

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS;P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGOQ CA 92102	11B. DATE BURIED 5-30-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-16421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, OBJECTIVES OR OTHER ALTERATIONS

NAME OF DECEDENT (FIRST NAME)	NO. MEDIAN	SEX	DATE OF BIRTH / DATE OF DEATH
[illegible]		MOFIGI	[illegible]
CITY OF DEATH		SEX	DATE OF DEATH
SAN DIEGO		SAN DIEGO	WAITE MOFIGI-DOE 25 ALDERSON AVE. PLAINVILLE, CT 06062
NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR OTHER PERSON			
SAN DIEGO MEMORIAL CHAPEL [illegible] UNIVERSITY AVE. SAN DIEGO, CA 92108		[illegible]	[illegible] 05/25/2001

DISPOSITION OF REMAINS			
	17.00	05/29/2001 J. [illegible]	2109.42
	VITAL RECORDS; P.O. BOX [illegible] SAN DIEGO, CA 92186-5212		

FOR CORONER'S USE ONLY

BURIAL	NAME AND ADDRESS OF CALIFORNIA CEMETERY ST HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	DATE BURIAL	SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	NAME AND ADDRESS OF CALIFORNIA CREMATORY	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATION
ANATOMIC USE	NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	DATE RECEIVED	SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	DATE SHIPPED	ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
ALTERNATIVE OR DISPOSITION OF CREMATED REMAINS	ADDRESS NEAREST POND OR BACKLINE OR OTHER DESCRIPTION FOR RECEIPT TO DENTIFY FINAL PLACE AND CA DISTRICT OR TERRITORY	DATE OF DISPOSITION	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

SUBJECT TO 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 [illegible] DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED ON 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 3 STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberta Dixon

in a LINER (Type of Burial Container) Funeral, date, time WED 6-6 1:00

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. X Ra

Lot 167 Grave 5 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number 53769	1664.25
Balance due	0

PAID
JUN 04 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

22918

Signature of recorded holder of deed

X Ruby Ojeda
Signature
X 3280 Olive St. # 3
Address
X Lemon Grove Ca, 91945
Zip Code
X (619) 697-7614
Telephone

Work Order # E 16422

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16422

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	167 X 5			
6	7	8	9			

Interment space for: ROBERTA DIXON

Interment Date: WED 6-6 Time: 1:00

Lot: 167 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-16422

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Roberta	-	Dixon	06/21/1920	05/26/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ruby L. Ajasa, Daughter 3280 Olive St. Apt. 3 Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [illegible]	05/29/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed dispositions stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/30/2001	2109429 ▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-7-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 May 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Ash Trust for: Nola Lee Funk

In a Ash Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : El Cajon Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Nola Lee Funk

Lot 232 Grave 3 Row — Section 11 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need Lot B-5284	—
Additional spaces and care fund	—
Opening/Closing & Setup ..... Ash Burial	105.00
Burial Container ..... Ash Vault	55.00
Handling Fees ..... PAID	60.00
Flower vases – Marker setting fee	—
Recording and filing fee ..... MAY 30 2001	45.00
Sales taxes	4.13
MT. HOPE CEMETARY CITY OF SAN DIEGO, CA Total Due	269.13
Paid receipt number 53748	269.13
Balance due	—

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. Nola Lee Funk

X Nola Lee Funk
Signature

5401 Baltimore Dr. # 43
Address

La Mesa, CA 91942
City Zip Code

(619) 462-0607
Telephone

I hereby authorize the interment in lot I hold under deed.

X Nola Lee Funk
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16423

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16422

grave of Bruce Robinson
adm top right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GLADYS ROBINSON

in a ASH VAULT (Type of Burial Container) Funeral, date, time THUR 5-31 3:00

Church, Chapel, Graveside ; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 118 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	Pre-Need C-7238	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-14930	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		
Recording and filing fee	" "	0
Sales taxes	" "	0
Total Due		0
Paid receipt number		0
Balance due		0

PHIL ROBINSON
669-1495

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Phillip Robinson
Signature

X Box 155
Address

X 1
City Zip Code

X Denare Beach, SK Sopo Bo
Telephone

Work Order # E 16424

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

5-31-01
INTR FD
TRNSFR
DMC

Printed on recycled paper

E-16424

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.

Ashes top Right

			76 Fisher			
115	116	117	118 X	119	120	MOREY
			162 Simmons			

Interment space for: GLADYS ROBINSON

Interment Date: THUR 5-31 Time: 3:00

Lot: 118 Grave: ____ Row: ____ Sect: 3 Div: 8

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16424

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GLADYS	ANN	ROBINSON	01/06/1915	05/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	PHILLIP ROBINSON-SON P.O. BOX 155 OBO DENARE BEACH, CANADA SOP 1B0

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS,EL CAJON,CA 92021	FD-1352	▶ [signature]	05/23/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	05/25/2001 L. CRUMPLER	2108276 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-31-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA, INC. 14065 HWY 8 BUS,EL CAJON,CA 92021	12B. DATE CREMATED 5-29-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	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

Transfer of property

Date May 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: ELLA M. TRUEHART

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 57 Grave 1 + 2 Row _____ Section 3 Division/Block 5

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-33752	45.00
Balance due	0

FROM: STEPHEN N. McINTOSH

PAID MAY 29 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

_____ Signature

_____ Address

_____ City _____ Zip Code

_____ Telephone

Invoice # _____

Work Order # E 16425

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

C-16425

6/22/93

I DAVID N. McINTOSH HAVE RECEIVED, AS OF THIS DATE, ALL INHERITANCE I AM ENTITLED TO FROM MY FATHER'S ESTATE. MY FATHER PASSED AWAY 6/14/93 AND WAS NELSON P. McINTOSH.

X David N. McIntosh

WITNESS X Steph D. McIntosh

WITNESS X Patricia A. McIntosh

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5084

7/28/1970

DEED

E-16425

OWNERSHIP AND INTERMENT PRIVILEGES

TO Nelson P. & Amy V. McIntosh for the sum of $ 100.00 (DOLLARS)

LEGAL DESCRIPTION Lot 57 Grave 2 Section 3 Division 5

AS DESCRIBED ON PURCHASE ORDER NUMBER C-8927

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush marker or Monument authorized.

R. W. Dehne/DOP
Cemetery Manager

William Richards
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

1/15/1970

4728

DEED

E-16425

OWNERSHIP AND INTERMENT PRIVILEGES

TO Nelson P. & Amy B. McIntosh for the sum of $ 100.00 (DOLLARS)

LEGAL DESCRIPTION Lot 57 Grave 1 Section 3 Division 5

AS DESCRIBED ON PURCHASE ORDER NUMBER C-8144

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

FLUSH MARKER OR MONUMENT

R. W. Dehne/DOB
Cemetery Manager

M R Tinsman
Public Works Director

FORM PW-584

THE CITY OF

SAN DIEGO

E-16425

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 Stephen McKintosh

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to ELLA M. TRUEHART

_____

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 57 *Grave* 123 *Row* ____ *Section* 3 *Division/~~Block~~* 5

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this 29th *day of* May ~~19~~ 2001

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

_____

_____

_____

_____

Witnesses

Sue Mitchell

DIVERSITY
BRINGS US ALL TOGETHER

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIAM B. TRUEHART

in a LINER (Type of Burial Container) Funeral, date, time FRI 6-1 10:00

Church, Chapel, Graveside witness ; EL CAJON Mike Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 57 Grave 1 Row _____ Section 3 Division/Block 5

Grave space & Care Fund ..... Pre-need	-0-
Additional spaces and care fee	—
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 R-53752	769.25
Balance due	-0-

PAID
MAY 29 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Ella M. Truehart
Signature

X P.O. Box 20653
Address

X El Cajon Ca. 92021
City Zip Code

X 619-579-3532
Telephone

Work Order # E 16426

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16426

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.

		KLINE				
			57 X 1	2	3	4 SKUTER
			7	8	9	10 MINNIS

Interment space for: William Truehart

Interment Date: 57-1-3-5 Time: _____

Lot: 57 Grave: 1 Row: _____ Sect: 3 Div: 5

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Fly in Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16426

(82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	BEACH	TRUEHART	02/07/1919	05/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELLEN M TRUEHART-WIFE 1825 GREENFIELD DR EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020	FD-1022	▶ Jackie Kozica	05/30/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/31/2001	2109473 JACKIE KOZICA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102	11B. DATE BURIED 6-1-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr. Augusta Jerome OTIS in a DBL. Crypt (Type of Burial Container) Funeral, date, time Fri June 1ST 11:00 am 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 Wm E.

Lot 28 Grave 2 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,043.50
Paid receipt number 53756	2,043.50
Balance due	0

PAID
MAY 30 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Winnie Mae ELMORE

X Winnie M. Elmore
Signature

3936 T ST
Address

San Diego, CA 92113
City Zip Code

(619) 264-4301
Telephone

I hereby authorize the interment in lot I hold under deed.

X Winnie M. Elmore
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16427

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NOTE: DBL. Crypt : 1ST Burial

		1	2	3	4	5
		Eva Nixon (no marker)	X	James H. OTIS (marker)	mildred L. Bergin	PA#122574 mildred Klusmeyer
		6	7	8	9	10
		Tree	Tree	Gwendolyn L. Adams (marker)	Unknown Burial Here	Lilyan small man

Interment space for: Mr. Augusta Jerome OTIS

Interment Date: Fri June 1ST Time: 11:00 am Church

Lot: 28 Grave: 2 Row: — Sect: 1 Div: 12

Grave Laid out by: N.F. D.P.

Agrees with Legal Card: ☑ Yes ☐ No

Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ken Collars Date: 5/31/01

E-16427

E-16427

(43)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AUGUSTA	JEROME	OTIS	04/19/1958	05/25/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WINNIE M. ELMORE-MOTHER 3936 T STREET SAN DIEGO, CALIFORNIA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jean Ann Benyard	05/29/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/29/2001	J. BENYARD ▶ 2109356

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6-1-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 29, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VEORA H. CONLEY-BROOKS

in a LINER (Type of Burial Container) Funeral, date, time FRI. JUN 1ST 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. X M.B.

Lot 3296 Grave - Row - Section - Division/Block 10

Grave space & Care Fund PRE-NEED D-7086	Ø
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 53758	769.25
Balance due	Ø

PAID
MAY 30 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the XX 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. Marilyn Bradford

X Marily Bradford
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

2490 Mangala Way
Address
San Diego, CA 92139
City Zip Code
619-475-5686
Telephone
wk (619) 533-5331

Invoice # _____

Work Order # E 16428

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. **NOTE: SIDE-BY-SIDE BURIAL: WIFE**

• DBL Name Marker on Grave

	3294	3295	3296	3297	3298	
	URITH U. Lucas	Maiper P. Conley	X	Lena PREVOST	Karen BROOKS Miller	

Interment space for: VEORA H. CONLEY-BROOKS

Interment Date: FRI. JUN. 1ST, 2001 Time: 11:00AM CHURCH

Lot: 3296 Grave: - Row: - Sect: - Div: 10

Grave Laid out by: NF RON

Agrees with Legal Card: ☑ Yes ☐ No

Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 5/31/01

E-16428

E-16428

(91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VEORA	-	CONLEY - BROOKS	08/06/1909	05/26/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARILYN BRADFORD - NIECE 2490 MANZANA WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	Sharon Lawless	05/31/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SHARON LAWLESS 06/01/2001	2109565

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-1-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F Jenge	
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 5-30-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES STANLEY WATTS SR

in a Liner (Type of Burial Container) Funeral, date, time TUE 6-5 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 130 Grave 2 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 (23.75 gal vase; marker setting fee 125.00)	148.75
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1813.00
Paid receipt number R-53766	1813.00
Balance due	0

PAID
JUN 0 1 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Juliette Watts Traber
Signature

X 8707 HILLTOP DR #3
Address

X LEMON GROVE 91945
City Zip Code

X (619) 461 2404
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 16429

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 16429

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	130 2 X	3	4 WATTS	5
		7 LENORA	8 BRAY	9	10 JACKSON	11 MARCH

Interment space for: James Watts

Interment Date: Tue 6-5 Time: 1:00

Lot: 130 Grave: 2 Row: ____ Sect: 1 Div: 13

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No *Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 6-4-01

E-16429

(51)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	Stanley	Watts, Sr.	01/24/1950	05/29/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Suzette Frazer, Daughter 3707 Hilltop Dr. #3 Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	6A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	06/01/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/04/2001	2109648 [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16429

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	Stanley	Watts, Sr.	01/24/1950	05/29/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Suzette Frazer, Daughter 3707 Hilltop Dr. #3 Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Williams	06/01/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/04/2001	2109648

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL K. Sarah Evans	
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.

CONTI

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E-16429
61007

Date: 6-24, 20 08

From: JESSICA WATTS Address:

ONE HUNDRED - SEVENTY EIGHT & NO/100 — Dollars ($ 178.00)

in FULL Payment of SETTING FEE FOR JAMES WATTS MARKER

Div 12 Sec 1 Blk/Row Lot 130 Grave 2

Invoice No. 172634

Acct. No. E016429

W.O. 6332

BALANCE DUE

☐ Money Order
☒ Charge 012380
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 24 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	

AC-212A (11-05)
This information is available in alternative formats upon request.

PA Case w/ Assets

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MAY 31, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK POGANY

in a LINER (Type of Burial Container) Funeral, date, time WED 6-6 12:30 pm

Church, Chapel, Graveside "DELIVERY ONLY" ; ACCU CARE Mortuary.

All Funeral cars must arrive before 3:[redacted] p.m. of regular work day or an extra charge of $ —

will be applied and billed to undersigned.

Lot 43 Grave 2 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
Total Due	1,664.25
Paid receipt number 53765	1,664.25
Balance due	0

PAID
JUN 01 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the ELLEN BEAUPARLANT, DEPUTY PUBLIC 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. ELLEN BEAUPARLANT, PA

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x (See Attached)
Signature

5201-A RUFFIN RD.
Address

SAN DIEGO, CA 92123-1699
City Zip Code

(858) 694-3502
Telephone

Invoice # ~~3977~~ 386583

Work Order # E 16430

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16430

MY HOME CEMETERY

INTERMENT ORDER

City of San Diego

Date: [illegible]

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of: FRANK FOGANY

Sex: LINEN (Full Name/Corporate) (Funeral date time)

Church, Kinger, Grandview "DELIVERY ONLY" ACCU CARE Mortuary

All Funeral Date must arrive before 3:00 p.m. of regular work day or an extra charge of $ —

will be opened and filled in work signed

Lot 43 Grave 3 Vault — Section 1 Dimensions 12

Grave space & Care Fund	$ 695.00
Additional space and care fund	
Opening/Closing & Swing	375.00
Burial Container	150.00
Handling Fees	345.00
Flower Stakes - Marker vehicle fee	
Recording and filing fee	45.00
Sales Taxes	14.23
Deputy PA to [illegible]	Total Due $ [illegible]

Paid receipt number

Reference date

I hereby certify I am the ELLEN BEAUPARLANT DEPUTY CEMETERY OPERATOR of the above named decedent and I am to your authority to make disposition of remains as above approved. I hereby and appoint that I have the right to make this authorization and I agree to hold the Cemetery Operator and have any liability on account of said authorization and remains. ELLEN BEAUPARLANT, PA

I hereby authorize the interment to be held under Deed.

Signature: [signature]

Address: 3101-A RUFFIN RD

Address: SAN DIEGO, CA 92123-1899

Phone: (858) 694-3502

Signature

Mark Order # E 16430

Invoice #

Acct. #

Rec. No. [illegible]

This information is available in alternative formats upon request.

E-16430

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3151 MARKET STREET • SAN DIEGO, CALIFORNIA 92113
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Calendar daily

FAX COVER LETTER

Denise
I have submitted
check request so
I should have check
tomorrow.
Thanks Ellen

TO: Ellen Beauparlant, PA
(858) 694-3502

PHONE/FAX# (858) 694-3987

FROM: Denise Culverson
(619) 527-3400

DATE: Thur. 5-31-01

PAGES incl this page 2

FAX # 527-3403

MT HOPE CEMETERY

Ellen - Thank you for your call. Please
Return Fax Interment Order E-16430 with your
signature. Thanks

Denise

If all pages are not received, please call (619) 527-3400

DIVERSITY

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" - NO SET-UP**

		1	2	3	4	5
		Minnie Bolton (no marker)	X	Fairy Christene O'Neal (marker)	open	ENDRE KALLAY PA#P15923
		7	8	9	10	11
		Minnie West	Ruby West	Bernard Wells	open	Jean Roberts

Interment space for: **FRANK POGANY**

Interment Date: WED 6-6 Time: _____

Lot: 43 Grave: 2 Row: - Sect: 1 Div: 12

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: RON Date: 6-4-01

E-16430

E-16430

(74)

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANK	-	POGANY	07/15/1926	04/25/2001	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OCEANSIDE	SAN DIEGO	ELLEN BEUPARLANT P.A. 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
ACCU-CARE CREMATION CENTER 2562 STATE ST. #E CARLSBAD, CA 92008	FD 1528

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ John Tolbert	06/04/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JOHN TOLBERT 06/04/2001	▶ 2109693

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-6-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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

Into grave of Myrtle Even bottom right

Date 6-4-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTA MAY MEADOR ~~0~~

in a ASH VAULT (Type of Burial Container) Funeral, date, time Weds. Jun 13, 2000 A.Y.D.

Church, Chapel, Graveside A.Y.D. : BECKS/Featherwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 28 Grave 14 Row _____ Section MAS Division/Block K

Grave space & Care Fund	PRE-NEED	~~0~~
Additional spaces and care fund	PAID	—
Opening/Closing & Setup		105.00
Burial Container	JUN 11 2001	55.00
Handling Fees	MT. HOPE CEMETARY	60.00
Flower vases – Marker setting fee	CITY OF SAN DIEGO	—
Recording and filing fee		45.00
Sales taxes		4.13
Total Due		269.13
Paid receipt number	R-53804	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

See attached

Work Order # E 16431

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTA MAY MEADOR

in a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; BECKS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 28 Grave 14 Row ____ Section MAS Division/Block K

Grave space & Care Fund PRE-NEED	—
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	
Balance due	

I hereby certify I am the X SON 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 of recorded holder of deed

X Robert L. Meador (Signature)
X 17313 7th Ave West (Address)
X Bothell, WA 98012 (City, Zip Code)
X (425) 745-1304 (Telephone)

Work Order # E 16431

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

* Filed as marital asset

E-16431

June 1, 2001

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

My mother's wishes was to be buried (cremation) on the same grave site as her mother, Myrtle May Even. Myrtle Even is buried in the following grave – Lot 28, grave 14 in the Masonic section and the "K" division.

The following is the relationship of my mother, Roberta May (Even) Meador, to others that are buried in this general area:

1. **Eno Johnson Even** – Father of Robert Bailes Even – **Father** of Roberta May (Even) Meador.

2. **Lillian Winifred (Hitchcock) Even** – Mother of Robert Bailes Even – Father of Roberta.

3. **Robert J. Even** – brother of Roberta May (Even) Meador.

4. **Myrtle May (Burrows) Even** – Wife of Robert Bailes Even and **Mother** of Roberta May (Even) Meador.

Beck's funeral home in Edmonds Washington is handling the arrangements. They are working with a funeral home in California who will deliver the cremated remains to your cemetery upon your approval. Latter, I will come to San Diego and arrange for a grave marker for both my mother and grandmother.

Please advise me on your requirements and approval of my request.

Thank you R. Meador

Robert Lee Meador
17313 7th Ave West
Bothell, WA 98012

(425) 745-1306 (home)
(425) 744-6431 (work)
(425) 771-7977 (fax)
E-Mail BobM@pstbbs.com

Enc. Copy of death certificate

Beck's (425)771-1234

MFG. BY KAYE-SMITH (425) 228-9600 (1-800-822-9987)

E-16431 -

OFFICE USE ONLY
1. DISTRICT
2. COPIES
3. HOSPITAL
4. DOCUMENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
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15.
16.
17.
18.
19.
20.
21. ACC LOC
22. QUERIES
23.
24.

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
ROBERTA	MAY	MEADOR	Female	May 22, 2001

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
80			Jun. 4,1920	Los Angeles, CA.	No	Snohomish

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — [X] BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. [X] HOME 2. [ ] IN TRANSPORT 3. [ ] EMERG. RM/OUT PTN 4. [ ] HOSP. 5. [ ] NUR HOME 6. [ ] OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Bothell	17313 - 7th Ave. W.	Yes

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5-8)
Divorced	None	550-16-8000		2

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Beautician	Cosmetology	No	Caucasian

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
17313 - 7th Ave. W.	Bothell	No	Snohomish	2 yrs	WA	98012

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Robert Bailes Even	Myrtle May Burrows

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Robert L. Meador	17313 - 7th Ave. W.	Bothell	WA	98012

DISPOSITION

32. BURIAL, CREMATION REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation		Acacia Crematory	Seattle, WA.

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Beck's Funeral Home	Box 1567, Edmonds, WA 98020

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

38. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE X [signature] M.D.

40. DATE SIGNED (Mo, Day, Yr) 5/23/01

41. HOUR OF DEATH (24 Hrs) 1900

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE X

44. DATE SIGNED (Mo, Day, Yr)

45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo, Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs)

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dr. Thomas Malpass 1100 - 9th Ave. Seattle, WA. 98104

49. ME/CORONER FILE NUMBER: NJA/#01SN08

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Small Cell lung Ca	18 mo
DUE TO, OR AS A CONSEQUENCE OF: B.		
DUE TO, OR AS A CONSEQUENCE OF: C.		
DUE TO, OR AS A CONSEQUENCE OF: D.		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:

52. AUTOPSY? (Yes / No) No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR SIGNATURE X

63. DATE RECEIVED (Mo, Day, Yr)

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-180)

A

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. Into grave of Myrtle Green

			HAMILTON			
			28 X 14	13	12	11
			HALL	BARNES		

Interment space for: ROBERTA MEADOR

Interment Date: WED 6-13 Time: AYP

Lot: 28 Grave: 14 Row: ____ Sect: MAS Div: K

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Dug on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E- 16431

16431

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Roberta	May	Meador	06/04/1920	05/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bothell	WA	Robert Meador, Son 17313 7th Ave. West Bothell, WA 98012

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083	▶ K. Isdale	06/11/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/11/2001 T.Truesdale	2110128 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	San Diego County PO Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Richard Cicero	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16 431

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Roberta	May	Meador	06/04/1920	05/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bothell	WA	Robert Meador, Son 17313 7th Ave. West Bothell, WA 98012

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon LBlvd San Diego, CA 92115	FD1083	▶ [illegible]	06/11/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

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AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/11/2001 T.Truesdale	2100128 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	San Diego County PO Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 4, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SARAH IRENE LOVELL

in a BELL LINER (Type of Burial Container) Funeral, date, time Wed 6-13 11:00

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

Lot 1017 Grave – Row – Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... PRE-NEED LOT D-4702	Ø
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 R-53802	769.25
Balance due	-0-

PAID
JUN 11 2001
MT HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. ROBERT LOVELL

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X 3224 ISLA VISTA DR
Address

X SAN DIEGO, CA 92105
City Zip Code

X (619) 255-2273
Telephone

Work Order # E 16432

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. H[illegible] CEMETERY

INTER[illegible]NT ORDER

City of San Diego

Date JUNE 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED LOT FOR: NANCY J. LOPEZ 77/1452

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

Lot 127 Grave 11 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 53814	-225.00
Balance due	670.00

PAID

FEB 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the FOR: 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. NANCY J. LOPEZ

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X nancy J. Lopez
Signature

6100 THAMES DRIVE
Address

AUSTIN, TX 78723
City Zip Code

(512) 929-5937/PGE 873-5381
Telephone

Invoice # _____

Work Order # E16433

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

LOPEZ, NANCY J. 6100 THAMES DRIVE, AUSTIN, TX 78723 (512) ~~929-5937~~ 926 8072 E-16433

		DEBIT	CREDIT	BALANCE
06-05-2001	OPENED PRE-NEED LOT ACCOUNT: LOT 127, GR. 11, SEC. 2, DIV. 12	895.00		895.00
06-14-01	25% DOWN PAYMENT ON LOT RECEIPT R-53814 PAID ($225.00 - MONEY ORDER74880303531)		-225.00	670.00
06-14-2001	**MAILED COUPON/PAYMENT BOOK & RECEIPT & INTERMENT COPIES TO CUSTOMER.			
7-16-01	R- 53922 Coupon 1		28.00	642.00
8-7-01	R- 54006 2		28.00	614.00
9-11-01	R- 54122 Coupon 3		28.00	586.00
10-17-01	R-54236 coupon 4		30.00	556.00
11-29-01	R- 54370 5		30.00	526.00
12-18-01	R- 54453 Coupon 6		30.00	496.00
1-25-02	R- 54581 Coupon 7		30.00	466.00
2-22-02	R-54679 8		30.00	436.00
3-18-02	R-54776 Coupon#9		30.00	406.00
4-[illegible]-02	R-54890 Coupon#10		30.00	376.00
5-16-02	R- 54997 11		30.00	346.00
6-8-02	R- 55117 12		30.00	316.00
7-29-02	R- 55214 13		30.00	286.00

PAID
FEB 07 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

LOPEZ, NANCY J. PRE-NEED LOT E-16433

			Debit	Credit	Balance
	-over-	Balance forwarded			286.00
8-22-02	R-55337	Coupon #14		-30.00	256.00
9-24-02	R-55431	#15		30.00	226.00
10-22-02	R-55533	#16		30.00	196.00
11-25-02	R-55656	#17 (x.-)		30.00	166.00
2-7-03	R 55897	18 & 19		60.00	106.00
2-7-03	R 55900	20		106.00	-0-
"	"		106-	X	

File copy

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53814

Date: June 14th, 20 01

From: Nenay Lopez Address: 6100 Thames Dr., Austin, Tx 78723

Two-Hundred Twenty-Five and No/100 Dollars ($ 225.00)

In - part Payment of Down Payment to Open Pre-Need Lot Account

for: Nancy J. Lopez

Lot 127 Grave 11 Row — Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 670.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
money order # 748803 03531

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 14 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	225	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	225	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53922

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-16, 2001

From: Nancy Lopez Address: 6100 Thames Dr Austin Tx 78723

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 642.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54006

Date: 8-7, 20 01

From: Darcy Lopez Address: 6100 Thames Dr Austin Tx 78723

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot.

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 614.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Sheridan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54122

Date: 9-11-01 , 20 ____

From: Nancy J. Lopez Address: 6100 Thomas Drive

Twenty-eight Dollars 00/100 Dollars ($ 28.00)

In part Payment of Pre-Need Lot for Nancy J. Lopez

Lot 127 Grave 11 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-16433

BALANCE DUE $586.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
06-3920155 RP

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 DIEGO, CA

ISSUED BY Lillie Prince

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54236

Date: 10/17, 20 01

From: Nancy Lopez Address: On Record

Thirty Dollars ($ 30.00)

In part Payment of Pre-Need Lot

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 556.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54370

Date: 11-20, 2001

From: Nancy Lopez Address: On Record

Thirty Dollars ($ 30.00)

In part Payment of Pre-Need Lot

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 526.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54453

Date: December 18, 20 01

From: Nancy J. Lopez Address: on record

Thirty and 00 Dollars ($ 30.00)

In part Payment of pre-need lot

coupon # 6

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $496.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54581

Date: January 25, 20 02

From: Nancy Lopez Address: on record

Thirty and 00 Dollars ($ 30.00)

In part Payment of Pre-need Lot account for Nancy J. Lopez Coupon # 7

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $ 466.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

MP. 7540836247

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 25 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54679

Date: 2-22, 2007

From: Nancy Lopez Address: 6100 Thamer O'n Record

Thirty Dollars ($ 30.00)

In part Payment of Pre-Need Lot

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 436.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54776

Date: Mar 18, 20 02

From: Nancy Lopez Address: on record

Shirley and

Dollars ($ 30.00)

In part Payment of pre-need Lot account coupon #9

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $ 406.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P. Gawford

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	30.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	30.00

AC-212 (Rev. 5-94) MO 98965877110

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54890

Date: 4/23, 20 02

From: Nancy J. Lopez Shirley and No Address: on record

Dollars ($ 30.00)

In Payment of Pre-need Lot Account Coupon #10

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. G-16433

BALANCE DUE $376.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
M.O.# 15934 52584

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54997

Date: 5-16-03, 20 ____

From: Darcy Lopez Address: On Record

Thirty Dollars ($ 30.00)

In part Payment of Pre-need Lot Coupons

Lot 127 Grave 11 Row ____ Section 9 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-16433

BALANCE DUE 346.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55117

Date: 6-18-02, 20

From: Nancy Lopez Address: On Record

thirty Dollars ($ 30.00)

In part Payment of Pre-need Lot

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 316.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55246

Date: 7/29, 20 02

From: Nancy Mendieta Lopez Address: on record

Thirty and 00 Dollars ($ 30.00)

In part Payment of pre-need lot account for nancy M. Lopez.

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $286.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
MO. #996408413

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Rosford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	30 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	53033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	30.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55337

Date: 8/22, 2002

From: Nancy J. Lopez Address: on record

Thirty and 00 Dollars ($ 30.00)

In part Payment of Pre-need lot account.
Coupon #14

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-164333

BALANCE DUE $256.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

MD

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033		
Sales Tax	80101 78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55431

Date: 9-24-07, 20

From: Nancy Lopez Address: On Record

Thirty Dollars ($ 30.00)

In part Payment of Pre-need Lot

Lot 127 Grave 11 Row Section 2 Division ~~Block~~ 13

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE 226.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust 77186	63033 ~~9922~~		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55533

Date: 10/22, 2002

From: NANCY LOPEZ Address: on record

Thirty and 00 Dollars ($ 30.00)

In part Payment of Pre-need Lot account Coupon #16

Lot 127 Grave 11 Row Section #2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $196.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
M.O. 9986742980

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	30.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust 77186	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	30.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55656

Date: Nov. 26, 2002

From: Nancy Lopez Address: On Record

Thirty and 00 Dollars ($ 30.00)

in Part Payment of Pre-need Lot account

Lot 127 Grave 11 Row Section 2 ~~Block~~ Division 12

Invoice No.

Acct. No.

W.O. E-16433

BALANCE DUE $1166.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

M.O. # 99872001886

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	13 00
80% Sales	100	
of Lots	77184	17 00
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	$	30.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55897

Date: Feb. 7, 20 03

From: Nancy Lopez Address: 6100 Thames dr. Austin TX 78723

Sixty dollars 00/100 Dollars ($ 60.00)

in part Payment of Pre-need lot

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No. E 16433

Acct. No.

W.O.

BALANCE DUE 106.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

MO

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	60	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55900

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb. 7 , 20 03

From: Nancy Lopez Address: 6100 Thames dr. Austin TX 78723

One Hundred Six & 00/100 Dollars ($ 106.00)

in Full Payment of Pre need lot

Lot 127 Grave 11 Row Section 2 Division Block 12

Invoice No. E 16433

Acct. No.

W.O.

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Pam Hutzel

CREDIT	57007	106	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	106	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-16432 (86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sarah	Irene	Lovell	09/12/1914	06/02/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Robert D Lovell - SON 3224 Isla Vista Dr San Diego CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Camino Mem-Pacific Beach Chapel 4710 Cass St San Diego CA 92109	FD615	▶ [signature]	06/11/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	M.CANDELARIA 06/11/2001	2110072 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 VITAL RECORDS San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St San Diego CA 92113	11B. DATE BURIED 6-13 01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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 BURIAL: TO RIGHT OF SPOUSE**

		1016	1017	1018	1019	1020
Ellison McGuire	Gertrude McGuire	Frederick Lovell	X	Marcia Martinez	Ellen - DAVID KalBFell	Mineola Lotinie Mitchell no marker

Interment space for: **SARAH IRENE LOVELL**

Interment Date: _____ Time: _____

Lot: **1017** Grave: _____ Row: _____ Sect: **1** Div: **8**

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16432

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 6-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vivian Jones 897

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 12 Grave 7 Row _____ Section 1 Division/Block 12

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-53779	249.00
Balance due	746.00

PAID
OCT 28 2005
MOUNT HOPE CEMETERY

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

Vivian Jones
Signature
2776 Sobolo Ave
Address
San Diego CA 92113
City Zip Code
619-263-3847
Telephone

Work Order # E 16434

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed mailed
NOV 1st, 05

16131

817 phone 619 263-3847 E-16434

JONES, VIVIAN 4776 Sololo Avenue, San Diego 92113

		DEBIT	CREDIT	BALANCE
06-05-01	Opened Pre-need Lot.			
	Lot 12, Grave 7, Sec 1, Div 12	995.00		995.00
06-05-01	Receipt 53779		249.00	746.00
2-28 03	Mailed delinquent notice			
3-11 03	R 56017 no coupons		75.00	671.00
4-4 03	R 56106		60.—	611.00
6-19-03	R-56394 "		75.00	536.00
10-30 03	mailed final delinquent notice		~~75.00~~	
11-20 03	R56921		75.00	461.00
1/26/04	R-57133		75.00	386.00
4/9/04	R-57427 part of E-15653		75.00	311.00
7-12 04	57775 two coupon		75.00	236
9-10-04	57995 "		75.00	161.00
12/30/04	58364 no coupon		75.00	86.—
3-16-05	58634 "		75.00	11.00
7-28-05	Mailed Delinquent Notice			
10-19-05	Mailed certified Delinquent letter			
10-28-05	R-59351		$11.00	0

JONES, VIVIAN E-16434

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willa Mae Williams

in a LINER (Type of Burial Container) Funeral, date, time Fri 6-8 1:00

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X LP

Lot 106 Grave 6 Row ____ Section 2 Division/~~Block~~ 13

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number 53793	1664.25
Balance due	0

PAID
JUN 07 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to bring check

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.

Signature: Janice Purdie

Address: 10635 Aviation Dr

City: San Diego Zip Code: 92114

Telephone: 619-263-2782

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16435

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16435

E16435

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	106 X 6			
9	10 GILLARD	11	12			

Interment space for: WILLA WILLIAMS

Interment Date: FRI 6-8 Time: 1:00

Lot: 106 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No *Sly on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16435

(68)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willa	Mae	Williams	02/27/1933	06/03/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Teresa Williams, Daughter 7626 Viewcrest Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	06/05/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/08/2001	2109989 ▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-9-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VARYA ARUTYUNOVA 278058 12:45

in a LINER (Type of Burial Container) Funeral, date, time THUR JUN 7 ~~12:00~~ NOON

Church, Chapel, Graveside ; MAYER Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X M. A

Lot 5277 Grave – Row – Section – Division/Block 10

Grave space & Care Fund PRE-NEED LOT E-12840	5.00
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	774.25
Paid receipt number 53780	774.25
Balance due	0

PAID
JUN 05 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MICHAEL ARUTYUNOV

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Michael Arutyunov
Signature
X 9090 Flanders DR
Address
X San Diego 92126
City Zip Code
X (858) 547-9473
Telephone

Work Order # E 16436

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

5274	5275	5276	5277	5278	5279	5280
Najla Fiad Khouri	—	—	X	—	—	ARKADEY BAGRAMOV

Interment space for: Varya Arutyunova

Interment Date: Thurs June 7th Time: 12:00 Church

Lot: 5277 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Flag on GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 6-5-01

E-16436

E- 16436

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Varya	Martirosovna	Arutyunova	12/26/1910	06/03/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Mamikon Arutyunov, Son 9090 Flanders Drive San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	▶ John Mayer	06/06/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/07/2001 John Mayer	2109924 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 88222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-7-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Jumper		
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-16437 is not included in
this spindle

E-16400 to E-16499

Transfer of Int

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Cynthia Almonor & Peggy

in a _____ (Type of Burial Container) Funeral, date, time Gates

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 136 Grave 8 & 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-53789	45.00
Balance due	~~0~~

Transfer fee

PAID

JUN 07 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

X Cynthia L Almonor
Signature

X 1152 Purdy St
Address

X Spring Valley CA 91977
City Zip Code

X (619) 744-3818
Telephone

Invoice # _____

Work Order # E16438

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

THE CITY OF

SAN DIEGO

E-16438

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 Lot 136 - Grave 8 Section 2 Divison 12

I/We Homer Mallory

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Cynthia Haynes Almonor

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 136 *Grave* 8 *Row* ____ *Section* 2 *Division/Block* 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said Cynthia Haynes Almonor*, its successors and assigns forever.*

WITNESS my/our hand this ____ *day of* ____ *19* ____

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

H B Mallory

Witnesses

STATE OF TENNESSEE
COUNTY OF MONTGOMERY

Sworn to and subscribed before me this 29 day of May, 2001

NOTARY PUBLIC

My Commission Expires Nov. 10, 2003

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

THE CITY OF

SAN DIEGO

E-16438

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 Lot 136 - Grave 10 - Section 2 Division 12

I/We Homer Mallory

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Cynthia Haynes Almonor

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 136 *Grave* 10 *Row* _____ *Section* 2 *Division/Block* 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said Cynthia Haynes Almonor, *its successors and assigns forever.*

WITNESS my/our hand this _____ *day of* _____ *19* _____

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

H A Mallory

Witnesses

STATE OF TENNESSEE
COUNTY OF MONTGOMERY

Sworn to and subscribed before me this 29 day of May, 2001

NOTARY PUBLIC

My Commission Expires Nov. 10, 2003

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John & Dorothy Haynes

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 136 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup ..... 2 at 375	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee ..... 2 at 45	90.00
Sales taxes	28.50
Total Due	1568.50
Paid receipt number R-53789	1568.50
Balance due	~~0~~

PAID
JUN 07 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Cynthia L Alvarez
Signature
X 1152 Purdy St
Address
X Spring Vly CA 91977
City Zip Code
X (619) ~~777~~ 461-2184
Telephone

Work Order # E 16439

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 7, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need for: Henry Dix

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 64 Grave 3 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 53796	1,664.25
Balance due	Ø

PAID
JUN 08 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Probate Estate No. PN024728
Case No. 2000D518G

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.

John Mayer, Funeral Dir.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature (See Attached)
X Address
X City Zip Code
X ( ) Telephone

Invoice #

Work Order # E 16440

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16440

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 7, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need for: Henry Dix

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 64 Grave 3 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 53796	1,664.25
Balance due	Ø

PAID
JUN 08 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Probate Estate No. PN024728
Case No. 20001518G

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.

John Mayer, Funeral Dir.

I hereby authorize the interment in lot I hold under deed.

X Signature
X Address
X City Zip Code
X ( ) Telephone

(See Attached)

Signature of recorded holder of deed

Invoice # _____

Work Order # E 16440

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123

U.S. BANK
600 West Broadway, Suite 100
San Diego, CA 92101-3302
90-3582/1222

CHECK NO. 224155

DATE OF ISSUE 05/18/2001

AMOUNT OF CHECK 1664.25

ESTATE OF DIX, HENRY
CASE NO. 20001518G
PROBATE NO. PN024728
REASON FOR PAYMENT PRE-NEED

ONE THOUSAND SIX HUNDRED SIXTY-FOUR.....DOLLARS
and TWENTY-FIVE CENTS

PAY TO MOUNT HOPE CEMETARY

ORDER OF:

Don Billings

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈224155⑈ ⑆122235821⑆ 16184321948⑈

E-16440

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 7, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre Need for: Henry Dix

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside , Mayer Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned X

Lot 64 Grave 3 Row — Section ~~X~~ 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	14.75
Total Due	1,[illegible]

Paid receipt number

Balance due

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 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X John Mayer
Signature
X 2859 Adams Ave
Address
X San Diego 92116
X 619 281-7055
Signature

(PA CHECK # 22415

Signature of Person Authorized to Deed

Service Order # E 16440

Receipt #

Date #

This information is available in other forms and sizes upon request.

© Printed in Regional Print

D.I.P.
1st BURIAL
WAS
LAWRENCE BALDWIN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the ~~remains~~ 0.00

of HILDA BALDWIN TUC 6-19 2:00

in a LINER Funeral, date, time ~~MON 6-18 12:00~~

Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY ; PACIFIC 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. _____

Lot 50 Grave 7 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need D-8176	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ..... PAID	190.00
Handling Fees	145.00
Flower vases – Marker setting fee ..... SEAMAN LINE	125.00
Recording and filing fee ..... SEAMAN POE	45.00
Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO	14.25
Total Due	894.25
Paid receipt number VISA	894.25
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.

See attached

_____
Signature of recorded holder of deed

WILLIAM BALDWIN
Signature

PO BOX 4061
Address

ENTERPRISE FL 32725
City Zip Code

407 322-2086
Telephone

Work Order # E16441

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

JUN 15 2001 11:04 FR PACIFIC VIEW MEMORIAL PARK 619 [illegible] P.02/02
FROM CENTER FOR HUMAN RELATIONS

E-16441

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-01

[illegible]

[illegible] SALDWIN

[illegible] LIVER [illegible]

Church, Chapel, Crematorium [illegible] Mortuary

[illegible]

[illegible]

Lot 50 Grave 7 Row [illegible] Section 3 Compartment 12

Grave Opening & Care Fund Re-Need D-8176 ~~0~~

Additional opening and care fund

Opening/Closing Fee	375.00
Burial Container	190.00
Handling Fee	145.00
Funeral Home – [illegible]	125.00
Recording and Filing Fee	45.00
State Fees	14.25
Total Due	894.25
Payment Received VISA	894.25
Balance Due	~~0~~

PAID

MT HOPE CEMETAR
CITY OF SAN DIEGO

CLEAR
SIGT

[illegible] 500 [illegible]

[illegible]

[illegible]

[illegible]

WILLIAM BALDWIN
P.O. BOX 1241
ENTERPRISE FL 32725
407 322-8816

Work Order # E16441

Receipt #

Auth. #

[illegible]

[illegible]

4

Pacific View Memorial Park & Mortuary

3500 Pacific View Drive, Newport Beach California 92663
FD1176

E-16441

Fax Transmittal

To: Sue

From: Courtney

Phone Number: (619) 527-3400

Fax Number: (619) 527-3403

Phone Number: (949) 644-2700

Fax Number: (949) 643-8829

- ☐ Urgent
- ☑ For Review
- ☐ Please Reply

Date Sent: 06/15/01

Time Sent: 1057

Number of pages including cover page: 2

Message:

Interment order - Hilda Baldwin

Delivery - Mon 06/18/2001 12 pm.

MT HOPE CEMETERY

E-16441

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
		PATTILO	50 X 7	8 O'BRIEN	9	10
D.I.P.		2nd		Burial		

Interment space for: HILDA BALDWIN

Interment Date: [illegible] 6-14 Time: _____

Lot: 50 Grave: 7 Row: _____ Sect: 3 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-16441

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HILDA	TALEA	BALDWIN	05/17/1912	06/11/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MISSION VIEJO	ORANGE	WILLIAM BALDWIN-SON P.O.BOX 4061 ENTERPRISE, FL 32725

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC VIEW MORTUARY 3500 PACIFIC VIEW DR. CORONA DEL MAR, CA 92625	FD 1167	▶	06/15/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	K.ZERUCHA 06/18/2001	0671 ▶ MARK B.HORTON,MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 634 SANTA ANA, CA 92702	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-19-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED –	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION – ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED –	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY – ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED –	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER – ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION –	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION – ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE –

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

1st Burial
DBL Crypt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case 7/13/01
Lois Q. Reynolds

Date June 11, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Reynolds

in a DBL CRYPT (Type of Burial Container) Funeral, date, time TUES 7-17 10:00

Church, Chapel, Graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 172 Grave 4 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee (1) Trion Vase Marker Set Fee 125.00	~~171.88~~
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,215.38
Paid receipt number VISA	2,215.38
Balance due	0

PAID
JUN 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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. LOIDA REYNOLDS

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature of recorded holder of deed

X [signature]
Signature

X 9243 CARTAAY CIR.
Address

X SPRING VALLEY, CA. 91977
City Zip Code

X (619) 466-2104
Telephone

Work Order # E 16442

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16442

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

1	2	3	4	5	6	
Robert W. DAVIES (no marker)	open	open	X	open	open	
7	8	9	10	11	12	
Paul Lane VA Marker	open	open	open	open	Louis L Laganke	

Interment space for: Joseph Reynolds

Interment Date: _____ Time: _____

Lot: 172 Grave: 4 Row: — Sect: 1 Div: 11

Grave Laid out by: Ken & JR

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-16-01

E-16442

E-16482

(44)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	-	Reynolds	08/19/1956	07/12/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Loida D. Reynolds, Wife 9243 Carthay Circle Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD 1083	▶ T. Truesdale	07/13/2001

* 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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	07/13/2001	2111979 T.Truesdale ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222, San Diego, CA 9 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 12, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sophie T. Shimamoto

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. June 16 11:00am

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. X R.S.

Lot 5045 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... D-6140 Pre-Need	Ø
Additional spaces and care fund ..... Saturday Overtime Charge	600.00
Opening/Closing & Setup	Ø
Burial Container ..... T.S. Vault	Ø
Handling Fees	Ø
Flower vases – Marker setting fee ..... (Upright Marker in place).	—
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	600.00
Paid receipt number 53809	600.00
Balance due	Ø

PAID
JUN 12 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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. Robert K. Shimamoto

X (Robert Shimamoto)
Signature
→ 5356 Jazmin Ct.
Address
→ San Diego CA 92124
City Zip Code
→ (858) 292-4742
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16443

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16443

E-16443

(84)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 06-09-01

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sophie	Toyo	Shimamoto	01/24/1917	06/00/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Robert Shimamoto - Husband 5356 Jazmin Ct San Diego Ca 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Community Mortuary 855 Broadway Chula Vista, Calif 91911	FD1682

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	06/11/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	06/11/2001	2110119 D.Heldenbrand ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records P.O. Box 85222 San Diego, Calif 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 6-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RUTH McELVAIN

in a LINER (Type of Burial Container) Funeral, date, time Mon. June 18, 10:00 AM

Church, Chapel, Graveside "Witness Only" Lewis 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

Lot 946 Grave 7 Row ____ Section 2 Division/~~Block~~ 13

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,664.25
Paid receipt number VISA	1,664.25
Balance due	0

PAID
JUN 13 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X RUTH L. HOLLINGSWORTH
X Ruth L. Hollingsworth
Signature
X 5482 Stanford
Address
X Garden Grove Ca. 92845
City Zip Code
X 714-891-7963
Telephone

I hereby authorize the interment in lot I hold under deed.

Ruth L. Hollingsworth
Signature of reported holder of deed

Work Order # E 16444

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16444

Er 16444

(85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUTH	ALICE	McELVAIN	05/02/1916	06/11/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUTH L. HOLLINGSWORTH - DAUGHTER 5482 STANFORD AVE GARDEN GROVE, CA 92845

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Pauletta Valentine	8B. DATE SIGNED 06/13/2001

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.	9A. AMOUNT OF FEE PAID $7.00	9B. DATE PERMIT ISSUED 06/14/2001 P Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2110310 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Ashes into Grave of: Leo Stafford

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 13, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ATLEE STAFFORD (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time → Mon. A.Y.D. 6/25/01

Church, Chapel, Graveside → DELIVERY ONLY : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 133 Grave 9 Row – Section 3 Division/Block 12

Grave space & Care Fund ..... PRE-NEED LOT E-13801	Ø
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 53842	269.13
Balance due	Ø

MORTUARY TO BRING CK

I hereby certify I am the X Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. R.J. MITCHELL

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature (See Attached)

→ Address

→ City Zip Code

→ ( ) Telephone

Work Order # E 16445

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

FAX'd to Ragsdale
for Signature
E-16445

E-16445

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 13, 2001

The [illegible] authorized [illegible] subject to [illegible] and [illegible] to [illegible] the remains of AILEE STAFFORD (X)

Vice ASE VAULT Funeral date [illegible]

Church Chapel Graveside BAGSDALE Mortuary

All Foreign [illegible] of [illegible] of [illegible] charge of $ 110.00 [illegible] X

Lot 133 Grave 9 Path — Section 1 [illegible] 12

Grave Space & Care Fund PRE-NEED LOT [illegible] $

Additional Spaces and Care Fund

Opening Charges & Bases 102.00

Social Condition 35.00

Foundation Fees 40.00

[illegible]

Handling and Hoisting [illegible]

[illegible] 5.13

Total Due $[illegible]

Paid receipt number

Balance due

[illegible] X [illegible] [illegible]

[illegible]

X [illegible]

→ [illegible]

→ [illegible]

→ [illegible]

Signature [illegible]

Vault Order # E 16445

Section # [illegible]

Page #

[illegible]

[illegible]

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: Ashes : Place TOP RIGHT INTO Grave of Spouse : Leo Stafford

	7	8	9	10	11	12
	Roberto Arellano	Holt Charles	Leo X Stafford	open	no marker	Aloma Roberts

Interment space for: At Lee Stafford (X)

Interment Date: _____ Time: _____

Lot: 133 Grave: 9 Row: — Sect: 3 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-16445

E-16445

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Atlee	-	Stafford	03/05/1913	06/06/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	R. J. Mitchell, Nephew 5151 Coban St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [illegible]	06/12/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/14/2001	2110308 ▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-25-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 6-19-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

15 chairs
into grave of
George Hughey
upper right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRGINIA HUGHEY

in a ash vault (Type of Burial Container) Funeral, date, time 1:00

Church, Chapel, Graveside ; Mon 6-18 (Graveside) Monday

All Funeral cars 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 7 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre-need ~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number VISA	269.13
Balance due	~~0~~

PAID
JUN 2 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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 Douglas Hughey
Signature
X 831 DOS ROBLES PLACE
Address
X ALHAMBRA CA 91801
City Zip Code
626 458 1419
Telephone

Work Order # E 16446

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-16446

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Into grave of George Hughey

			Rothe 3	4	5	6
			114 X 7	8	9	10 BAKER
			GLADNEY			

Interment space for: Virginia Hughey

Interment Date: MON 6-18 Time: 1:00

Lot: 114 Grave: 7 Row: ____ Sect: 1 Div: 11

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16446

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIRGINIA	FLORENCE	HUGHEY	02/15/1920	06/11/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GEORGE HUGHEY - SON 4411 W. POINT LOMA BLVD. SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY - 5027 EL CAJON BLVD SAN DIEGO, CA 92115	FD-790	▶ Diana Lewis	06/13/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DIANA LEWIS 06/14/2001	2110306 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 6/15/01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Into Grave of: "Betty ~~Fotcka~~ Verdeen Sanchez"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 15, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hester M. Conway (X)

in a ASH Vault (Type of Burial Container) Funeral, date, time Thur Jun 21 11:00 am

Church, Chapel, Graveside ; Balboa Cremation Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X [signature]

Lot 37 Grave 5 Row — Section MAS Division/Block B

Grave space & Care Fund Pre-Need B-4960	Ø
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 53817	269.13
Balance due	Ø

PAID
JUN 15 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

James P Conway
X James P Conway
Signature
→ 6339 Camto. Lazaro
Address
→ San Diego, CA 92111
City Zip Code
→ (858) 292-8580
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E16447

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

619-563-5707

Faxed to: Balboa Cremation

E 16447

6-15-01
Marker Says - Betty Verdeen Sanchez

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: Betty Folcka — Verdeen Sanchez
Place Ashes: TOP RIGHT

2	3	4	5			
EDWARD N. DRUM	Antoinette V. DRUM	Roy Edward DRUM	Betty Verdeen X Sanchez	—	—	
~~[illegible]~~ —	~~Bertrand~~ J. Rowan	Louise F. Rowan	Nemo Regman	—	—	

Interment space for: Hester M. Conway

Interment Date: Thur June 21st Time: 11:00 am Graveside

Lot: ____ Grave: ____ Row: ____ Sect: ____ Div: ____

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: ____ Date: ____

E-16447

E-16447

Cremain Burial of: Hester M. Conway

into Grave of: Daughter:

Betty (Folcka) Nerdeen Sonchez

Graveside Service Thurs June 21 11:00am

Masonic "B"

1/9/58

1" = 5'

DRAWING NUMBER 5053

E 16447

(83)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Hester	Mae	Conway	11/23/1917	06/13/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Dora L.Hubbard,Sister 6830 Birchwood Street San Diego,CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BALBOA CREMATION SERVICES 4658 30th ST; San Diego CA 92116	FD 1370	▶ [signature]	06/14/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/14/2001 K.Kerrigan	▶ [signature] MH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery 3751 Market St.; San Diego,CA 92120	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 OldeHwy.80;El CajonCA 92021	12B. DATE CREMATED 6/18/01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-need
Ed & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-15-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dale S. Coe

in a t.s. vault (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 3282 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	1993.75
Paid receipt number R-53820	1993.75
Balance due	0

PAID
JUN 15 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Dale S Coe
Signature

X PO Box 335
Address

X Bullhead City AZ 86430
City Zip Code

X (928) 763-4625
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 16448

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARENCE ROSS

in a BELL LINER (Type of Burial Container) Funeral, date, time SAT., JUNE 23 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 7 Grave 6 Row – Section 3 Division/Block 12

Grave space & Care Fund	E-8536 PRE-NEED LOT & TRUST Ø
Additional spaces and care fund	SAT. OVERTIME CHARGE $600.00
Opening/Closing & Setup	Ø
Burial Container	LINER Ø
Handling Fees	Ø
Flower vases – Marker setting fee	MARKER SET FEE PRE-PAID E-8536 Ø
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	$600.00
Paid receipt number	R- 53835 600.00
Balance due	-0-

PAID JUN 22 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

→ _____ Address

→ _____ City Zip Code

→ ( ) _____ Telephone

See attachment

Invoice # _____

Work Order # E 16449

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-13[illegible] (1,227.25) R-3[illegible]94
Signed by: H. K[illegible]dale

E- 16449

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 18, 200

[illegible]

CLARENCE FOOD

[illegible] BELL LINER [illegible] SAT., JUNE 23 11:00AM

[illegible] LAGSDALE [illegible]

[illegible] $ 150.00

[illegible] X

Lot 7 Grave 6 Row - Section 3 Deadline 12

[illegible] E-8536 PRE-NEED LOT & TRUST 0

[illegible] SAT. OVERTIME CHARGE $600.00

Opening Closing & Setup 0

Burial Container [illegible] 0

Hunting Fees 0

Flower Vases - Marker Setting fee MARKER SET PRE PRE-PAID E-8536 0

Redesigning and filing fee 0

Sales taxes 0

Total Due $600.00

Paid receipt number

Balance due

[illegible] X Niece [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

-16449

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	1		
Rosie Lee Johnson (no marker)	—	Leroy E. Jones, Sr (no marker)	Clarence X Ross	OC Foster Kathryn Ross	—	—
9	10	11	12	7		
Thomas Boyd	Leo A. Bell Rose (no marker)	Victor West	Lawrence Sheehan	Mack Bryant + Beulah M. House		

Interment space for: CLARENCE ROSS

Interment Date: SAT. JUNE 23RD, 2001 Time: 11:00AM GRAVESIDE

Lot: 7 Grave: 6 Row: - Sect: 3 Div: 12

Grave Laid out by: Ricardo & Ron

Agrees with Legal Card: ☑ Yes ☐ No

Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 6/20/01

E-16449

E-16449

(98)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Clarence	-	Ross	11/26/1902	06/17/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Anita Ervin, Niece 942 Grand Ave. #2 South San Francisco, CA 94080

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Wheelman	06/22/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/22/2001	2110834 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-23-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Keith F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT J. DOLPH

in a LINER (Type of Burial Container) Funeral, date, time WED 6-20-01 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. _____

X Lot 155 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number R-53827	1664.25
Balance due	0

PAID
JUN 18 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

(See Attached)

Invoice # _____

Work Order # E 16450

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16450

JUN 18 2001 11:10 AM PAUL J CALIFANO DPM 619 463 5921 P.01
PAGE 01
06/18/2001 11:06 281-7587 MAYER

E-16450

#569 P01
JUN-18-01 10:21 ID:MT HOPE CEMETERY TEL NO:

Dr Paul J. Califano, Please sign and fax back
619) 281-7587
John Mayer

MT. HOPE CEMETERY
INTERMENT ORDER
Day of Rain Dwgs

Date 6-18-01

[illegible]
of ROBERT J DOLPH
[illegible] LINER [illegible] WED 6-20-01 11:00
Church, Chapel Provider DELIVERY ONLY MAYER Mortuary
[illegible]
[illegible]

Lot 156 Space 5 Row ____ Section 2 Division/Block 12

Grave opened & Cars Fund	895.00
Additional opened and [illegible]	
Opening/Closing & Setup	375.00
Build Container	190.00
Handling Fees	145.00
Power [illegible]	
Recording and filing fee	45.00
Sales Tax	14.25
Total Due	1664.25

Paid receipt number ____ Balance due ____

I hereby certify I am the X [illegible] [illegible]

I hereby authorize the interment [illegible]

X Paul J. Califano
X 2170 University Av
X La Mesa, CA 91941
X (619) 463-2354

Work Order # 16450

Invoice # ____
Acct # ____

[illegible]

MT HOPE CEMETERY
E-16450

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 CHAN	4	155 X 5	6		
8	9	10	11 WEST	12		

Interment space for: ROBERT DOLPH

Interment Date: WED 6-20 Time: 11:00

Lot: 155 Grave: 5 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Rent Rick

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Maria Carter Date: ____

E- 16450

(67)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	Joseph	Dolph	02/13/1934	06/11/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Paul J. Califano, Friend 7170 University Ave La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	▶ John Mayer	06/18/2001

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 7130 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/18/2001 John Mayer	2110510 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lanner	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16450

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	Joseph	Dolph	02/13/1834	06/11/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Paul J. Califano, Friend 7170 University Ave La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	▶ John Mayer	06/18/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/18/2001 John Mayer	2110510 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 6-18-01

ELAIO CARABEZ NUNEZ

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA # 20011236 ME# 01-208

In a _____ Type of Burial Container Funeral, date, time Thurs 7/5/01 10:00am

Church, Chapel, Graveside _____ : Aztlan 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 5 Grave 3 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees DISINTERMENT FEE	1000.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1000.00
Paid receipt number R-53830	1000.00
Balance due	0

PAID

JUN 20 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

See attachment

MEXICAN Consulate
308-9912

Invoice # _____

Work Order # E 16451

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

THE CITY OF SAN DIEGO E-16451

AUTHORITY TO DISINTER, REMOVE OR REINTER

June 18, 2001
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

JOHN DOE PA#20011236 ME# 01-208

from Lot 5 Grave 3B Section _____ Row _____ Block _____

Division 13 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery Mexico

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
[illegible]	I AM BROTHER	20723 ARLINE AVE #B LAKEWOOD CAL. 90715

I hereby authorized the above disinterment:

_____ _____
(Lot owner must sign if not legal custodian) Date

(This form must be notarized, if not signed in presence of cemetery staff.)

Mt. Hope Cemetery
Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 6-18-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA # 20011236 ELADIO CARABEZ NUÑEZ

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 5 Grave 3 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees DISINTERMENT FEE	1000.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1000.00
Paid receipt number	
Balance due	

I hereby certify I am the X I AM 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 Rigoberto Carabez N. Rigoberto Carabez N.
Signature

X 20723 ARLINE AVE #B.
Address

X LAKEWOOD CAL. 90715
City Zip Code

X (562) 402 42 89
Telephone

Work Order # E 16451

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16451

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
[illegible]

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
[illegible]

[illegible]
[illegible]
[illegible]

June 20, 2001

MOUNT HOPE CEMETARY
5751 MARKET ST.
SAN DIEGO, CA 92102
ATTN: RAY SNIDER

Re: John Doe, PA case 20011236

Please be advised that the County of San Diego Public Administrator authorizes the removal of indigent John Doe, PA case 20011236 from your cemetery. The family applied for a hardship waiver which was [illegible] as far as the County is concerned, we will be waiving our fee on this case. The County has already reimbursed the funeral home that interred him as well as having reimbursed the City of San Diego. The family has been advised that they will still need to pay the disinterment fee as well as having to make arrangements with a funeral home to do the disinterment. Thank you for your attention in this matter.

Sincerely,

Mario A. De La Toba
Deputy Public Administrator
County of San Diego

for

Don Billings
Public Administrator
County of San Diego

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

E-16451

June 20, 2001

MOUNT HOPE CEMETARY
3751 MARKET ST.
SAN DIEGO, CA 92102
ATTN: RAY SNIDER

Re: John Doe, PA case 20011236

Please be advised that the County of San Diego Public Administrator authorizes the removal of indigent John Doe, PA case 20011236 from your cemetery. The family applied for a hardship waiver which was accepted. As far as the County is concerned, we will be waiving our fee on this case. The County has already reimbursed the funeral home that interred him as well as having reimbursed the City of San Diego. The family has been advised that they will still need to pay the disinternment fee as well as having to make arrangements with a funeral home to do the disinternment. Thank you for your attention in this matter.

Sincerely,

Marco A. De La Toba
Deputy Public Administrator
County of San Diego

for

Don Billings
Public Administrator
County of San Diego

E- 16451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELADIO	-	CARABES-NUNEZ	01/21/1967	01/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RIGOBERTO CARABES-NUNEZ - BROTHER 20723 ARLINE AVE., APT. B LAKEWOOD, CA 90715

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET STREET, SAN DIEGO, CA 92102	FD-1658	F. Juarez	07/02/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/02/2001 F.JUAREZ	George R. Gerrell MA

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED	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 RES, CARMEN NUNEZ DE CARABES, MOTHER, CALLE GERIRU-DIS BOCA NEGRA #14, COL. SANTA ROSA, LOS REYES, MICH., MX.	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELADIO	-	CARABES-NUNEZ	01/21/1967	01/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RIGOBERTO CARABES-NUNEZ - BROTHER 20723 ARLINE AVE., APT. B LAKEWOOD, CA 90715

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET STREET, SAN DIEGO, CA 92102	FD-1658	F. Juarez	07/02/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/02/2001 F.JUAREZ	George R. Alexander MA

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [x] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED	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 RES, CARMEN NUNEZ DE CARABES, MOTHER, CALLE GERIRU-DIS BOCA NEGRA #14, COL. SANTA ROSA, LOS REYES, MICH., MX.	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

John Doe identified as: GENARO Ponce' III

Date JUNE 18, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011621 ME# 01-01140

in a DBL DEPTH (Type of Burial Container) Funeral, date, time FRI JUNE 22, 2001 10:00

Church, Chapel, Graveside "DELIVERY ONLY" ; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 4T 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	

VOID 6-26-01 per Roma S.

ROMA STRONACH, DEPUTY

I hereby certify I am the PUBLIC 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. ROMA STRONACH, DEPUTY PA

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X (See Attached)
Signature

5201-A RUFFIN ROAD
Address

SAN DIEGO, CA 92123
City Zip Code

(858) 495-5617
Telephone

Invoice # (VOID)

Acct. #

Work Order # E 16452

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Faxed to Deputy PA - Roma Stronach
for signature

E-16452

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-16452

Date JUNE 18, 2001

You are hereby authorized and authorized, subject to your rules and regulations, to inter the remains of JOHN DOE PA# 20011621 HE# 01-01140, PA# 20011621

in a DBL DEPTH Funeral date, time FRI JUNE 22, 2001 10:00

Church, Chapel, Grounds "DELIVERY ONLY" MAYER Mortuary

All Funeral cars must enter before 3:30 only, or regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 5 Grave 4T Tier - Section - Division/Block 13

Grave Index & Care Fund	126.00
Additional Hours and care fund	
Opening/Closing & Setup	
Burial Container	165.00
Handling Fees	50.00
Flower Vases - Marker Setting fee	
Restocking and Filling fee	
Total Cash	45.00
Total Due	386.00

Paid receipt number

NEMA STROMACH, DEPUTY

I hereby certify I am the PUBLIC GUARDIAN of the above named decedent and that in your authority to make disposition of remains as above indicated, I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery, Cemetery Trust, any liability on account of said authorization and interment.

NEMA STROMACH, DEPUTY PA

I hereby authorize the interment in the Fund under Deed.

Signature

Signature

Signature

520 A BURTON ROAD

SAN DIEGO, CA 92123

(858) 495-5617

Work Order # E 16452

Invoice #

Deed #

Rev. for Plan

This information is available in alternative formats upon request.

County of San Diego

E-16452

HEALTH AND HUMAN SERVICES AGENCY
ROBERT K. ROSS, M.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(619) 694-3500 FAX (619) 694-3987

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

DATE: 6/19/01

PLEASE DELIVER TO:

Name: DENISE CULVERSON

Agency: MT. HOPE CEMETERY

Fax Number: 619-527-3403

FROM:

Name: RBS RONA B. STRONACH, DEPUTY PUBLIC ADMINISTRATOR

Telephone Number: (858) 495-5617

Fax Number: (858) 694-3987

Subject: JOHN DOE #01-01140 ME
#20011621 PA

Number of pages (including cover sheet):

MESSAGE: Denise I added over PA # to your bill so we can differentiate which John Doe for our files
Thank you

CONFIDENTIALITY NOTICE

The document(s) accompanying this transmission contain(s) confidential information which is or may be legally privileged. It is intended only for the use of the recipient designated above. Any disclosure, copying, distribution of this information or the taking of any action in reliance on the information, except their transmission to the above recipient, is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for the return of the information to us.

Pre-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-01

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 _____
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. _____

135 to 139 Lot _____ Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund ..... 5 LOTS AT 550.00 ..... 2750.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... PAID ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... JUN 18 2001 ..... _____

Recording and filing fee ..... MT. HOPE CEMETARY ..... _____

Sales taxes ..... CITY OF SAN DIEGO, C. ..... _____

Total Due 2750.00

Paid receipt number R-53826 2750.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 16453

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 19, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lauretta ETHEL ECKERT

in a ~~BELL LINER~~ T.S. Vault (Type of Burial Container) Funeral, date, time TUES 6/26/01 11:00

Church, Chapel (Graveside) ; TURNER-STEVENS (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 1302 Grave – Row – Section 1 Division/Block 8

Grave space & Care Fund		1,395.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container ~~BELL LINER~~ T.S. Vault	750.00	~~190.00~~
Handling Fees	185.00	~~145.00~~
Flower vases – Marker setting fee 1-TRION VASE & MARKER SET FEE		171.88
Recording and filing fee		45.00
Sales taxes	18.75	~~14.25~~
	2,336.13 (+104.50) Total Due	2,440.63 ~~2,336.13~~
Paid receipt number R-53837		2336.13
Balance due		104.50
		104.50

PAID JUN 26 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, C.

I hereby certify I am the X n/c of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 See attachment

City Zip Code

( ) Telephone

Invoice #

Work Order # E16454

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2,336.13

Truck + Marker Set Fee

-171.88 = 2,164.25

6-19-01E- 16454

Nephew, Ken Hartley

(619) 444-4505 (work)

(619) 281-8388 (home)

Aunt Ethel Eckert is

6-20-01 2:05pm

Loretta Ethel Eckert SERVICES

Tues June 26-
11:00AM

E16454

Montecello Vault
"Wilbur Vault"

Eric Dubois
Turner - Stevens Mort-
(626) 282-4131
Fax (626) 282-0435

Ken Hartley (Got Nephew)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 19, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHEL ECKERT

in a BELL LINER (Type of Burial Container) Funeral, date, time

Church, Chapel Graveside : Mortuary

→ All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 1302 Grave – Row – Section 1 Division/Block 8

Grave space & Care Fund	1,395.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ~~BELL LINER~~ Concrete Crypt	190.00
Handling Fees	145.00
Flower vases – Marker setting fee 1-TRION VASE & MARKER SET FEE	171.88
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	2,336.13
Paid receipt number	
Balance due	

~~453.75~~ 12x24

~~263.75~~

I hereby certify I am the X Sole Error of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Kenneth Hartley
Signature of recorded holder of deed

X Kenneth Hartley
Signature
→ 584 N JOHNSON AVE
Address
→ El Cajon Ca 92020
City Zip Code
→ (619) 281-8388
Telephone

$ 104.50 Balance

Work Order # E16454

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

$ ~~[illegible]~~

E-16454

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LAURETTA	ETHEL	ECKERT	07/03/1910	06/17/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PASADENA	LOS ANGELES	DIANE BERCAW - EXECUTOR 1455 ASTON ST., PASADENA, CA 91103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
TURNER & STEVENS ALHAMBRA 550 E. MAIN ST., ALHAMBRA, CA 91801	FD-17	▶ Jean P Chang	06/22/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/25/2001	▶ G Bufalino

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
1945 N. FAIR OAKS AVE. #1136 PASADENA, CA 91103	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	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 6-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLOTTE G. DAVIS

in a LINER (Type of Burial Container) Funeral, date, time Fri June 22 3:00 pm

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 SD

Lot 1359 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... PRE-NEED C-8266	~~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 53831	769.25
Balance due	~~0~~

PAID

JUN 20 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Great ~~Nephew~~ 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.

~~Brian~~ Shelly Dowers

X Shelly Dowers
Signature

X 8017 Drexel Ct.
Address

X Lemon Grove, CA 91945
City Zip Code

X (619) 698-8171
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16455

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LYDIA MAGDLINE Walker	Barbara D. Anderson	—	—			
1356	1357	1358 Kenneth Louis DAVIS	1359 X	1360	1361	1362
	MAUDE S. TRITTIPO	—	Phila Elizabeth Perry	—		

Interment space for: Charlotte Davis

Interment Date: _____ Time: _____

Lot: 1359 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: Ron & Ricky

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 6-21-01

E-16455

E- 16455

(82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHARLOTTE	GENEVEVE	DAVIS	08/26/1918	06/18/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	BRIAN DOWERS: NEPHEW 8017 DREXEL COURT LEMON GROVE, 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	06/22/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 2110814 06/22/2001	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenny F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of THELMA BANKSTON

in a LINER (Type of Burial Container) Funeral, date, time FRI 6-22 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. X

Lot 98 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1564.25
Paid receipt number 53836	1564.25
Balance due	0

MORTUARY TO BRING CHECK

Rcvd CK# 11923 6-21-01

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

Invoice # _____

Work Order # E 16456

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16456

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	BELL 3	PARKER 4	PARKER 5
		7 BALARES	98 X 8	9	10	11 PERRY

Interment space for: THELMA BANKSTON

Interment Date: FRI 6-22 Time: 11:00

Lot: 98 Grave: 8 Row: ____ Sect: 2 Div: 11

Grave Laid out by: Ron + Rick

Agrees with Legal Card: ☐ Yes ☐ No

Alley on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 6/20/01

E-16456

E-16456

(69)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Thelma	-	Bankston	02/04/1932	06/16/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Gloria M. Atkins, Sister 350 Las Flores Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	06/18/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/22/2001 [signature]	2110788

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16456

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma	-	Bakkston	02/04/1932	06/16/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Gloria M. Atkins, Sister 350 Las Flores Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	06/18/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/22/2001	2110788

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-22-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYNN BELL JR.

in a LINER (Type of Burial Container) Funeral, date, time FRI 6-22 1:00

Church Chapel Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned X

Lot 201 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	14.25
Total Due	1664.25
Paid receipt number R-53834	1664.25
Balance due	0

MORTUARY TO BRING CHECK

Rec'd. CK# 11921 6-21-01

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

(See Attached)

Invoice # 349161

Work Order # E 16457

Acct. # 106074

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16457

E-16458

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

ANA LUISA MARTINEZ Exp 6-19-02 A485685
Rodolfo Wence Exp 2-[illegible]0 B8036442
Name

3772 BROADWAY
Address

SAN DIEGO, CA 92102
(619) 263-6565

PURCHASER

ANA LUISA MARTINEZ
Print Name

X Ana L. Martinez
Signature

3772 BROADWAY
Street Address (Mail)

SAN DIEGO, CA 92102
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: X [illegible]

SLW:st(62-1)
1-23-90

E-16457

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 PRIOR	4	5	6		
8	9	10	201 X 11	12 JOHNSON		

Interment space for: LYNN BELL JR

Interment Date: FRI 6-22 Time: 1:00

Lot: 201 Grave: 11 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Ron + Rick

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 6/20/01

MT. HOPE CEMETERY

INTERMENT ORDER E-16457

City of San Diego

Date 6-19-01

You are hereby authorized and instructed, subject to statutes and regulations, to receive remains of LYNN BELL JR.

Type LINER Funeral date, time FRI 6-22 1:00

Chapel Graveside RASSDALE Mortuary

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to Cemetery. X [signature]

Lot 201 Block 11 Tier Section 2 Grid Reference 12

Brown space & Care Fund	895.00
Additional Services and Care Fund	—
Drawing, Closing & Setting	375.00
Burial Compensation	190.00
Handling Fees	145.00
Flower Vessel - Blocks Sealing fee	—
Recording Handling fee	45.00
Sales Tax	14.25
Total Due	1664.25

MORTUARY TO BRING CHECK

Paid Receipt number 53834 1664.25

Balance due 0

I hereby certify I am the X [illegible] of the above named deceased and that if you I authority to make [illegible] or remains as above [illegible] I certify and [illegible] that I have the right to make this authorization and I agree to [illegible] Hope Cemetery [illegible] any liability or accuracy of said authorization and [illegible]

I hereby authorize the [illegible] to be [illegible] Hope Cemetery

X [signature]
Signature

X [illegible]
Address

X San Diego, CA 92114
City

X 479-3082
Telephone

Same Order # E 16457

Invoice #

Acct #

[illegible]

[illegible]

E- 16457

(167)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lynn	-	Bell, Jr.	06/14/1985	06/16/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sherry Warren, Mother 7451 Gatewood Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	Debbie Wells	06/20/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/22/2001	2110790

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/22/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kay Snedic	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need. Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodolfo Wence & Ana Luisa Martinez

in a 1 Liner / 3 Ash Vault (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 131 Grave 7 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895-
Additional spaces and care fund	—
Opening/Closing & Setup 1 Liner $375.00 + 3 Ash Vault $315.00	690-
Burial Container 1 Liner $190 + 3 Ash Vault $165.00	355-
Handling Fees 1 Liner $145.00 + 3 Ash $180.00	325-
Flower vases – Marker setting fee	—
Recording and filing fee 4 Liner + Ash 180	180-
Sales taxes Liner $14.25 & Ash Vault $12.39	26.64
Total Due	2,477.64
Paid receipt number 53829	- 617.00
Balance due	1,854.64

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: Ana L. Martinez

Address: 3772 Broadway S.D. Cal 92102
City Zip Code

Telephone: (619) 263-6565

Invoice # collections 9/23/03

Acct. # _____

Work Order # E 16458

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16458

Martinez, Ana Luisa & Wence, Rodolfo 3772 Broadway, San Diego, CA 92102 (619-263-6565)

		DEBIT	CREDIT	BALANCE
06-[illegible]-2001	Opened Pre-Need Lot & (4) Trusts Acct. 179 116 Lot 131 Gr. 7 Sec 2 Div 12	895.00		
06-20-2001	Opened Pre-Need Trusts: (3) CREMAIN TRUSTS and (1) Full Body w/ Liner.	1,576.64		2,471.64
06-20-2001	~~25% Down Payment: Receipt # R-53829~~		- 617.00	1,854.64
06-20-2001	Payment/Coupon Book given in office. (1st payment due Aug. 10, 2001)			
8-13-01	R- 54024 coupon #1		77.00	1777.64
10-12-01	R- 54231 2 & 3		154.00	1623.64
11-14-01	R-54326 4 47 To 20		77.00	1546.64
2-28-02	R- 54697 5 to 7 Rem to TRUST		231.00	1315.64
6-7-02	R-55086 8, 9, 10, 11		308.00	1007.64
11-7-02	R-55594 12 & 13		154.00	853.64
8-21-03	Mailed delinquent notice			

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Preneed Lot E-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								10			

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted] Lot [redacted] S-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								10			

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Ermened Lot E-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before, due date above: $ 25.00

Amount due if paid more than ____ days after due date above: $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot 6-13/05

Beth Brayall
404 Sunrayside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before due date above $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pruneed Let B-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10	2		

Amount due when paid on or before due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot R-13785

Beth Brayall
404 Sunnyside Avenue
San Diego, CA 92114
(276-11-2-12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before due date above $ 25.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49971

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5/18, 1998

From: Beth Broyall Address: 404 Sunnyside Ave San Diego Ca 92114

Fifty 00/00 Dollars ($ 50.00)

In Part Payment of Pre Need Lot Trust

Lot 276 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10785

BALANCE DUE 371.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kaye Baker

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49729

Date: 3/9, 19 98

From: Betty Brayall Address: 464 Sunnyside Ave San Diego Ca 92114

Twenty five 00/100 Dollars ($ 25.00)

In Part Payment of Pre Need Lot

Lot 276 Grave 11 Row Section 2 Division Block 10

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 421.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Kerry Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

49608

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2-4, 1998

From: Cameka Brayall Address: 404 Sunnyside ave. SD 92114

twenty five and no/100 Dollars ($ 25 00)

In part Payment of pre need lot

Lot 276 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 446 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cauna Avalloni

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49340

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40

Date: 1/2, 1998

From: Jameka Blayall Address: 404 Sunnyside ave. SD 92114

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of preneed lot

Lot 276 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 471.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

43247

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/5, 19 97

From: Beth Brayall Address: 404 Sunnyside Ave. San Diego 92114

Twenty five and no/100 Dollars ($ 25 00)

in full Payment of Pre need lot

Lot 270 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 496.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

49153

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 11/7, 1997

From: Betty Bragall Address: 404 Sunnyside Ave San Diego Ca 92114

Twenty five 00/100 Dollars ($ 25.00)

In Part Payment of Pre Need Lot

Lot 976 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 521.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

40055

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/8, 1997

From: Beth & Tameka Brayall Address: 404 Sunnyside Ave. San Diego 92114

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Pre need lot

Lot 276 Grave 11 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13785

BALANCE DUE 546.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C. Turgeon - Avallone

CREDIT	67007		
20% Sales Care	77184	25	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

48933

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-4, 1997

From: Tameka Brayall Address: 404 Sunnyside Ave San Diego 92114

Twenty Five and no/100 Dollars ($ 25.00)

In part Payment of Preneed lot

Lot 276 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13785

BALANCE DUE 571.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gregory Ara Cline

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

THE CITY OF SAN DIEGO

E-16458

February 28, 2003

Ms. Beth Brayall
404 Sunnyside Ave.
San Diego, CA. 92114

Reference: Customer Contract

Dear Ms. Brayall,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was May 18, 1998 leaving a balance of $371.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-13785 date issued August 15, 1997 cemetery location, Division 12, Section 2, Lot 276, Grave 11.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contractual obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

THE CITY OF SAN DIEGO

E-16458

August 20, 2003

Ms. Martinez &
Mr. Wence
3772 Broadway
San Diego, CA 92102

Reference: Customer Contract

Dear Mr. Wence & Ms. Martinez,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was November 7, 2002 leaving a balance of $853.64. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-16458, date issued June 20, 2001 cemetery location Division 12, Section 2, Lot 131, Grave 7.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Pre-Need. Lot & Trust

16458

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodolfo Wence & Ana Luisa Martinez

in a 1 Liner / 3 Ash Vault (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 131 Grave 7 Row ___ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895-
Additional spaces and care fund	—
Opening/Closing & Setup 1 Liner $375.00 + 3 Ash Vault $315.00	690-
Burial Container 1 Liner $190 + 3 Ash Vault $165.00	355-
Handling Fees 1 Liner $145.00 + 3 Ash $180.00	325-
Flower vases – Marker setting fee	—
Recording and filing fee 4 Liner + Ash 180	180-
Sales taxes Liner $14.25 & Ash Vlt $12.39	26.64
Total Due	2,471.64
Paid receipt number 53829	-617.00
Balance due	1,854.64

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

Ana L. Martinez
Signature

Address

3772 Broadway S.D. Cal 92102
City Zip Code

(619) 263-6565
Telephone

Work Order # E 16458

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53829

Date: 6-20- , 20 01

From: ANAL. MARTINEZ/Rodolfo Wence Address: 3772 BROADWAY SAN DIEGO CAL. 92102

Six hundred and Seventen 00/100 Dollars ($ 617.00)

In PART. Payment of (PRE-NEED) For ANA LUISA MARTINEZ/Rodolfo Wence.
(1-LOT 1-Full Body TRUST 3-Ash Burial TRUSTS)

Lot 131 Grave 7 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-16458

BALANCE DUE $ 1,854.64

personal check

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 456

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 20 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Maria [illegible]

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	617	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	617	00

Ana L. Martinez
3772 Broadway 619-263-6566
San Diego, Ca 92102-3451

16-24/1220 952
0952432326

456

06-20-01

Mt. Hope Cemetery $ 617.00

Six hundred-Seventeen 00/100

WELLS FARGO Wells Fargo Bank
www.wellsfargo.com

Pre-Need LOT + Burial TRUSTS Ana L Martinez

⑆122000247⑆0952432326⑈0456

E-16458

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 20th day of Junio, 2001, between Ana L. Martinez & Rodolfo Wence 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 131, Grave 7, Row —, Section 2, Block Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $2471.64, payable as follows: $617.00 cash herewith, the receipt of which is hereby acknowledged; $617.00 on the 20 day of Junio, 2001; and the balance in installments of $ 77.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter 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.

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 consititute 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Into grave of Elsa Gruner center right

Date 6-20-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AGATHA FREEMAN

in a ASH VAULT (Type of Burial Container) Funeral, date, time MON T-2 10:00

Church, Chapel, Graveside WITNESS ONLY ; Telophase Cemetery Mortuary.

All Funeral cars must arrive before 3: 0 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1960 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund ..... PRE-NEED B-3336	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number R-53845	269.13
Balance due	0

PAID

JUN 28 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Jeanne Covel
Signature

X 6228 Rocky Sage Rd
Address

X JAMUL CA 91935
City Zip Code

X 619 6690458
Telephone

Work Order # E 16459

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16459

Durable Power of Attorney and Nomination of Conservator

TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS.

1. THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT WITH BROAD POWERS TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY.

2. THESE POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT DISABILITY OR INCAPACITY.

3. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME.

1. DESIGNATION OF AGENT. I, Agatha Freeman, residing at 2950 Main Street, Lemon Grove, State of California, do hereby appoint Jeanne L. Coval (619) 669-0458 or 669-1700, whose address is 3228 Rocky Sage Road, Jamul, CA 91935, as my Attorney in fact to act for me and in my name as authorized in this document.

2. CREATION OF DURABLE POWER OF ATTORNEY. By this document, I intend to create a general power of attorney under the laws of the State of California. Subject to the limitations in this document, this power of attorney is a durable power of attorney and shall not be affected by my subsequent incapacity.

3. STATEMENT OF AUTHORITY GRANTED. Subject to any limitations in this document, I hereby grant to my agent full power and authority to act for me and in my name in any way which I myself could act, if I were personally present and able to act, with respect to the following matters as each of them is defined and construed by the laws of the State of California:

(1) Real estate transactions.
(2) Tangible personal property transactions.
(3) Bond, share, and commodity transactions.
(4) Financial institution transactions.
(5) Business operating transactions.
(6) Insurance transactions.
(7) Retirement plan transactions.
(8) Estate transactions, including the right to make gifts.
(9) Claims and litigation.
(10) Tax matters.
(11) Personal relationships and affairs.
(12) Benefits from military service.
(13) Records, reports, and statements.

E-16459

(14) Full and unqualified authority to my agent to delegate any or all of the foregoing powers to any person or persons whom my agent shall select.
(15) All other matters.

4. DURATION. This power of attorney shall exist for an indefinite period of time.

5. NOMINATION OF CONSERVATOR OF ESTATE. If a conservator of the estate is to be appointed for me, I nominate Jeanne L. Coval (619) 669-0458 or 669-1700, whose address is written herein above, to serve as my conservator.

DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Power of Attorney on November 17, 1998, at the City of Lemon Grove, State of California.

Agatha Freeman

Agatha Freeman

E-16459

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. INTO GRAVE OF ELSA GARNER

		center right				
1957 JONES	1958	1959 NOGLE	1960 X	1961	1962	1963

Interment space for: Agatha Freeman

Interment Date: Mon 7-2 Time: 10:00

Lot: 1960 Grave: ____ Row: ____ Sect: 3 Div: 8

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16459

(85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AGATHA	-	FREEMAN	02/26/1916	06/14/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JEANNE COVAL - DAUGHTER PO BOX 120 JAMUL, CA 91935

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
TELOPHASE CREMATION SOCIETY-EL CAJON, 145 E LEXINGTON AVE, EL CAJON, CA 92020	FD-1604	▶ Paulette Valentine	06/20/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/20/2001	2110684 P Valentine ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 7-2-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 JUNE 21, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNICE K. ANTHONY (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUE 7-3 11:00

Church, Chapel, Graveside ; CONRAD Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 14 Grave 5 Row – Section MAS Division/Block G

Grave space & Care Fund ..... PRE-NEED	Ø
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 53854	269.13
Balance due	Ø

PAID JUN 28 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Mortuary To Bring Check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Signature
X Address (See ATTACHED)
X City Zip Code
X ( ) Telephone

Invoice # _____

Work Order # E 16460

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 21, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNICE K. ANTHONY (S)

in ASH VAULT Funeral date, time Thurs. 06/28/01 11:00 AM

Church, Chapel, Graveside ~~DELIVERY ONLY~~ CONRAD Mortuary

All Funeral rate 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 14 Grave 4 Row - Section MAS Division/Block G

Grave space & Care Fund	PRE-NEED	$
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container	ASH VAULT	35.00
Handling Fees		10.00
Flower Vases – Marker Setting Fee		
Recording and filing fee		45.00
Sales tax		4.13
	Total Due	769.13

Paid receipt number

Balance due

I hereby certify I am the X DAUGHTER of the above named decedent and that of your authority to make disposition of remains as above and certify that I represent and I hereby reserve right to revise the authorization and I agree to hold the Mt. Hope Cemetery Corporation and hereby we acknowledge and authorization and instruction.

I hereby authorize the interment in our hold under deed

X [signature]
Signature

X 1450 THIRD AVENUE
Address

X SAN DIEGO, CA 92103
Address

X (610) 293-3401
Telephone

Signature of decedent Relative Date

Work Order # E 16460

Invoice #

Acct #

Rate Code of Day

This information is available in alternative formats upon request.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. **NOTE:** **PLACE ASH VAULT: TOP RIGHT**
****INTO GRAVE OF** Edward Farnsworth Anthony

	3	4	5	6	7	
	Kalohee Blitke Baldwin	LEDYARD Baldwin VA-M	X	Open	Clara L. Baldwin Webster	

Interment space for: BERNICE K. ANTHONY (X)

Interment Date: ~~THUR 6-27~~ TUE 7-3 Time: 11:00

Lot: 14 Grave: 5 Row: - Sect: MAS Div: G

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

E-16460

E-16460

(91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BERNICE	KELLEHER	ANTHONY	12/28/1909	06/20/2001	

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIE A. GOLDEN - DAUGHTER 3450 THIRD AVENUE, APT. #203 SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	[signature]	06/20/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 06/22/2001	2110786

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6-26-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16460

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
BERNICE	KELLEHER	ANTHONY	12/28/1909	06/20/2001	

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIE A. GOLDEN - DAUGHTER 3450 THIRD AVENUE, APT. #203 SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941		06/20/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grace E. Cordell 06/22/2001	2110786

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6-26-01	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.

Pre-need
lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Read & Thomas Gibson

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 192 Grave 7 & 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	2 at 895	1790.00
Additional spaces and care fund	2 at 125 marker setting fee	250.00
Opening/Closing & Setup	2 at 375	750.00
Burial Container	2 at 190	380.00
Handling Fees	2 at 145	290.00
Flower vases – ~~Marker setting fee~~	2 trios at 46.88	93.76
Recording and filing fee	2 at 45	90.00
Sales Tax	2 at 14.25	28.50
	Total Due	3672.26
	Paid receipt number R-53833	3672.26
	Balance due	0

PAID
JUN 21 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

4/21/2008 used Carolyn's Pre need

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Carolyn Read
Signature
X PO BOX 122687
Address
X SAN Diego, CA 92112-2687
City Zip Code
X 619-884-1023
Telephone

Work Order # E 16461

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16461

Pre-NeedTrust Accounting

Interment Order: **E-20730** **For:** **Carolyn Read**

Revenue Account		Current Price	Fund 63033 (Acct 4226) Old price	Withdraw from Fund 67007 - ACCT 77186
77181	Grave Openings	$533.00	$375.00	$158.00
77182	Burial Container Liner	$270.00	$190.00	$80.00
77183	Miscellaneous Fees	$65.00	$45.00	$20.00
77185	Handling Fee Liner	$206.00	$145.00	$61.00
Fund 60101 ACCT 78390	Tax on Liner	$20.93	$14.25	$6.68
		$1,094.93	**$769.25**	**$325.68**

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53838

Date: 6-21, 20 01

From: Carolyn Reed / Thomas Gibson Address: P.O. Box 132687 San Diego 92112 - 2687

Three thousand six hundred seventy two & 26/100 Dollars ($ 3672.26)

In full Payment of Pre-Need Lots & Trusts

2 marker setting fees & 2 Trion vases

Lot 192 Grave 7 & 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16461

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181		
Serial Containers	100 77182	50	00
Handling Fee	100 77185	40	00
Recording & Misc. Fees	100 77183	250	00
Pre-Need Trust	83033 9022	1538	50
Sales Tax	80101 78390	3	76
TOTAL PAID	$	3672	26

2 trion vas Marker instau

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-22-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~HORACE~~ EDWARD BARRON

in a LINER (Type of Burial Container) Funeral, date, time WED 6-27 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 39 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	125.00
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1789.25
Paid receipt number R-53846	1789.25
Balance due	0

PAID
JUN 27 2001
MT. HOPE CEMETAR
CITY OF SAN DIEGO

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

See attached

Y _____ Telephone

Invoice # _____

Work Order # E 16462

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16462

ATTN: JOHN EDWARDS - Please Approve + FAX BACK (619) 281-7587

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-22-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HORACE EDWARD BARRON

in a LINER (Type of Burial Container) Funeral, date, time WED 6-27 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 39 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	125.00
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1789.25
Paid receipt number	
Balance due	

I hereby certify I am the X Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X John L Edwards - Deputy
Signature
X 5201-A Ruffin Rd
Address
X San Diego CA 92123
City Zip Code
X (858) 694-3500
Telephone

Invoice # _____

Work Order # E 16462

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-16462

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 X 1	2	3	4
			7 JACKSON	8	9 HINES	10

Interment space for: HORACE BARRON

Interment Date: WED 6-27 Time: 11:00

Lot: 39 Grave: 1 Row: ____ Sect: 1 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☒ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Ray Inda Date: 6-26-01

E 16462

(89)

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Edward	-	Barron	09/12/1911	05/15/2001	M

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
John Edwards, PA
5201-A Ruffin Rd
San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Mayer Mortuary
2859 Adams Avenue, San Diego, CA 92116

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD1424

8A. SIGNATURE OF APPLICANT—Person taking permit: John Mayer

8B. DATE SIGNED: 06/25/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: 7.00

9B. DATE PERMIT ISSUED: 06/25/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2110931 John Mayer

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-27-01	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.

1ST Ash Burial
Place: Left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 22, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID ARIAS LOPEZ (X)

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri June 29 1:00 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 271 Grave 10 Row — Section 2 Division/Block 12

Grave space & Care Fund DBL. Ash PLOT	300.00
~~Additional spaces and care fund~~ Temp MARKER (31.50)	31.50
Opening/Closing & Setup	105.00
Burial Container Ash VAULT	55.00
Handling Fees	60.00
Flower vases – Marker setting fee 23.75 (1) Galv. Vase	23.75
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	624.38
Paid receipt number 53838	624.38
Balance due	0

PAID
JUN 22 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. ISABELLA L. LOPEZ

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Isabella L. Lopez
Signature

→ 290 Landis ~~Ave~~ #3
Address

Chula Vista, CA 91910
City Zip Code

(619) 425-9512
Telephone

Work Order # E 16463

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16463

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: PLACE Ash Vault: LEFT

* DBL ASH PLOT

1 John + VIRGINIA MORGAN	2 Carl Lee Hawley (NO MARKER)	3 Robert Coye (NO MARKER)	4 Zona MORGAN	5 open	6 Baltazar Defensor	
7	8	9	10			
Harry + Eve WARN	open	open	X			

Interment space for: DAVID ARIAS LOPEZ

Interment Date: Fri June 29 Time: 1:00 pm

Lot: 271 Grave: 10 Row: — Sect: 2 Div: 12

Grave Laid out by: RON

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave
Ash Plot

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16463

E- 16463

(63)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DAVID	A.	LOPEZ	12/07/1937	06/02/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUTH MORLETT-SISTER 550 TAYLOR PL.,CALEXICO, CA 92231

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL .2200 HIGHLAND AVE.,NATIONAL CITY, CA 91950	FD-1689	▶	06/22/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/22/2001 C.RUSS	▶ 2110862

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	ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222	—

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY HT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/29/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 601-D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6/	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.

D I P
into grave of
Karl Macy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA WINIFRED MACY

in a BELL LINER (Type of Burial Container) Funeral, date, time WED. JUNE 27,2001 11:00

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 $ 150.00 will be applied and billed to undersigned. X

Lot 31 Grave 6 Row - Section 2 Division/Block 7

Grave space & Care Fund PRE-NEED LOT B-5897	Ø
Additional spaces and care fund	
Opening/Closing & Setup	$375.00
Burial Container 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 R-53843	769.25
Balance due	0

PAID
JUN 25 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the NIECE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Elicia Good
Signature

13770 Lakeview Ct
Address

Lakeside 92040
City Zip Code

619-938-0533
Telephone

Invoice #

Work Order # E 16464

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. **NOTE: D.I.P. 2ND BURIAL**
****INTO GRAVE OF: KARL SMITH MACY**

			7 Frank C. Hasty F Alden	8 Mary Alden	9 open	10 Chuf C. Sam
			6 X NO MARKER	5 Florence M. Miller	4 Adolph KINNIGKEIT	3 Mary E. FRANKLIN
			CINDY MADORE- 2-11-2001	THOMAS		

Interment space for: PATRICIA MACY

Interment Date: WEDS. JUNE 27, 2001 Time: 11:00AM

Lot: 31 Grave: 6 Row: - Sect: 2 Div: 7

Grave Laid out by: RICKY ESCOVAR

Agrees with Legal Card: ☒ Yes ☐ No

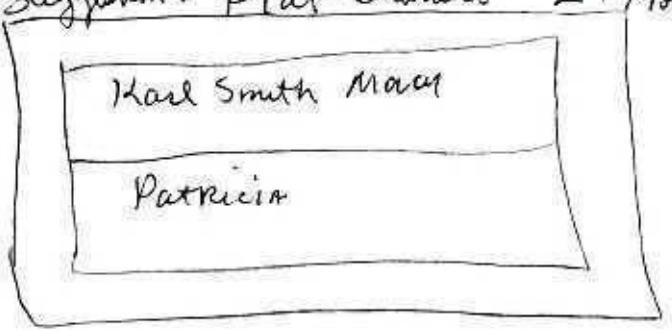
Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-26-01

Flag on Grave

E-16464

Suggestion: Flat Granite 24 X 12



E-16464

(7H)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PATRICIA	WINIFRED	MACY	02/26/1927	06/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	ELICIA GOOD - NIECE 13770 LAKEVIEW COURT LAKESIDE, CA 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	FD-670	▶ Paulette Valentine	06/25/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/25/2001	2110913 P Valentine ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 6/27/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED TRUST FOR: NORA GRACE SAWATZKY

in a BELL LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; EL CAMINO=BENBOUCH Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2552 Grave - Row - Section = Division/Block 10

Grave space & Care Fund ..... PRE-NEED C-7706	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee DBL MARKER ON LOT ALREADY	------
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	769.25
Paid receipt number	769.25
Balance due	Ø

PAID
JUN 25 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the FOR 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.

NORA G. SAWATZKY

X Nora Grace Sawatzky
Signature

7587 CENTRAL AVE.
Address

LEMON GROVE, CA 91945
City Zip Code

(619) 464-3341
Telephone

I hereby authorize the interment in lot I hold under deed.

X Nora Grace Sawatzky
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16465

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Into grave
& Wilbur Mathews

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL MATHEWS

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. July 13 1:30 pm.

Church, Chapel, Graveside WITNESS ONLY : FAMILY DELIVERY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2428 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need C-6408	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... PAID	55.00
Handling Fees	60.00
Flower vases – Marker setting fee ..... JUL 03 2001	135.00
Recording and filing fee	45.00
Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	4.13
Total Due	404.13
Paid receipt number R-53917	404.13
Balance due	~~0~~

JOANNE GLASER
972-0808
760-321-2000 x3467

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 Joanne E Glaser
Signature
X 74-711 Dillon Rd
Address
X Desert Hot Springs, CA 92241
City Zip Code
X 619-972-0808
Telephone

Work Order # E16466

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

7-12-01 E-16466
To Bring check,
permit + Ashes
1:00pm Fri.
To Witness 1:30pm
*Driving From
Palm Springs. Denise

VA marker E-16466
for Wilbur on
grave
Still use same
grave ?

7-12-01 E-16466
To Pay Mt. Hope to
TRANSFER LOT 2429
into her name:
JOANNE GLASER

Denise

E-16466

Your SOCIAL SECURITY ACCOUNT CARD

WHAT it is

AT you

vith it

HY

560-76-0447

(SOCIAL SECURITY ACCOUNT NUMBER)

Joanne Elaine Mathews
4714 Glenira
La Mesa, Calif. 92041

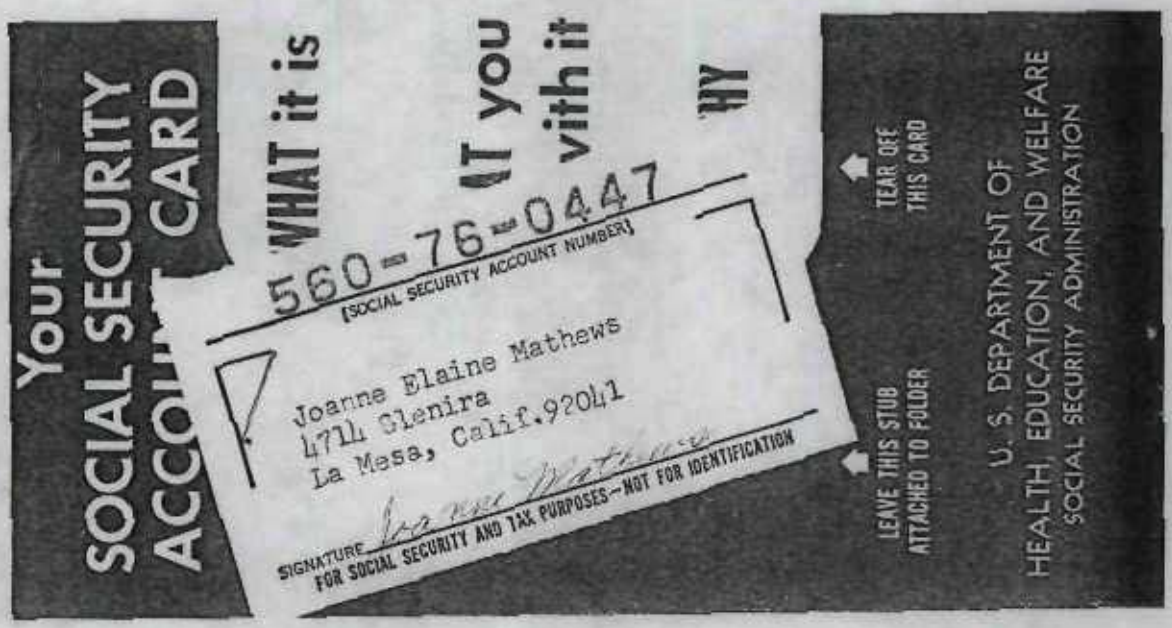
SIGNATURE Joanne Mathews

FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION

TEAR OFF THIS CARD

LEAVE THIS STUB ATTACHED TO FOLDER

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION



3701 REGISTRAR'S NUMBER 7207 **CERTIFICATE OF LIVE BIRTH** STATE FILE NO.

1a. CHILD'S FIRST NAME: JOANNE	1b. MIDDLE NAME: ELAINE	1c. LAST NAME: MATHEWS	
2. SEX: Female	3a. THIS BIRTH SINGLE TWIN OR TRIPLETT: Single	3b. IF TWIN OR TRIPLETT THIS CHILD BORN 1ST, 2ND, 3RD	4a. DATE OF BIRTH — MONTH DAY YEAR: September 6, 1949 — 4b. HOUR: 6:32P
5a. PLACE OF BIRTH — CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): San Diego		5b. COUNTY: San Diego	
5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital, Hillcrest Drive, San Diego, California			
6a. RESIDENCE OF MOTHER — STREET ADDRESS (IF RURAL, GIVE LOCATION): 4136 33rd St.		6b. COUNTY: San Diego	
6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): San Diego		6d. STATE: California	
7a. MAIDEN NAME OF MOTHER — FIRST NAME: Hazel	7b. MIDDLE NAME:	7c. LAST NAME: Woodward	8. COLOR OR RACE OF MOTHER: White
9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 34 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan	11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE): - - - -	
12a. NAME OF FATHER — FIRST NAME: Wilbur	12b. MIDDLE NAME: D.	12c. LAST NAME: Mathews	13. COLOR OR RACE OF FATHER: White
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 32 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan	16a. USUAL OCCUPATION: Salesman	16b. KIND OF BUSINESS OR INDUSTRY: Coast Electric
I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	17a. SIGNATURE OF PARENT OR OTHER INFORMANT: Hazel Mathews ☒ PARENT ☐ OTHER SPECIFY		17b. DATE SIGNED: 9-7-49
I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR AND DATE STATED ABOVE	18a. SIGNATURE OF ATTENDANT: G. R. Turner (G.R. Turner) DEGREE OR TITLE: M.D.		18b. ADDRESS: Medico-Dental Bldg.
19. DATE RECEIVED BY LOCAL REGISTRAR: SEP 14 1949	20. SIGNATURE OF LOCAL REGISTRAR: J.B. Askew M.D.		21. DATE ON WHICH GIVEN NAME ADDED:

E-16466

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11/1/1968

DEED

C 398U

OWNERSHIP AND INTERMENT PRIVILEGES

TO Hazel F. Mathews for the sum of $ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2429 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-6423

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

R. W. Dehne
Cemetery Manager

Public Works Director

FORM PW-584

E-16466

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.

2425 TEMPS	2426	2427 MANN	2428 X	2429	2430 OPFER	2431

Interment space for: HAZEL MATHEWS

Interment Date: Fri July 13, 2001 Time: _____

Lot: 2428 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16466

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

0610 (85)

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hazel	Fern	Mathews	06/24/1915	06/23/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Rancho Mirage	Riverside	Joanne Glaser, Daughter 74711 Dillon Road Desert Hot Springs, CA 92241

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking Permit	8B. DATE SIGNED
Rose Mortuary, 66424 Pierson Boulevard Desert Hot Springs, California 92240	FD-1568	▶ [signature]	06/25/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/26/2001	▶ 882066 / [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside County Health Department P.O. Box 7600, Riverside, CA 92513-7600	San Diego County Health Department P.O. Box85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, California 92102	11B. DATE BURIED 7-13-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Rose Crematory, 66424 Pierson Boulevard Desert Hot Springs, California 92240	12B. DATE CREMATED 06/26/01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma O. Griffin

in a Liner (Type of Burial Container) Funeral, date, time Fri Jun 29 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 DMS

Lot 164 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container 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 53853	1,664.25
Balance due	0

PAID
JUN 27 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING CK

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 Dorothy M. Steele
Signature
→ 3009 Sidola Ave.
Address
→ San Diego Ca. 92113
City Zip Code
→ (619) 262-3565
Telephone

Work Order # E 16467

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16467

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 IRENE EDITH EFFEND			
9	10	11	12			
Ishmael E. Amaya	open	open	X			

Interment space for: Velma O. Griffin

Interment Date: Fri June 29 '01 Time: 11:00am

Lot: 164 Grave: 12 Row: — Sect: 2 Div: 12

Grave Laid out by: Ron S. Mika

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ricky Date: 6-28-0

E-16467

E-16467

(82)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VELMA	-	GRIFFIN	07/22/1918	06/24/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY STEELE--DAUGHTER 5009 SOLOLA AVE. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO,C A 92115	F-1357	▶ Garnetta Benyard	06/26/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/26/2001 J.Benyard	▶ 2110986

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-29-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lemer	
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 6-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORINDA RAMIREZ

in a LINER (Type of Burial Container) Funeral, date, time WED 6-27 11:00

Church, Chapel, Graveside ; S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 85 Grave 7 Row _____ Section 1 Division/~~Block~~ 13

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25
Paid receipt number 53844	1664.25
Balance due	0

PAID
JUN 26 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

(See Attached)

Work Order # E 16468

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16468

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-25-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORINDA RAMIREZ

in LINER Funeral date time WED 6-27 11:00

Church Chapel Graveside S.D. MEMORIAL Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Lot 85 Grave 7 Row _____ Section 1 Division 13

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1664.25

MORTUARY TO BRING CHECK

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 instructions.

I hereby authorize the veterinary to be held under deed.

Relative to Veterinary Office of Deed

X Thula A Williams
X 2441 University Ave
X San Diego, Ca 92104
X 619 692 3090

Work Order # E 16468

Invoice # _____

Appt. # _____

REA-104 (Title)

This information is available in alternative formats upon request.

E-16468

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 ALLEN	2	3	4
			85 X 7	8	9	10
		HAROLD Straughter				

Interment space for: FLORINDA RAMIREZ

Interment Date: Wed 6-27 Time: 11:00

Lot: 85 Grave: 7 Row: ____ Sect: 1 Div: 12

Grave Laid out by: Ricky ESCOVAR

Agrees with Legal Card: ☒ Yes ☐ No

Flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-26-01

E-16468

(66)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Florinda	M.	Ramirez	04/08/1935	06/22/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maria Navarro - Granddaughter 3661 Central Avenue San Diego CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Avenue San Diego CA 92104	FD-1575	Annette Browning	06/25/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/25/2001	J. Browning 2110905

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O.Box 85222 San Diego CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 2751 Market Street San Diego CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

right side

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SUE HOFFMAN ~~Ø~~

in a ASH VAULT (Type of Burial Container) Funeral, date, time A.Y.D, Mon July 2nd 2001

Church, Chapel, Graveside "DELIVERY Only" : FEATHERINGILL ED Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 502 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... PRE-NEED D-5177	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... PAID	55.00
Handling Fees	60.00
Flower vases – Marker setting fee ..... JUN 29 2001	—
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 53859	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 (See Attached)

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16469

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16469

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-16469

DEED

7683

11/18/197-

OWNERSHIP AND INTERMENT PRIVILEGES

TO Charles F & Sue Hoffman for the sum of $ 540.00 (DOLLARS)

LEGAL DESCRIPTION Lots 501, 502 & 503 Division 10 & Lot 504 Div 10 (D-9385 ($200.00)

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5177

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 objects that detracts from the embellishment of the Cemetery. The following type of ornaments will be permitted:

Regulation flush type memorials only allowed.

Cemetery Manager

Property Director

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PARKS & RECREATION DEPARTMENT
MOUNT HOPE CEMETERY

№ 21848

DATE 11-18-7?

FROM Charles F. Hoffman ADDRESS 1611 Brooks, San Diego, Ca.

Seven Hundred Fifty Nine and 80/100 DOLLARS 759.80

IN Full PAYMENT OF 3 pre-need lots, owner pre-need opening closing & 1 current lien plus Recording for 1 504 interment

LOT 501, 502, 503 BLOCK — SECTION — DIVISION 10

BY CHECK NO. CASH

NO. D-5177

PAID
NOV 18 197?
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

270 00
270 00
120 00
84 80
15 00
759 80

BALANCE AFTER THIS PAYMENT

430.40

200.

501

MT. HOPE CEMETERY
2751 MARKET STREET
264-3151

Mt Hope

504

ED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SUE HOFFMAN

in a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ED

will be applied and billed to undersigned

Lot 502 Grave Row Section Division/Block 10

Grave space & Care Fund PRE-NEED D-5177	-0-
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number	
Balance due	

I hereby certify I am the Her Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Joe Davenport
Signature
X 3008 Burton Ave
Address
X Las Vegas, NV 89102
City Zip Code
X 702 870-8867
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16469

Invoice #

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16469

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. PLACE ASHES RIGHT SIDE

			SARMAN			
499 SESSION	500 GAY	501	502 X	503	504	505 SMITH
			SHAW			

Interment space for: SUE HOFFMAN R

Interment Date: _____ Time: _____

Lot: 503 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No Stay on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

rc -

E-16469

(103)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sue	-	Hoffman	10/20/1897	06/15/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joe Davenport, Nephew 3008 Burton Ave. Las Vegas, NV 89102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	06/18/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/20/2001 C.Maggard	2110650 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-2-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 6-22-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16469

103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sue	-	Hoffman	10/20/1937	06/15/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joe DaVenport, Nephew 3008 Burton Ave. Las Vegas, NV 89102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	ED1083

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶	06/18/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/20/2001 C.Maggard	2110650 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-2-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 6-22-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 6-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDREW SCHUMAKER / JOHN DOE

in a _____ (Type of Burial Container) Funeral, date, time Fri July 6 10:00 AM

Church, Chapel, Graveside _____ POWAY. BERNARDO DAVID Mortuary.

All Funeral cars 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	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees DISINTERMENT FEE	1000.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1000.00
Paid receipt number 53887	1000.00
Balance due	Ø

PA # 20001140
ME 00-361

I hereby certify I am the X Claudia / 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

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

(See Attached)

Invoice # _____

Work Order # E 16470

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16470

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGERS LUM, R.C. DIRECTOR

DON ELLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
[illegible]
[illegible]

June 28, 2001

MT HOPE CEMETARY
ATTN: RAY
FAX: 619-527-3403

RE: ANDREW J. SCHUMAKER
AKA: JOHN DOE PAR[illegible]

DEAR RAY

THIS LETTER IS TO INFORM YOU THAT THE PUBLIC ADMINISTRATOR IS WAIVING ITS FEE ON THE FAMILY REMOVING THE BODY FOR [illegible] PLEASE ALLOW THE FAMILY [illegible] OR THE BODY.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT [illegible] FOR SEE.

Sincerely,

JOHN L. EDWARDS
DEPUTY PUBLIC ADMINISTRATOR

E-16470

** NO MARKER ALLOWED - COUNTY BURIAL** E-16278

Name DOE, (LAST) JOHN (FIRST) PA#200011140/ME# (MIDDLE) 00-361 (ASHES)

Buried - (LOT) 5 (GRAVE) 1T (ROW) - (SECTION) - (BLK.) - (DIV.) 13

FOUND 02-09-2001 (DATE OF DEATH) 03-21-2001 (DATE OF BURIAL) Age UNKN. (YRS.) UNKNOWN (DATE OF BIRTH)

JULIAN,CA (PLACE OF DEATH) (RACE) M (SEX)

Removed

Remarks ROMA STRONACH/PUBLIC ADM./AZTLAN MORT.

PW-972

THE CITY OF SAN DIEGO

E- 16470

AUTHORITY TO DISINTER, REMOVE OR REINTER

7/2001
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of: Andrew Shumaker

(Last [illegible] [illegible] [illegible] [illegible])

from Lot 5 Grave 17 Section — Row — Block —

Division 13 And to remove the same to and reinter said remains in Lot [illegible]

Grave 3 Section 11 Row ____ Block ____ Division ____

Cemetery [illegible] Memorial Park (Colorado, CA)

The undersigned hereby certify and represent that they are the legal guardians 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.

[illegible]	[illegible]	[illegible]
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

[illegible] Kim Shumaker 6/27/01
(Lot owner must sign if not legal guardian) Date

(This legal must be notarized if not signed in presence of cemetery staff)

County of San Diego
Subscribed & sworn to before me
this 27 day of June 2001
Notary Public

Mt. Hope Cemetery

E-16470

FACSIMILE

Poway Bernardo Mortuary - FD1195
13243 Poway Road, Poway CA 92064
(858) 748-4101
Fax (858) 748-4069

To: Ray Ingler

Company: Mt. Hope

Fax: (619) 527 3403 Phone: (619) 527-3403

Pages: 3 (includes cover sheet.)

Date: 7-6-01 Time: 7:45 am

From: David Monroe

Comments: Besides the $1000.00 check and the Originals of these Faxed papers, is there anything else you will need? If not, can we get the Interment for either Friday 7-6-01 around 10:00 AM or on Tuesday 7-10-2001 around 10:00 AM? Please call to let me or Claudia know. Thank you.

David Monroe

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT

E-16470

Date 6-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDREW SCHUMAKER / JOHN DOE

in a SFS Funeral, date, time

Church, Chapel, Graveside POWAY, BERNARDO DAVID Mortuary

All Funeral cars 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

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees DISINTERMENT FEE 1000.00

Flower vases - Market sorting fee

Recording and filing fee

Sales taxes

PA # 200011140

ME 00-361

Total Due 1000.00

Paid receipt number

Balance due

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 owner of deed

X [signature]

X 3121 Old Oak Tree Lane

X Escondido, CA 92026

(760) 743-1056

Work Order # E 16470

Invoice #

Acct. #

This information is available in alternative formats upon request.

E-16470

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO BEAUTIFUL IMPRESSIONS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST NAME: JOHN	1C. MIDDLE:	1D. LAST NAME: DOE	2. DATE OF BIRTH: UNKNOWN	3. DATE OF DEATH: 02/16/2001
4. SEX: M	5. AGE OF DEATH: SAN DIEGO	6. COUNTY OF DEATH—ALLOWED ONLY: SAN DIEGO	7. NAME OF PRESENT PLACE OF DEATH: ROMA SYNDICATE DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123	
8. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FUNERARIA AZTLAN 2438 MARKET ST., SAN DIEGO, CA 92102		9. LICENSE NUMBER: FD-1658	10. SIGNATURE OF DIRECTOR: [signature]	11. DATE SIGNED: 03/16/2001

PERMIT: 2001-00361	12. AMOUNT OF FEE PAID: $ 7.00	13. DATE PERMIT ISSUED: 03/16/2001	14. SIGNATURE OF LOCAL REGISTRAR: NANCY LOPEZ [signature]
15. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		16. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:	

17. AUTHORIZED DISPOSITION OF HUMAN REMAINS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY EMBALMMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PERCENT—REMAINS LOCATED AT DEATH AND ASSIGNED

BURIAL	18A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3161 MARKET ST., SAN DIEGO, CA 92102	18B. DATE & PIECE	18C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	19A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	19B. DATE CREMATED	19C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	20A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	20B. DATE RECEIVED	20C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	21A. NAME AND ADDRESS IN DESTINATION STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	21B. DATE SHIPPED	21C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH BE SHIPPED
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	22A. ADDRESS NEAREST POINT OR BOARD OR OTHER PRECAUTION FOR PERMIT TO SCATTER FINAL PLACE AND OR DISTRICT OF DISPOSITION	22B. DATE OF DISPOSITION	22C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

NOTE: OR 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 8 (Rev. 2/91)

MT. HOPE CEMETERY

INTERMENT ORDER

DISINTERMENT

City of San Diego

Date 6-28-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDREW SCHUMAKER / JOHN DOE

in a SFS (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside POWAY, BERNARDO DAVID Mortuary.

All Funeral cars 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 ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees DISINTERMENT FEE 1000.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PA # 200011140

ME 00-361

Total Due 1000.00

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3121 Old Oak Tree Lane
Address

X Escondido, CA 92026
City Zip Code

X (760) 743-1056
Telephone

Work Order # E 16470

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

POWAY - BERNARDO MORTUARY, Cash Advance Acct. E-16470 CHECK NO. 8083

OUR REF. NO	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
Date		Description				Net Amt
06/28/01		Shumaker-201197				1000.00

Payee Mt. Hope Cemetery

Check 8083
Date 06/28/01

NET CHECK
1000.00

POWAY - BERNARDO MORTUARY, Cash Advance Acct.

8083

E-16470

Date	Description	Net Amt
/28/01	Shumaker-201197	1000.00

Payee Mt. Hope Cemetery

Check 8083
Date 06/28/01

NET CHECK
1000.00

SFMS 3012

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF UNKNOWN, CALL 800-523-3422

M00SF015563M 5/00

Safeguard

E-16470

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

7 / 2001
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of: ANDREW SHUMAKER
(A.K.A.: JOHN DOE, PA. #20001140 (ME #00-361))

from Lot 5 Grave 1T Section — Row — Block —

Division 13 And to remove the same to and reinter said remains in Lot 431

Grave 3 Section 11 Row Block Division

Cemetery OAK HILL MEMORIAL PARK (Escondido, 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.

Signature	Relation to deceased	Address
Father		3121 Old Oak Tree Ln, Escondido CA 92026
Kim Shumaker	mother	3121 Old Oak Tree Ln. Escondido CA 92026

I hereby authorized the above disinterment:

Kim Shumaker — 6/29/01
(Lot owner must sign if not legal custodian) — Date

(This form must be notarized, if not signed in presence of cemetery staff.)

State of California
County of San Diego
Subscribed & sworn to before me
this 29th day of June, 2001
Notary

OFFICIAL SEAL
NADINE R. GANZ
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1232096
SAN DIEGO COUNTY
MY COMM. EXP. SEPT. 8, 2003

Mt. Hope Cemetery
Dept. Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 28, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YANA KREUTER

in a BELL LINER (Type of Burial Container) Funeral, date, time TUE. JULY 3, 2001 11:00

Church, Chapel, Graveside "DELIVERY ONLY" ; MAYER Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 89 Grave 5 Row - Section 1 Division/Block 12

Grave space & Care Fund	PAID	$895.00
Additional spaces and care fund		
Opening/Closing & Setup	JUN 29 2001	375.00
Burial Container	MT. HOPE CEMETARY	190.00
Handling Fees	CITY OF SAN DIEGO, CA	145.00
Flower vases - Marker setting fee	MARKER SETTING FEE ONLY	125.00
Recording and filing fee		45.00
Sales taxes		14.25
Total Due		$1,789.25
Paid receipt number 53860		1,789.25
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.

JOHN MAYER, DIRECTOR

X (See ATTACHED)
Signature

2859 ADAMS AVE.
Address

SAN DIEGO, CA 92116
City Zip Code

(619) 281-7055
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 16471

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16471

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"

2	3	4	5	6		
Austin Goodrich (No marker)	Joe Louis Minor	Maleeke Lawson (No marker)	X	open		

Interment space for: YANA KRUETER

Interment Date: TUE July 3RD '01 Time: 11:00 "DELIVERY ONLY"

Lot: 89 Grave: 5 Row: — Sect: 1 Div: 12

Grave Laid out by: JL + KEN

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: _____

06/28/2001 THU 16:45 FAX
06/28/2001 14:11 281-7587 ☑001

ATTN: ELLEN Sign + FAX BACK

JUN-29-'01 THU 12:45 ID:MT HOPE CEMETER TEL NO: #600 P01

619) 281-7587

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 28, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TANA KREUTER

in a BELL LINER (Type of Service Container) Funeral, date, time TUE. JULY 3, 2001 11:00

Church, Chapel, Graveside "DELIVERY ONLY" MAYER Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned X

Lot 89 Grave 5 Row - Section 1 Division/Block 12

Grave space & Care Fund	$895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee MARKER SETTING FEE ONLY	125.00
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	$1,789.25
Paid receipt number	
Balance due	

I hereby certify I am the ~~FUNERAL DIRECTOR~~ Deputy Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 MAYER, DIRECTOR

I hereby authorize the interment in lot I hold under deed.

X Ellen Beauparlant
Signature

~~2859 ADAMS VE~~ 5201-A Ruffin Rd.
Address

SAN DIEGO, CA ~~92116~~ 92123
City Zip Code

~~(619) 281-7055~~
Telephone (858) 694-3502

Invoice #

Acct. #

Work Order # E 16471

RSA-10a (7/00)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16471

(58)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Yana	-	Kreuter	07/04/1942	06/12/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ellen Beauparlant, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	Barbara J. Mayer	06/28/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/29/2001 B.E. Mayer	2111233

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St./San Diego, CA 92102	11B. DATE BURIED 7-3-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Kemper	
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 6-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY BRYANT

in a T. S. VAULT (Type of Burial Container) Funeral, date, time FRI 7-6 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 118 Grave 67 (11-26-04) Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	PRE-NEED E-12726	0
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container	PAID	250.00
Handling Fees		185.00
Flower vases – Marker setting fee	JUL 03 2001	—
Recording and filing fee	MT. HOPE CEMETARY	45.00
Sales taxes	CITY OF SAN DIEGO, CA	18.75
	Total Due	873.75
	Paid receipt number 53875	873.75
	Balance due	0

MORTUARY to BRING check

I hereby certify I am the X Son Cecil E. Bryant of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Cecil E. Bryant
Signature

X 2655 BAIDOA Vista Dr
Address

X S.D. Ca 92105
City Zip Code

X 619-264-5181
Telephone

Work Order # E 16472

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16972

E-1672

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.

			BALESI	2	3	4
			118 X 7	8	9	10

Interment space for: MARY BRYANT

Interment Date: FRI 7-6 Time:

Lot: 118 Grave: 7 Row: Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

E-16472

97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Elizabeth	Bryant	12/09/1903	06/28/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Carl Bryant, Son 2655 Balboa Vista Dr. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	07/03/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/2001	2111432 ▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92103	11B. DATE BURIED 7/6/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Re-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OSCAR & JANE OLSON

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 9 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	1395.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1395.00
Paid receipt number R-53861	1395.00
Balance due	0

PAID
JUN 29 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Diane E. Madrigal
Signature
X 3311 BYRON ST.
Address
X SAN DIEGO, CA. 92106
City Zip Code
X (619) 223-0631
Telephone

Work Order # E 16473

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

may want credit
of 145.00 from
Int 4378 Dev 10

Int back to
E-16473 cemetery

DISTRIBUTION:
PINK, WHITE, BLUE, TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN, GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

E-16473

THE CITY OF SAN DIEGO

DP 3821365

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Partial refund of lot price to Jane Madruga E-16473.

Made overpayment of $300.00

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 07 / 20 / 01

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A		Refund	06-29-01	4		300.00		
	B	Jane Madruga							
	C	~~4367 Coronado Avenue~~ 3311 Byron St							
	D	San Diego, CA ~~92107~~ 92106							

PAID
7-31-01

TOTAL AMOUNT $ 300.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100	072		77184					300.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED

Ray Snider

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Sue Shackelton 527-[illegible] PHONE DATE 07-16-01 DEPT. DIV. NAME - Meter Mt. Hope Cemetery M/S. 72 #

AC-468 (REV. 5-86) 593525

DP

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53061

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6-29, 2001

From: Jose Medrano Address: 4367 Coronado Ave San Diego 92107

One thousand three hundred ninety five Dollars ($ 1395.00)

In full Payment of Pre-Need Trust

Lot 9 Grave 3 Row Section 11 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-16473

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

CREDIT 20% Sales Care	67007 77184	279 00
80% Sales of Lots	100 77184	1116 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	1395 00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cynthia Malory

in a Double Depth (Type of Burial Container) Funeral, date, time Fri 7-6 11:00

Church, Chapel, Graveside : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 113 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2043.50
Paid receipt number 53867	2043.50
Balance due	Ø

PAID
JUL 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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 reconded holder of deed

Cell # 508-0188
Henry

X Henry J Malory
Signature

X 535 N. Meadowbrook Dr
Address

X San Diego Ca 92114
City Zip Code

X 619 - 697-8252
Telephone

Work Order # E 16474

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

(619) 697 - 8252

E-16474

E-1674

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.

TOWNER 1	2	3	HINDS 4	HATCHER 5	HINDS 6	
7 GILBERT	8	MILLER 9	112 X 10	11	12 WILDER	

Interment space for: Cynthia Mahony

Interment Date: Fri 7-6 Time: 11:00

Lot: 112 Grave: 10 Row: ____ Sect: 1 Div: 11

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-16474

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cynthia	-	Cantley-Malory	07/07/1955	06/27/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James Malory, Husband 535 N. Meadowbrook Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ Debbie Williams	06/29/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/02/2001	2111313 ▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT AND SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-6-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kay Sneebe	
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 July 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SANTINA "Thelma" CORRAO LADRIDO

in a Bell Liner (Type of Burial Container) Funeral, date, time Thur July 5 1:00 pm

Church, Chapel, Graveside : MERKLEY-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. XDC

DC

Lot 65 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	1,664.25
Paid receipt number 53869	1,664.25
Balance due	Ø

PAID
JUL 03 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Sister-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.

Dolores CORRAO

X Dolores Corrao
Signature

3550 MARZO St.
Address

SAN DIEGO, CA 92154
City Zip Code

(619) 662-1995
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 16475

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4	5	6			
open	Gladys Gertrude Ogilvie	open	X			
9	10	11	12			
open	Ricardo R. Pulido	Lina Guel Rodriguez	Tiburcio Rodriguez			

Interment space for: SANTINA "Thelma" CORRAO LADRIDO

Interment Date: Thurs July 5, 2001 Time: 1:00 pm

Lot: 65 Grave: 6 Row: — Sect: 2 Div: 12

Grave Laid out by: J.R & KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: _____ Date: _____

E-16475

E-16475

(79)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SANTINA AKA: THELMA	-	LADRIDO AKA: CORRAO	04/24/1922	06/29/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANCES IBARRA - NIECE 3333 SOLDAU DRIVE SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victoria A. Mitchell	07/03/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/2001	2111435 V.I.MITCHELL ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
5222 P.O. BOX 85222, SAN DIEGO, CA 92186-	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/5/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raul R. Penney

in a DBL. CRYPT (Type of Burial Container) Funeral, date, time Weds. July 11th 10:00 am

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. [illegible]

Lot 62 Grave 8 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,043.50
Payment Method/Number VISA	2,043.50
Balance due	0

PAID

JUL 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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. EMANUEL RAMON PENNEY

I hereby authorize the interment in lot I hold under deed.

[illegible]
Signature of recorded holder of deed

X E. R. Penney
Signature

2204 Calle Tortuosa
Address

San Diego, CA 92139
City Zip Code

(619) 470-8373
Telephone

Work Order # E 16476

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16476

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	
		Cuthbert Moaze	open	MAVIS LAWS	Barbara J. Woodbury	
		7	8	9	10	11
		Peter Liem NGUYEN	X	open	Donna Hudson Bozic	Helen C. Reynolds

Interment space for: Raul R. Penney

Interment Date: Weds. July 11th Time: 10:00 am

Lot: 62 Grave: 8 Row: — Sect: 2 Div: 12

Grave Laid out by: Ken & JR

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-10-01

E-16476

Leonna P. Washington
Trevor /damaged by our machines
Need Replacement

2-12

E-16476

(39)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RAUL	RAMON	PENNEY	11/21/1961	07/06/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LETICIA TAVAREZ-FRIEND 6020 SCHUYLER STREET SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	07/10/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/10/2001 J. BENYARD	▶ 2111748

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ricardo Cuna	
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 7-2-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YONG SHENG ZHANG

In a TOP SEAL (Type of Burial Container) Funeral, date, time THURS 7/5/01 2:00pm

Church, Chapel (Graveside) ; 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 H J

Lot 139 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Purchased from Chinese	Ø
Additional spaces and care fund Association	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	998.75
Paid receipt number MC	998.75
Balance due	Ø

PAID
JUL 02 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X SPOUSE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] Signature

X 9724 Kiba Ct Address

X San Diego Ca 92129 City Zip Code

X 858 578 0569 Telephone ~~(619) 678 0569~~

Invoice # _____

Acct. # _____

Work Order # E 16477

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

(619)- Andrew Z.
741-7474
latest it ~~to~~ can be

E-16477

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Yong	Sheng	Zhang	12/25/1924	07/01/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Hui Juan Yang, Wife 9721 Kika Ct. San Diego, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	Barbara J. Mayer	07/03/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/03/2001 B.E. Mayer	2111411

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 7-05-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ronald Nowde	
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 July 2, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHUONG & KIM NGUYEN

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1888 + 1889 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... 2 LOTS @ 995.00 ea	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	1,990.00
Paid receipt number 53863	-800.00
Balance due	1,190.00

PAID
SEP 16 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the 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. CHUONG & KIM NGUYEN

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Chuong Nguyen
Signature
4865 - 54th ST.
Address
SAN DIEGO, CA 92115
City Zip Code
(619) 583-8607
Telephone

Work Order # E 16478

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16478

NGUYEN, CHUONG & KIM 4865 54TH STREET, SAN DIEGO, CA 92115 (619) 583-8607

398 20%
1592 80%

		DEBIT	CREDIT	BALANCE
07-[illegible]-2001	OPENED PRE-NEED LOT(S) ACCOUNT.			
	Lots 1888 & 1889 Div. 10 ($995/each)	1,990.00		1,990.00
07-02-2001	** Down payment paid. R-53863		-800.00	1,190.00
7-26-2001	**Coupon Book to be mailed. 1st Pymt Aug 10th,			
7-31-01	R-53966 Coupon #1		- 50.00	1,140.00
8-22-01	R-54052 2		50.00	1090.00
10-4-01	R-54190 3		50.00	1040.00
11-20-01	R-54369 4 & 5		100.00	940.00
1-28-02	R-54584 6 & 7		100.00	840.00
4-10-02	R-54856 8 + 9		100.00	740.00
5-6-02	R-54952 10 + 11		100.00	640.00
5-30-02	R-55043 12 + 13		100.00	540.00
9-6-02	R-55379 14 & 15		100.00	440.00
12-[illegible]-02	R-55711 16 & 17		100.00	340.00
1-29-03	R 55857 18, 19, 20, 21, 22, 23		300.00	40.00
9-8-03	mailed delinquent notice			
9-16-03	56679		40.00	-0-
	NGUYEN, CHUONG & KIM PRE- NEED LOTS (2)		E-16478	

PAID
SEP 16 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MR. Chuong Kim Nguyen & MRS. Kim Hoi Nguyen

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56679

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept. 16, 20 03

From: Chuong Kin Nguyen Address: 4865 54th st SD 92115

Forty Dollars ($ 40.00)

in full Payment of pre need

Lot 1888 11889 Grave 1 Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E 16478

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

5105

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007	40	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	40	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55857

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan 29, 20 03

From: Choung Nguyen Address: 4865 54th st. SD 92115

Three Hundred 00/100 Dollars ($ 300.00)

In Part Payment of Pre need lots

Lot 1888 + 1889 Grave 1 Row Section Division Block 10

Invoice No. E16478

Acct. No.

W.O.

BALANCE DUE 40.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

4879

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 28 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Pam Hetzel

CREDIT	67007	300	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	$	300	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55711

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12-9-02 , 20 ____

From: Chuong Nguyen Address: On Record

One Hundred Dollars ($ 100.00)

in part Payment of Pre-need Lots

Lot 1888 1889 Grave ____ Row ____ Section ____ ~~Block~~ Division 10

Invoice No. ____

Acct. No. ____

W.O. E-16478

BALANCE DUE 340.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 4813

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007	58	00
20% Sales Care	77184		
80% Sales	100	80	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55043

Date: 5-30-02 ~~20~~

From: Choaong K. Nguyen Address: On Record

One-Hundred and 00 Dollars ($ 100.00)

In part Payment of Pre-need Lot(s) Account coupons 12 & 13

Lot 1888 & 1889 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E-16478

BALANCE DUE $540.00

Pre-Need Lot $ ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4698

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100.	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 54952

Date: 5/6, 20 02

From: Chuong & Kim Nguyen Address: on Record

One Hundred and 00 Dollars ($ 100.00)

In Part Payment of Pre-need Lot(s) Account. Coupon book #10/11

Lot 1889 & 1889 Grave _____ Row _____ Section _____ Division 10 ~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E-16478

BALANCE DUE $640.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
4681

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100.	00

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CI[redacted] DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54584

Date: 1-28, 20 02

From: Chuong & Kim Nguyen Address: or record

One Hundred and 00/ Dollars ($ 100.00)

In Payment of ~~[illegible]~~ Pre-need lots 1888 - 1889

for Kim & Chuong

Lot 1888 & 1889 Grave account Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-16478

BALANCE DUE $840.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4634

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007	100.	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100.	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54190

Date: 10-4 20 01

From: Chuong Nguyen Address: 4865 59th St San Diego 92115

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Lots

Lot 1888 1889 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16478

BALANCE DUE 1040.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54369

Date: 11-20, 2001

From: Chuong Nguyen Address: P.O. on Record

Dollars ($)

In part Payment of Pre-Need Lots

Lot 1888 1889 Grave Row Section ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E-16478

BALANCE DUE 940.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4594

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shullin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

54052

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-22, 20 01

From: Thuong Nguyen Address: 4865 - 54th St San Diego 92115

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Lots.

Lot 1888 & 1889 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-16478

BALANCE DUE 1090.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY I Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53966

Date: July 31st, 2001

From: Chuong & Kim NGUYEN Address: 4865 - 54th St., S.D., CA 92115

Fifty and No/100 Dollars ($ 50.00 XXX)

In - part Payment of Pre - Need LOTS (2)

Lot 1888 + 1889 Grave — Row — Section — ~~Block~~ Division 10

Invoice No.

Acct. No.

W.O. E - 16478

BALANCE DUE 1,140.00 XXX

personal CK

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) CK# 4534

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 31 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 3, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OSCAR OISON

in a LINER (Type of Burial Container) Funeral, date, time Fri 7/6/01 2:00

Church, Chapel, Graveside 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 9 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre-Need lot	Ø
Additional spaces and care fund	Ø
Opening/Closing & Setup ..... + trust. See	Ø
Burial Container ..... C-5552 and	Ø
Handling Fees E-16479	Ø
Flower vases – Marker setting fee	Ø
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number _____	
Balance due	Ø

PAID JUL 05 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO CA

Refund due $300

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 Jane Ellen Madruga (Signature)
X 3311 Byron St. (Address)
X San Diego, Ca. 92106 (City, Zip Code)
X (619) 223-0631 (Telephone)

Work Order # E 16479

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: Oscar Olson

Interment Date: Fri July 6, 2001 Time: 2:00 (Graveside)

Lot: 9 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: DARKEY/1 Date: 7-6-01

E-16479

Traded
4377-10
for this
site.
Refund $
due of 300
1395
-1095
$300

E-16479

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OSCAR	GUSTAF	OLSON	07/12/1907	07/03/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JANE ELLEN MADRUGA: DAUGHTER 3311 BYRON STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY - 5027 EL CAJON BLVD SAN DIEGO, CA 92115	FD-790	▶ Victoria Meza	07/05/2001

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 7200 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 07/05/2001	2111519 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-6-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ashes top right

12" T

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 3rd, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NANCY ANN DONALDSON (X)

in a Ash Vault (Type of Burial Container) Funeral date, time Fri July 13, 2001 2:00pm

Church, Chapel, Graveside ; MERKley-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 30 Grave 2 Row — Section 1 Division/Block 4

Grave space & Care Fund		4,595.00
Additional spaces and care fund		—
Opening/Closing & Setup	Ash Burials X 3 105.00 each	315.00
Burial Container	Ash Vaults X 3 55.00 each	165.00
Handling Fees	Ash Burials 60.00 each	180.00
Flower vases – Marker setting		—
Recording & filing fee	Ash Burials 45.00 each	135.00
Sales tax	X 3 Ash Burials 4.13 each	12.39
	Total Due	2,402.39
	Paid receipt number 53881	2,402.39
	Balance due	0

PAID JUL 05 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Pre-Need Ash Burials
For: 1) Nancy (Mother)
2) Wayne (Father)
3) ERICA (Dau)

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

WAYNE DONALDSON

X [signature]
Signature

1845 WEST MONTECITO WAY
Address

SAN DIEGO CA 92103
City Zip Code

(619) 239 7888 (H)
Telephone

(619) 295 8904 (W)

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16480

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		↔	↔	↔	↔	
		open	30 X 1	2	WEEKS 3	open 4
					WATERMAN	
		↔	↔	↔	↔	

Interment space for: Nancy Ann Donaldson (X)

Interment Date: Fri July 13, 2001 Time: 2:00 pm

Lot: 30 Grave: 1 Row: — Sect: 1 Div: 4

Grave Laid out by: NORM & KEN

Agrees with Legal Card: ☐ Yes ☐ No

Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYL Date: 7-12-01

E-16480

cell ph #
619-884-4308

H-
619-295-8904

E-16480

(56)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NANCY	ANN	DONALDSON	08/13/1944	06/29/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MILFORD WAYNE DONALDSON - HUSBAND 1845 W. MONTECETO WAY SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶	07/06/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/09/2001 TC MITCHELL	2111619 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-13-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 7-11-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDNA G. CUMMINGS

in a LINER (Type of Burial Container) Funeral, date, time TUE. JULY 10 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. X

Lot 181 Grave 2 Row ____ Section 11 Division/Block 7

Grave space & Care Fund ..... PRE-NEED B-5099/E-12736	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	—
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number —	Ø
Balance due	Ø

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. EVELYN CUMMINGS–

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 16481

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Sis. Evelyn 582-8731 Bro. Richard C. (858) 277-2444

E-16481

E- 16481

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	GERTRUDE	CUMMINGS	12/13/1911	07/02/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EVELYN CUMMINGS: DAUGHTER 3833 ARAGON DRIVE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	07/09/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA MEZA 07/10/2001	2111703 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need Lot & Burial Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot + Trust for: James E. + Yolanda M. Childress

In a DBL. Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 104 Grave 4 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup X 2 = 375.00	750.00
Burial Container	380.00
Handling Fees (Still owes $422.00 for 2nd Burial)	320.00
Flower vases – Marker setting fee	—
Recording and filing fee X 2 = 45.00	90.00
Sales taxes	28.50
Total Due	2,463.50
Paid receipt number 53879	− 616.00
Balance due	1,847.50

Paid Balance of 1st Burial $1273.50 R-54235 10-16-01

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. James E. + Yolanda M. CHILDRESS

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Yolanda Childress
Signature

→ 7351 Marmil Place
Address

→ San Diego, CA 92114
City Zip Code

(619) 262-5132
Telephone

Work Order # E 16482

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16482

Mt. Hope Cemetery
Prepayment Plan Record

James E. & Yolanda M. Childress
7351 Marmil Place
San Diego, CA 92114
619 - 262-5132
E-16482

Preneed for: James & Yolanda

Lot 104 Grave 4 Div 12 Sec 1

Payment NO.	1
Payment Due Date	August-01
Payment Amount Due	77.00
Balance Due	1,770.50

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-16482

Mt. Hope Cemetery
Prepayment Plan Record

James E. & Yolanda M. Childress
7351 Marmil Place
San Diego, CA 92114
619 - 262-5132
E-16482

Preneed for: James & Yolanda

Lot 104 Grave 4 Div 12 Sec 1

Payment NO.	2
Payment Due Date	September-01
Payment Amount Due	77.00
Balance Due	1,693.50

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-16482

CHILDRESS, JAMES E. & YOLANDA M. 7351 MARMIL PLACE, SAN DIEGO, CA 92114 (619) 262-5132

		DEBIT	CREDIT	BALANCE
07-05-2001 Opened Pre-Need Lot & Trust for: James E. & Yolanda M. Lot 104 Gr. 4 Sec. 1 Div. 12	179 716	895.00		
Trust Includes: (2-O/Closing; 1-Dbl Crypt; 1-Handling Fee; 2-Recording Fees; 1-Tax on Dbl Crypt). **Payment Book given in Office.		1,568.00		2,463.[illegible]
07-05-2001 Down Payment. Receipt # 53879			616.00	1,847.50
8-20-01 R-54646	Coupon #1		77.00	1770.50
10-1-01 R-54177	2		77.00	1693.50
[illegible] R-5[illegible]	20%		—	420.00
				1273.50

will pay for 1st burial only

will still owe 420.00

CHILDRESS, JAMES & YOLANDA PRE-NEED LOT & TRUST E-16482

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnes Rokop

in a Top Seal (Type of Burial Container) Funeral, date, time Mon. 7/10/01 9:00

Church, Chapel, Graveside Delivery Only ; 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. _____

Lot 150 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	125.00
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	1,893.75
Paid receipt number 53884	1,893.75
Balance due	Ø

PAID
JUL 06 2001
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Mortuary to bring check ✓

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Teresa Maria Lopez (Signature)
X 4016 Ohio St. #7 (Address)
X San Diego, Ca 92104 (City, Zip Code)
X 619-521-9722 (Telephone)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 16483

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16483

E-16483

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 SAYLES
			X		9 QUEZADA	10
			7	8		

Interment space for: AGNES ROKOP (MULARCHIK)

Interment Date: 7/10/01 Time: 900 AM

Lot: 150 Grave: 7 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Ken & JR

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-16483

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANGES	THERESA	ROKOP	06/07/1920	06/30/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TERESA MARIA KOZY-DAUGHTER 4016 OHIO ST. APT.#7 SAN DIEGO CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEM-BENBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104	FD-480	▶ Lathia Bailey	07/05/2001

* ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/2001 E.GALVEZ	2111507 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O.BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Harris

in a LINER (Type of Burial Container) Funeral, date, time _____

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 175 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		0
Additional spaces and care fund	Pre-Need	
Opening/Closing & Setup	Lot + Trust	0
Burial Container	E-16348	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		0

I hereby certify I am the X Mrs Lulia M. J. Harris of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Mrs Lulia M. J. Harris
Signature

X 122 Las Flores, Serr.
Address

X San Diego, Ca. 92114
City Zip Code

X 619-262-2226
Telephone

Work Order # E 16484

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAWRENCE McMICKIN

in a TOP SEAL (Type of Burial Container) Funeral, date, time TUES 7/10/01 1:00

Church, Chapel, Graveside GRAVESIDE : BAYVIEW 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 1887 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	18.75
Total Due	1868.75
Paid receipt number MC	1868.75
Balance due	Ø

PAID
JUL 06 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the mother Mary McMickin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Mary McMickin (Signature)
X 4794 Spring St #28 (Address)
X La Mesa CA 91941 (City, Zip Code)
X 619-466-7442 (Telephone)

Work Order # E 16485

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16485

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 1885	open 1886	X 1887	Pre-Need 1888	Pre-Need 1889	Pre-Need 1890
				Dorothy L. De Haan	Victoria Puentes Barrero	

Interment space for: LAWRENCE McMICKIN

Interment Date: 7/10/01 Time: 100

Lot: 1887 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-16485

E-16485

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAWRENCE	-	MCMICKIN	05/27/1959	06/26/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY MCMICKIN-MOTHER 4299 SPRING ST.APT.28 LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL SERVICES 7510 CLAIREMONT MESA BLVD, #109 SAN DIEGO, CA 92111	FD 1661	[signature]	07/06/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	07/09/2001 E.DOUGIELLO	2111627

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY, SAN DIEGO, CA	11B. DATE BURIED 7-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Left Side - Ashes & Permit: Family To Bring
neg sign

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 6, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEO R. HARPIN (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time THUR AUG 16 2:30

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 $ 150.00 will be applied and billed to undersigned. X Jan Castagnola

Lot 94 Grave 2 Row 1 Section 2 Division/Block 11

PAID

JUL 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Grave space & Care Fund	300.00
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 24 x 12 x 3 Flat Granite	125.00
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	694.13
Paid receipt number VISA	694.13
Balance due	Ø

I hereby certify I am the SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. JAN CASTAGNOLA

X Jan Castagnola
Signature

I hereby authorize the interment in lot I hold under deed.

Jan Castagnola
Signature of recorded holder of deed

4011 S. Hempstead Cir.
Address
SAN DIEGO, CA 92116
City Zip Code
(619) 283-2659
Telephone

Work Order # E 16486

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Ashes left side

			94 X 2			

Interment space for: LEO HARPIN

Interment Date: THUR 8-16 Time: 2:30

Lot: 94 Grave: 2 Row: ____ Sect: 2 Div: 11

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E- 16486

E-16486

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEO	RICHARD	HARPIN	04/01/1954	04/02/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAGOS	NIGERIA	JAN CASTAGNOLA - SISTER 4011 S. HEMPSTEAD CIRCLE SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	06/29/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/29/2001 TC MITCHELL	2111260 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	P.O. BOX 85222, SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8/16/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 6, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred H. Lucious

in a DBL CRYPT (Type of Burial Container) Funeral, date, time Tue. July 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 $ 150.00

will be applied and billed to undersigned. X AEL

Lot 249 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 DBL CRYPT	380.00
Handling Fees	320.00
Flower vases – Marker setting fee (1) TRION Vase + MARKER Setting Fee $125.00	171.88
Recording and filing fees	45.00
Sales taxes	28.50
Total Due	2,215.38
Paid receipt number 53888	2,215.38
Balance due	0

PAID

JUL 06 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

ETHEL LUCIOUS AUSTIN E. LUCIOUS

X Ethel Lucious Austin Lucious

Signature

1942 54Th St.

Address

SAN DIEGO, CA 92105

City Zip Code

(619) 527-1047

Telephone

I hereby authorize the interment in lot I hold under deed.

X Austin E Lucious

Signature of recorded holder of deed

Work Order # E 16487

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

895.00
1,148.50 Burial Charges

1) DBL Crypt	380
2) Handling Fee	320.
3) Tax Crypt	28.50
4) O/Closing	375.
5) Recording Fee	45.00

E- 16487

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
** INSTALL TRION DAY of SERVICE

		1	2	3	4	5
		Feliciano Lopez IBANEZ	X	open	open	open

Interment space for: Alfred H. Lucious

Interment Date: Tue. July 10th Time: 11:00 Am

Lot: 249 Grave: 2 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: _____

E-16487

E- 16487

(38)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALFRED	HENRY	LUCIOUS	10/09/1962	07/04/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AUSTIN LUCIOUS-FATHER 1942 54TH STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	08/09/2001

◄ ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/09/2001 J.BENYARD	▶ 2111696

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 July 9, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSÉ JR. PORTILLO

in a DBL Crypt (Type of Burial Container) Funeral, date, time Thurs July 12 11:00AM

Church, Chapel, Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X M. P.

Lot 55 Grave 8 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2,043.50
Paid receipt number VISA R-53893	500.00
Balance due	1543.50

PAID JUL 10 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Maricela Penney

X Maricela Penney
Signature

I hereby authorize the interment in lot I hold under deed.

Maricela Penney
Signature of recorded holder of deed

→ 3838 HERMAN AVE #B
Address

→ SAN DIEGO CA. 92104
City Zip Code

(619) 563-2074
Telephone

Work Order # E 16488

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16488

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 *

		Ernest K. Pieper	Ethel Duncan	–	–	Richard A. Reddic
		7	8	9	10	11
		Anita Louise Wilson	X	Pre Need Sale	Ruth Ann Campbell	Lovette Faye Campbell

Interment space for: José Jr. Portillo

Interment Date: Thurs. July 12, '01 Time: 10:00 am

Lot: 55 Grave: 8 Row: – Sect: 2 Div: 12

Grave Laid out by: Rick-Ken

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-11-01

E-16488

E-16488

46.88
31.50

78.38

also purchased
trion vase and
temporary marker

E-16488

(13)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOSE	JR.	PORTILLO	11/10/1987	07/06/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maricela Penney - Mother 3338 Herman Avenue, #3 San Diego CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1007/6 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
		Judith Eking	07/11/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	07/11/2001 J.E. King	2111838

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records - P.O. Box 85222 San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 10, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lot & Trust MAXINE BAXTER

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 50 Grave 1 Row — Section 3 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 24X12 FLAT GRANITE	125.00
Recording and filing fees	45.00
Sales taxes	14.25
Total Due	1,789.25
Paid receipt number MASTER CARD	1,789.25
Balance due	Ø

PAID

JUL 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MAXINE BAXTER

Maxine Baxter
Signature

2469 W. Ingersoll ST.
Address

SAN DIEGO, CA 92111
City Zip Code

(858) 278-9722
Telephone

I hereby authorize the interment in lot I hold under deed.

Maxine Baxter
Signature of recorded holder of deed

Invoice # _____

Work Order # E 16489

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need Lot and Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Humberto Rosas Pin# 230199

in a Double Depth (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 250 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup 2 X 375.00	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	125.00
Recording and filing fee 2 X 45.00	90.00
Sales taxes	28.50
Total Due	3588.50
Paid receipt number Visa	647.13
Balance due	1941.37

PAID IN FULL 1-23-02

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.

Pin 230199

X [signature] (Signature)

X 3620 Byrd St (Address)

X San Diego CA 92154 (City, Zip Code)

X 619 424-81-03 (Telephone)

_____ Signature of recorded holder of deed

Work Order # E 16490

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ROSAS, HUMBERTO 3620 Byrd Street, San Diego CA 92154 619 424-8103

			DEBIT	CREDIT	BALANCE
07-10-01	Opened Pre-need Lot & Trust.	179			
	Lot 250, Grave 9, Section 2, Div 12	716	895.00		895.00
	Trust includes 2 opening/closings, double depth crypt, handling fee, 2 recording fees, tax on crypt.		1568.50		2463.50
	Marker setting fee USED 125.00 MISC		125.00		2588.50
07-10-01	Visa USED 524.43 for 80%			647.13	1941.37
08-10-01	Coupons (#1 - #10) ($68.87 applied to 80% and $179.00 applied to 20% and $552.13 to TRUST).			- 800.00	1,141.37
1-23-02	R- 54571			1141.37	-0-

POST TO TRUST 8-10-01

E-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	1
Payment Due Date	August-01
Payment Amount Due	80.00
Balance Due	1,861.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	2
Payment Due Date	September-01
Payment Amount Due	80.00
Balance Due	1,781.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	3
Payment Due Date	October-01
Payment Amount Due	80.00
Balance Due	1,701.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	4
Payment Due Date	November-01
Payment Amount Due	80.00
Balance Due	1,621.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	5
Payment Due Date	December-01
Payment Amount Due	80.00
Balance Due	1,541.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	6
Payment Due Date	January-02
Payment Amount Due	80.00
Balance Due	1,461.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	7
Payment Due Date	February-02
Payment Amount Due	80.00
Balance Due	1,381.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	8
Payment Due Date	March-02
Payment Amount Due	80.00
Balance Due	1,301.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	9
Payment Due Date	April-02
Payment Amount Due	80.00
Balance Due	1,221.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

PAID

Preneed for:

AUG 10 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	10
Payment Due Date	May-02
Payment Amount Due	80.00
Balance Due	1,141.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	11
Payment Due Date	June-02
Payment Amount Due	80.00
Balance Due	1,061.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	12
Payment Due Date	July-02
Payment Amount Due	80.00
Balance Due	981.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	13
Payment Due Date	August-02
Payment Amount Due	80.00
Balance Due	901.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	14
Payment Due Date	September-02
Payment Amount Due	80.00
Balance Due	821.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	15
Payment Due Date	October-02
Payment Amount Due	80.00
Balance Due	741.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	16
Payment Due Date	November-02
Payment Amount Due	80.00
Balance Due	661.37

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- 16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	17
Payment Due Date	December-02
Payment Amount Due	80.00
Balance Due	581.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	18
Payment Due Date	January-03
Payment Amount Due	80.00
Balance Due	501.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	19
Payment Due Date	February-03
Payment Amount Due	80.00
Balance Due	421.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	*20*
Payment Due Date	March-03
Payment Amount Due	80.00
Balance Due	341.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	21
Payment Due Date	April-03
Payment Amount Due	80.00
Balance Due	261.37

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 16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	22
Payment Due Date	May-03
Payment Amount Due	80.00
Balance Due	181.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	23
Payment Due Date	June-03
Payment Amount Due	80.00
Balance Due	101.37

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-16490

Mt. Hope Cemetery
Prepayment Plan Record

Humberto Rosas
3620 Byrd Street
San Diego, CA 92154
619 424 8103
E-16490

Preneed for:

Lot 250 Grave 9 Sec 2 Div 12

Payment NO.	24
Payment Due Date	July-03
Payment Amount Due	101.37
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 7-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEON SMITH

in a T.S. VAULT (Type of Burial Container) Funeral, date, time MON 7-16 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 22 Grave ~~6~~ 8 Row _____ Section IOOF Division/Block 5

PAID

Grave space & Care Fund	1595.00
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	28.50
Total Due	2478.50
Paid receipt number R-53919	2478.50
Balance due	0

JUL 13 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

mortuary to bring check

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 [signature]
Signature

X 5462 Imperial Ave "C"
Address

X San Diego 92114
City Zip Code

X 619-263-3567
Telephone

Work Order # E 16491

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16491

E-16491

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 MURPHY MURPHY				
	1	3 4 MURPHY				
	8 OPEN	7 OPEN	22 X 6	5 OPEN		
		MARSH				
		MARSH				

Interment space for: LEON SMITH

Interment Date: MON 7-16 Time: 11:00

Lot: 22 Grave: ~~6~~ 8 Row: ____ Sect: IOOF ~~Div:~~ 5

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Fly on Grave

Blind Check & Verified By: ____ Date: ____

ok PER NORM, KEN, RAY
SUE

E-16491

(72)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leon	-	Smith	09/14/1928	07/08/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Linda Stokes, Daughter 1011 Swaner St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	[signature]	07/13/2001

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/13/2001	[signature] 2112004

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-16-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Into Grave of wife: MIRIAM STARCEVIC
12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 10, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of STANLEY DAVID STARCEVIC

in a DBL Crypt (Type of Burial Container) Funeral, date, time FRI 7-20 11:00

Church, Chapel, Graveside _____ ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X _____

Lot 3647 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre-Need D-9236	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	420.00
Paid receipt number VISA	420.00
Balance due	Ø

PAID
JUL 12 2001
MT. HOPE CEMETAR
CITY OF SAN DIEGO

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. SUSANNA P. STARCEVIC

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] Signature
X 1415 28th st Address
X San Diego CA 92102 City Zip Code
X (619) 239-2617 Telephone

Work Order # E 16492

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16492

MESSAGE CONFIRMATION

07/12/2001 11:45
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/12	00'40"	+6194259111	CALLING	02	OK	0000

Into Gro of wife: MIRIAM STARCEVIC

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 CRYPT 2ND BURIAL

3644	3645	3646	3647	3648		
Open	Katherine TSAVARIAS (no marker)	Helen Burk WEAST	MIRIAM X STARCEVIC (no marker)	Harry ANTON STARCEVIC		
	—	—	DAISY L. Thornsberry	Cloyd Thornsberry	Vivian Muriel Thornsberry	

Interment space for: DAVID STARCEVIC

Interment Date: Fri Jul 20 Time: 12:00

Lot: 3647 Grave: — Row: — Sect: — Div: 10

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Flag on GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY! Date: 7-19-01

E-16492

Helen Weast

Thomas C. Larson

STARCEVIC
Anton + Anna

Hazel M. Hoaglin

Winford J. Rogers

Harry Anton STARCEVIC

John T + Anne E
Donohue

E-16492

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STANLEY	DAVID	STARCEVIC	09/07/1915	07/07/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Susanna Starcevic - Daughter 1415 28th Street San Diego CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Judith King	07/13/2001

• ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/13/2001	2111977 J.E. King

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records - P.O. Box 85222 San Diego CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ray Snedec	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E- 16492

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
STANLEY	DAVID	STARCEVIC	09/07/1918	07/07/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Susanna Starcevic - Daughter 1415 28th Street San Diego CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910	FD-964

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Judith E King	07/13/2001

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	07/13/2001 J.E. King	2111977

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records - P.O. Box 85222 San Diego CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-20-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BOBBIE BONNER

in a LINER (Type of Burial Container) Funeral, date, time FRI 7-13 1:00

Church, Chapel, Graveside : Ca Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X L.S.

Lot 217 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	1664.25
Paid receipt number R-53894	1664.25
Balance due	-0-

PAID
JUL 10 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lillian Simmons
Signature
X 127 Bassett Ct
Address
X Spring Valley, Ca 91977
City Zip Code
X 619-470-8222
Telephone

Work Order # E 16493

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16493

E-16493

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.

		ULLOA				
		ALLEN BONNER 1	217 2 X	3	4	5 HALLMAN
		6	7	8	9	10

Interment space for: BOBBIE BONNER

Interment Date: FRI 7-13 Time: 1:00

Lot: 217 Grave: 2 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Rick-Ken

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-11-01

E-16493

52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BOBBIE	BRANCH	BONNER	10/04/1948	07/06/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LILLIAN SIMMONS-SISTER 127 BASSETTCCT. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [illegible]	07/12/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/12/2001 J.BENYARD	▶ 2111949

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/13/01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 7-9-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE WILSON ARCIBAL

in a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 3858 Grave Row Section Division/Block 10

Grave space & Care Fund ..... Pre-Need E-4496	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number	
Balance due	

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

Invoice #

Work Order # E 16494

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Grave of Mamie
& Lloyd Smith
Mamie in bottom
of double depth.
Lloyd ~~to~~ under
marker E-16494

FORM 61

8

LEGAL DESCRIPTION

E-16494

Lots 3853 thru 3864 DIVISION 10

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	RE
3853		Raymond K. & ARNOLD, Florence R.	7/9/1968	145.00		C-6019	
3854	ARNOLD, RAYMOND KENNETH	" " "	"	145.00	3/24/1981	E-2227 C-6019	
3855	MATTHEWS, Edith E.	FISHER, Dorothy	2/22/1968	145.00	2/23/1968	C-5475	#4 Air S
3856	MATZKER, MILTON CHARLES Matzker, Veronica	Milton C. & MATZKER, Veronica	4/1/1975	(D.I.P.) 270.00	01-12-2001 2/26/1999	E-16119 E-14909 D-5683	Double-Dep
3857	DE JONG, Lulu E.	DE JONG, Jan	6/9/1967	185.00	6/12/1967	C-4534	
3858	Smith, Floyd Smith, Mamie Bobbie Lee	Floyd T. and/or SMITH, Mamie B.	08/16/1984	(DIP) $742.50	2-13-91 02/01/1989	E-9226 E-7869 E-4496	Ash Vaul Double Cr
3859	WAGNER, Harry C.	WAGNER, Florence M.	2/13/1968	145.00	2/16/1968	C-5444	
3860	IVEY, Richard Earl	IVEY, Robert Ray	03/06/1985	$495.00	03/11/1985	E-4895	
3861	OGLESBY, EMMETT T.	Marie & OGLESBY, Emmett T.	9/6/1968	145.00	7-13-90	E-8843 C-6216	Liner
3862	OGLESBY, Marie	" " "	" " "	145.00	4/27/1981	E-2302 C-6216	"
3863	COURVAL, Dorothy J.	COBB, James V.	2/7/1968	145.00	2/9/1968	C-5420	
3864	COBB, JAMES VERNON	COBB, James V.	2/7/1968	145.00	02-16-99	E-14889 C-5420	T.S.Vau

8

E-16494

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. MAMIE SMITH BOTTOM OF DOUBLE DEPTH
FLOYD SMITH ~~X~~ UNDER MARKER

3855	3856	3857	3858 X SMITH	3859 WAGNER	3860 IVEY	3861 OGLESBY

Interment space for: ERNESTINE ARCIBAL ~~A~~

Interment Date:_____ Time: _____

Lot: 3858 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: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN HARRIS

in a LINER (Type of Burial Container) Funeral, date, time Thurs. July 12, 2001 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 175 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need E-16348	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... PAID	0
Burial Container	0
Handling Fees ..... JUL 05 2001	0
Flower vases – Marker setting fee	—
Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	0
Sales taxes	0
Total Due	0
Paid receipt number 53882	0
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

Interfund Transfer 7/13/01

X

Signature

5050 Federal Blvd.

Address

San Diego, CA 92102

City Zip Code

619-263-3141

Telephone

Invoice #

Acct. #

Work Order # E 16495

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 16495

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: LINER

	1	2	3	4	5	6
	open	Lelia Young	X	Alberto MEDINA	John Arthur Mickins	open
	7					
	Jimmie DON MORTON					

Interment space for: JOHN HARRIS

Interment Date: Thurs Time: 11:00 AM

Lot: 175 Grave: 3 Row: — Sect: 2 Div: 12

Grave Laid out by: Rick & Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ron Date: 7-11-01

E-16495

E-16495

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
John	-	Harris	03/03/1903	07/05/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lelia Mae Joiner-Harris, Wife 122 Las Flores Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Debbie Wellman	07/11/2001

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/11/2001	2111836 ▶ D. Wellman

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92186-5222	11B. DATE BURIED 7-12-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL SHANKEL

in a PARKLAWN VAULT #5 (Type of Burial Container) Funeral, date, time TUE 8-7 10:00

Church, Chapel, Graveside _____; POWAY BERNARDO Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1491 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vase ..... _____

Recording and filing fee DISINTERMENT FEE 1000.00

Sales taxes ..... _____

Total Due 1000.00

Paid receipt number R-54002 1000.00

Balance due 0

PAID
AUG 07 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X see attached Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16496

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16496

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

07-12-01
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

MICHAEL L. SHANKEL

from Lot 1491 Grave _____ Section _____ Row _____ Block _____

Division 10 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.

Lee H Shankel	FATHER	11472 Smithers Ct.
Signature	Relation to deceased	Address SAN Diego 92126

I hereby authorized the above disinterment:

Lee H Shankel 7/31/01

(Lot owner must sign if not legal custodian) Date

(This form must be notarized, if not signed in presence of cemetery staff.)

Mt. Hope Cemetery
Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL SHANKEL

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 1491 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee DISINTERMENT FEE	1000.00
Sales taxes	
Total Due	1000.00
Paid receipt number	
Balance due	

I hereby certify I am the ~~LHS~~ Lee H. Shankel of the above named ~~decedent~~ LHS Father *and this is your authority to make disposition of remains as above indicated. I certify and represent* that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Lee H. Shankel
Signature

X 11472 Smithers Ct.
Address

X San Diego 92126
City Zip Code

X (858) 271-8512
Telephone

Work Order # E 16496

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

REFILE

E- 16496

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Michael	L.	Shankel	07/01/1951	09/01/1971	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Alexandria	Virginia	Lee H. Shankle - Father 11472 Smithers Ct. San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Poway Bernardo Mortuary 13243 Poway Road; Poway, CA 92064	FD-1195	▶ J. Holmberg	07/31/2001

*ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/31/2001 J. Holmberg	2112916 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY El Camino Memorial Park 5600 Carroll Canyon Rd.; San Diego, CA 92121	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-16496

COMMONWEALTH OF VIRGINIA – CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH – BUREAU OF VITAL RECORDS AND HEALTH STATISTICS – RICHMOND

COPY A FOR BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER: 200 | CERTIFICATE NUMBER: 721

MEDICAL EXAMINER'S CERTIFICATE

STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED: Michael L. Shankle (Middle) (Last)
2. SEX: male [X] female [ ]
3. DATE OF DEATH (mo.) (day) (year): 9-1-71
4. AGE OF DECEASED: 20 years
5. COLOR OR RACE: White

PLACE OF DEATH

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Alexandria Hospital
7. COUNTY OF DEATH (if independent city, leave blank):
8. CITY OR TOWN OF DEATH (if rural, so state): Alexandria Va — inside city or town limits? yes [X] no [ ]
9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 709 Duke St

USUAL RESIDENCE OF DECEDENT

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
11. COUNTY OF DECEASED'S (if independent city, leave blank) RESIDENCE:
12. CITY OR TOWN OF RESIDENCE: Alexandria — inside city or town limits? yes [X] no [ ]
13. STREET ADDRESS OR RT. NO. OF RESIDENCE: 58 Skyhill Road — ZIP CODE: 22314

PERSONAL DATA OF DECEDENT

14. NAME OF FATHER OF DECEASED: Lee H. Shankle
15. MAIDEN NAME OF MOTHER OF DECEASED: Patricia Munson
16. DECEASED CITIZEN OF WHAT COUNTRY: U.S.A
17. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE: —
19. SOCIAL SECURITY NUMBER: 261 1120 44
20. IF VETERAN, name war, or a peacetime only, so state: no
21. BIRTHPLACE OF DECEASED (state or country): Virginia
22. DATE OF BIRTH (mo.) (day) (year) OF DECEASED: 7/1/51
23. USUAL OR LAST OCCUPATION: Services Station
24. KIND OF BUSINESS OR INDUSTRY: Attendant
25. INFORMANT OR SOURCE OF INFORMATION: Lee H. Shankle

TO MEDICAL EXAMINER: Complete and sign medical certification (item 26) and give all 3 copies to funeral director in case as available after inquiry.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (enter only one cause per line for (A), (B), and (C)). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Gunshot of Neck — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
DUE TO (B):
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause (B).
DUE TO (C):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

26a. AUTOPSY? AUTHORIZED BY: M.E. yes [X] no [ ]

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]

26c. EXTERNAL CAUSE OF DEATH WAS: PRIMARY [X] or CONTRIBUTING [ ]

26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II): Shot in Neck

26e. TIME OF INJURY (mo.) (day) (year): 136 A.M. 9-1-71

26f. INJURY OCCURRED: while at work [X] not while at work [ ]

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.): Service Station

26h. (city or town) (county) (state): 2432 Duke St Alexandria Va

26i. I CERTIFY that I took charge of the remains described above, viewed the body, made injury and in my opinion death resulted in or about 235 (time) (date) from:
NATURAL CAUSES [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X] UNDETERMINED [ ] PENDING [X]
ACTUAL SIGNATURE: Alfred Ohnemann M.D. MEDICAL EXAMINER FOR: Alexandria Va (date) 9/1/71

FUNERAL DIRECTOR

27. BURIAL [X] REMOVAL [X] CREMATION [X]
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): Mt. Hope Cemetery San Diego, California
29. (signature of funeral director or person acting as such): L. S. Everly — NAME OF FUNERAL HOME AND ADDRESS: Everly-Wheatley Funeral Home-Alex.Va

REGISTRAR

30. (signature of registrar): Olga A. Morgan — DATE RECORD FILED: 9-2-71

This is to certify that this is a true and correct reproduction of the original record filed with the Alexandria Department of Health, Alexandria, Virginia.

Date issued 9/3/71

Olga A. Morgan
Deputy Registrar

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF REGISTRAR

top right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Soledad Zeyva

in a ash vault (Type of Burial Container) Funeral, date, time Thur 7-12 2:00

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 124 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... Pre-Need E-11448	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	
Paid receipt number _____	
Balance due	0

PAID
JUL 12 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the DAUGHTER X Maria R Lopez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Maria R Lopez
Signature

X 264 S 39th St
Address

X San Diego CA 92113
City Zip Code

X (619) 263-4642
Telephone

Interfund Transfer 7/13/01

Work Order # E 16497

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16497

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: Place Ash vault TOP RIGHT.

			X			

Interment space for: Soledad E. Leyva

Interment Date: Thurs July 12, 2001 Time: 2:00

Lot: 124 Grave: 9 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-16497 01/24335 95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Soledad	Espinoza	Leyva	03/11/1906	06/30/2001	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maria Tarin, Daughter 264 S. 39th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	FD1329	▶ [signature]	07/03/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/10/2001	2111706 ▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-10-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 7-10-01	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of K C HENRY

in a LINER (Type of Burial Container) Funeral, date, time WED 7-18 11:00

Church, Chapel, Graveside : S D MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 136 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ..... PRE-NEED E-6360	0
Additional spaces and care fund ..... PAID	
Opening/Closing & Setup	375.00
Burial Container ..... JUL 17 2001	190.00
Handling Fees	145.00
Flower vases – Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	—
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	769.25
Paid receipt number R-53930	769.25
Balance due	0

MORTUARY TO BRING CHECK

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attachment

Invoice # _____

Work Order # E 16498

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16498

MESSAGE CONFIRMATION

07/12/2001 15:25
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/12	00'29"	619 6920896	CALLING	01	OK	0000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of K C HENRY

in a LINER (Type of Burial Container) Funeral, date, time WED 7-18 11:00

Church Chapel Graveside _____ ; S D MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 136 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund PRE-NEED E-6360	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	

MORTUARY TO BRING CHECK

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Sheila A. Wilbourn
Signature

X 2441 University Ave
Address

X San Diego, Ca 92116
City Zip Code

X (619) 692-3090
Telephone

Work Order # E 16498

Invoice # _____

Acct. # _____

REA-164 (7-00)

This information is available in alternative formats upon request.

Printed on recycled paper

E-16498

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.

			ANDERSON			
2	3	4 WISE	136 X 5	6 JO HENRY		
8	9	10	11 MCALLISTER	12 DELA		

Interment space for: K C HENRY

Interment Date: WED 7-18 Time: 11:00

Lot: 136 Grave: 5 Row: ____ Sect: 1 Div: 12

Grave Laid out by: Norm & Ted

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: KT Date: ____

E-16498

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
K.C.	-	HENRY	08/24/1924	07/11/2001	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CLAUDIE HENRY - SON 8188 SANTA ARMINTA AVE. SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	07/17/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/17/2001 J. JOHNSON	2112137

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-18-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ronald Nowden	
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 7-12-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ISAMU MATSUHARA

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time TUES 7-17 11:00

Church, Chapel, Graveside ; COMMUNITY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 48 Grave 4 Row _____ Section 3 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need A-4018	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	
Paid receipt number _____	
Balance due	0

PAID

I hereby certify I am the X Masako Matsuhara 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 MASAKO MATSUHARA
Signature
X 804 SANTA ISABEL DR
Address
X SAN DIEGO, CA. 92114
City Zip Code
X (619) 264-0107
Telephone

Work Order # E 16499

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 16499

MESSAGE CONFIRMATION

07/12/2001 15:55
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/12	00'46"	619 4263616	CALLING	02	OK	0000

E-16499

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	48 X 4	5	M. 6 MATSUHARA	
7	8 NORTH	9 DOHERTY	10 DOHERTY	11	12 STELLE	

Interment space for: ISAMU MATSUHARA

Interment Date: _____ Time: 11:00

Lot: 48 Grave: 4 Row: ____ Sect: 3 Div: 7

Grave Laid out by: Ken & JR

Agrees with Legal Card: ☐ Yes ☐ No

*Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: VARLEY Date: 7-18-01

E-116 499

(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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Isamu	Jimmie	Matsuhara	01/25/1912	07/11/2001	M

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Masako Matsuhara - Wife
804 Santa Isabel Dr
San Diego Ca 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Community Mortuary 855 Broadway
Chula Vista, Calif 91911

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD1682

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 07/12/2001

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 07/13/2001

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2112021 D.Heldenbrand ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records P.O. Box 85222
San Diego, Calif 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
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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 Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 7-17-01	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.